

# Prior Authorization Requirements for Massachusetts Senior Care Options

Effective August 1, 2022

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Massachusetts Senior Care Options 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 tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone: 888-867-5511**
- **Fax: 888-840-6450;** fax form is available at [UHCprovider.com/MAcommunityplan](https://UHCprovider.com/MAcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms

**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  |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|--|---|---|---|---|---|--|-------------------|--|--|--|--|-------|-------|-------|-------|--|-----------------|--|--|--|--|-------|-------|-------|-------|--|-------|-------|-------|-------|--|--------|--------|--|--|--|---|--|--|--|--|--------|--------|--------|---------|--|--------|--------|--------|---------|--|--------|--------|--------|---------|
| <b>Behavioral health services</b>  | Behavioral health services through a designated behavioral health network | For prior authorization, please call Optum Behavioral Health at <b>800-632-2206</b> .   |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization is required   | 20974   | 20975                                     | 20979                                     |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
| <b>BRCA genetic testing</b>  | Prior authorization is required   | 81163<br>81212  | 81164<br>81215                            | 81165<br>81216                            | 81166<br>81217                            |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization is required   | 19316<br>19330<br>19355<br>19367<br>19371   | 19318<br>19340<br>19357<br>19368<br>19380 | 19325<br>19342<br>19361<br>19369<br>19396 | 19328<br>19350<br>19364<br>19370<br>L8600 |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
| <b>Cardiovascular</b>  | Prior authorization is required   | <table border="0"> <tr> <td></td> <td colspan="4" style="text-align: center;"><b>Cardiology</b></td> </tr> <tr> <td></td> <td>93653</td> <td>93656</td> <td>33285</td> <td>E0616</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;"><b>Vascular</b></td> </tr> <tr> <td></td> <td>37220</td> <td>37221</td> <td>37224</td> <td>37225</td> </tr> <tr> <td></td> <td>37226</td> <td>37227</td> <td>37228</td> <td>37229</td> </tr> <tr> <td></td> <td>75710*</td> <td>75716*</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="4">*Prior authorization is required for the following diagnosis codes:</td> </tr> <tr> <td></td> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td></td> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td></td> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> </table> |   |   |   |  | <b>Cardiology</b> |  |  |  |  | 93653 | 93656 | 33285 | E0616 |  | <b>Vascular</b> |  |  |  |  | 37220 | 37221 | 37224 | 37225 |  | 37226 | 37227 | 37228 | 37229 |  | 75710* | 75716* |  |  |  | *Prior authorization is required for the following diagnosis codes: |  |  |  |  | E08.51 | E08.52 | E08.59 | E08.621 |  | E09.51 | E09.52 | E09.59 | E09.621 |  | E10.51 | E10.52 | E10.59 | E10.621 |
|  | <b>Cardiology</b>   |   |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | 93653   | 93656   | 33285                                     | E0616                                     |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | <b>Vascular</b>   |   |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | 37220   | 37221   | 37224                                     | 37225                                     |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | 37226   | 37227   | 37228                                     | 37229                                     |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | 75710*  | 75716*  |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | *Prior authorization is required for the following diagnosis codes:       |   |   |   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | E08.51  | E08.52  | E08.59                                    | E08.621                                   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | E09.51  | E09.52  | E09.59                                    | E09.621                                   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |
|  | E10.51  | E10.52  | E10.59                                    | E10.621                                   |   |  |                   |  |  |  |  |       |       |       |       |  |                 |  |  |  |  |       |       |       |       |  |       |       |       |       |  |        |        |  |  |  |   |  |  |  |  |        |        |        |         |  |        |        |        |         |  |        |        |        |         |

| Procedures and Services    | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |         |         |         |
|----------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (continued) |                        | E11.51   | E11.52  | E11.59  | E11.621 |
|                            |                        | E13.51   | E13.52  | E13.59  | E13.621 |
|                            |                        | I70.201  | I70.202 | I70.203 | I70.208 |
|                            |                        | I70.209  | I70.211 | I70.212 | I70.213 |
|                            |                        | I70.218  | I70.219 | I70.221 | I70.222 |
|                            |                        | I70.223  | I70.228 | I70.229 | I70.231 |
|                            |                        | I70.232  | I70.233 | I70.234 | I70.235 |
|                            |                        | I70.238  | I70.239 | I70.241 | I70.242 |
|                            |                        | I70.243  | I70.244 | I70.245 | I70.248 |
|                            |                        | I70.249  | I70.25  | I70.261 | I70.262 |
|                            |                        | I70.263  | I70.268 | I70.269 | I70.291 |
|                            |                        | I70.292  | I70.293 | I70.298 | I70.299 |
|                            |                        | I70.301  | I70.302 | I70.303 | I70.308 |
|                            |                        | I70.309  | I70.311 | I70.312 | I70.313 |
|                            |                        | I70.318  | I70.319 | I70.321 | I70.322 |
|                            |                        | I70.323  | I70.329 | I70.331 | I70.332 |
|                            |                        | I70.333  | I70.334 | I70.335 | I70.338 |
|                            |                        | I70.339  | I70.341 | I70.342 | I70.343 |
|                            |                        | I70.344  | I70.345 | I70.348 | I70.349 |
|                            |                        | I70.35   | I70.361 | I70.362 | I70.363 |
|                            |                        | I70.369  | I70.391 | I70.392 | I70.393 |
|                            |                        | I70.399  | I70.401 | I70.402 | I70.403 |
|                            |                        | I70.408  | I70.409 | I70.411 | I70.412 |
|                            |                        | I70.413  | I70.418 | I70.421 | I70.422 |
|                            |                        | I70.423  | I70.428 | I70.429 | I70.431 |
|                            |                        | I70.432  | I70.433 | I70.434 | I70.435 |
|                            |                        | I70.438  | I70.439 | I70.441 | I70.442 |
|                            |                        | I70.443  | I70.444 | I70.445 | I70.448 |
|                            |                        | I70.449  | I70.461 | I70.462 | I70.463 |
|                            |                        | I70.468  | I70.469 | I70.491 | I70.492 |
|                            |                        | I70.493  | I70.498 | I70.499 | I70.501 |
|                            |                        | I70.502  | I70.503 | I70.508 | I70.509 |
|                            |                        | I70.511  | I70.512 | I70.513 | I70.518 |
|                            |                        | I70.519  | I70.521 | I70.522 | I70.523 |
|                            |                        | I70.528  | I70.529 | I70.531 | I70.532 |
|                            |                        | I70.533  | I70.534 | I70.535 | I70.538 |
|                            |                        | I70.539  | I70.541 | I70.542 | I70.543 |
|                            |                        | I70.544  | I70.545 | I70.548 | I70.549 |
|                            |                        | I70.561  | I70.562 | I70.563 | I70.568 |
|                            |                        | I70.569  | I70.591 | I70.592 | I70.593 |
|                            |                        | I70.598  | I70.599 | I70.601 | I70.602 |
|                            |                        | I70.603  | I70.608 | I70.609 | I70.611 |
|                            |                        | I70.612  | I70.613 | I70.618 | I70.619 |
|                            |                        | I70.621  | I70.622 | I70.623 | I70.628 |
|                            |                        | I70.629  | I70.631 | I70.632 | I70.633 |
|                            |                        | I70.634  | I70.635 | I70.638 | I70.639 |

| Procedures and Services           | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |       |
|-----------------------------------|--|--|----------|----------|----------|-------|
| <b>Cardiovascular (continued)</b> |  | I70.641  | I70.642  | I70.643  | I70.644  |       |
|                                   |  | I70.645  | I70.648  | I70.649  | I70.661  |       |
|                                   |  | I70.662  | I70.663  | I70.668  | I70.669  |       |
|                                   |  | I70.691  | I70.692  | I70.693  | I70.698  |       |
|                                   |  | I70.699  | I70.701  | I70.702  | I70.703  |       |
|                                   |  | I70.708  | I70.709  | I70.711  | I70.712  |       |
|                                   |  | I70.713  | I70.718  | I70.719  | I70.721  |       |
|                                   |  | I70.722  | I70.723  | I70.728  | I70.729  |       |
|                                   |  | I70.731  | I70.732  | I70.733  | I70.734  |       |
|                                   |  | I70.735  | I70.738  | I70.739  | I70.741  |       |
|                                   |  | I70.742  | I70.743  | I70.744  | I70.745  |       |
|                                   |  | I70.748  | I70.749  | I70.761  | I70.762  |       |
|                                   |  | I70.763  | I70.768  | I70.769  | I70.791  |       |
|                                   |  | I70.792  | I70.793  | I70.798  | I70.799  |       |
|                                   |  | I70.8  | I70.90   | I70.91   | I70.92   |       |
|                                   |  | I72.3  | I72.4    | I72.8    | I72.9    |       |
|                                   |  | I73.89   | I73.9    | I74.3    | I74.4    |       |
|                                   |  | I74.5  | I74.8    | I74.9    | I75.021  |       |
|                                   |  | I75.022  | I75.023  | I75.029  | I75.89   |       |
|                                   |  | I77.1  | I77.2    | I77.70   | I77.72   |       |
|                                   |  | I77.77   | I77.79   | I96      | L03.115  |       |
|                                   |  | L03.116  | L97.319  | L97.329  | L97.419  |       |
|                                   |  | L97.429  | L97.511  | L97.512  | L97.513  |       |
|                                   |  | L97.519  | L97.521  | L97.522  | L97.529  |       |
|                                   |  | L97.819  | L97.828  | L97.829  | L97.909  |       |
|                                   |  | L97.919  | L97.929  | L98.491  | L98.499  |       |
|                                   |  | M79.604  | M79.605  | M79.606  | M79.609  |       |
|                                   |  | M79.651  | M79.652  | M79.659  | M79.661  |       |
|                                   |  | M79.662  | M79.669  | M79.671  | M79.672  |       |
|                                   |  | M79.673  | M79.674  | M79.675  | M79.676  |       |
|                                   |  | M86.661  | M86.662  | M86.669  | M86.671  |       |
|                                   |  | M86.672  | M86.679  | M86.8X7  | Q27.30   |       |
|                                   |  | Q27.32   | Q27.39   | Q27.8    | Q27.9    |       |
|                                   |  | Q87.2  | R93.6    | S35.511A | S35.512A |       |
|                                   |  | S81.801A   | S81.802A | S81.809A | S91.301A |       |
|                                   |  | S91.302A   | S91.309A | T82.312A | T82.318A |       |
|                                   |  | T82.319A   | T82.338A | T82.392A | T82.398A |       |
|                                   |  | T82.399A   | T82.818A | T82.856A | T82.858A |       |
|                                   |  | T82.868A   | T82.898A | Z95.820  | Z98.62   |       |
|                                   | <b>Cochlear and other auditory implants</b>  | Prior authorization is required                              | 69714    | 69930    | L8614    | L8619 |
|                                   | A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech |  | L8690    | L8691    | L8692    |       |

| Procedures and Services   | Additional Information                                   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Continuous Glucose Monitor</b>   | Prior authorization is required                          | A4226   | A9276 | A9277 | A9278 |
|   |  | E0787   | K0553 | K0554 |       |
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization is required                          | 11920   | 11950 | 11951 | 11952 |
|   |  | 11954   | 15820 | 15821 | 15822 |
|   |  | 15823   | 15830 | 15832 | 15833 |
|   |  | 15834   | 15835 | 15837 | 15838 |
|   |  | 15839   | 15877 | 15878 | 15879 |
|   |  | 17999   | 19300 | 21172 | 21175 |
|   |  | 21179   | 21180 | 21181 | 21182 |
|   |  | 21183   | 21184 | 21230 | 21235 |
|   |  | 21256   | 21260 | 21261 | 21263 |
|   |  | 21267   | 21268 | 21270 | 21275 |
|   |  | 21299   | 21740 | 21742 | 21743 |
|   |  | 28344   | 30120 | 30540 | 30545 |
|   |  | 30560   | 30620 | 31295 | 31296 |
|   |  | 31297   | 31298 | 67900 | 67901 |
|   |  | 67902   | 67903 | 67904 | 67906 |
|   |  | 67908   | 67909 | 67912 | 67961 |
| <b>Durable medical equipment (DME)</b>  | Prior authorization is required                          | Prior authorization is required <b>regardless of billed amount:</b>                                       |       |       |       |
|   |  | E0466   | E1230 | E1239 | E2510 |
|   | Prosthetics are not DME – see Orthotics and prosthetics. | E2609   | E2617 | E8000 | E8001 |
|   |  | E8002   | K0812 | K0813 | K0814 |
|   |  | K0815   | K0816 | K0820 | K0828 |
|   |  | K0829   | K0830 | K0831 | K0835 |
|   |  | K0837   | K0838 | K0839 | K0841 |
|   |  | K0842   | K0843 | K0857 | K0859 |
|   |  | K0869   | K0870 | K0871 | K0877 |
|   |  | K0878   | K0879 | K0880 | K0884 |
|   |  | K0885   | K0886 | K0890 | K0891 |
|   |  | K0898   | K0899 |       |       |
|   |  | Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000 |       |       |       |
|   |  | A9280   | E0170 | E0193 | E0194 |
|   |  | E0203   | E0220 | E0221 | E0230 |
|   |  | E0231   | E0232 | E0238 | E0244 |
| E0246   | E0270  | E0273   | E0274 |       |       |
| E0277   | E0300  | E0302   | E0304 |       |       |
| E0315   | E0316  | E0328   | E0329 |       |       |
| E0350   | E0373  | E0459   | E0462 |       |       |
| E0465   | E0481  | E0483   | E0571 |       |       |
| E0603   | E0617  | E0618   | E0625 |       |       |
| E0635   | E0636  | E0637   | E0638 |       |       |
| E0640   | E0641  | E0642   | E0692 |       |       |
| E0693   | E0694  | E0700   | E0710 |       |       |
| E0740   | E0746  | E0761   | E0764 |       |       |

| Procedures and Services                        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| Durable medical equipment (DME)<br>(continued) |                        | E0766  | E0770 | E0782 | E0783 |
|  |                        | E0784  | E0785 | E0786 | E0830 |
|  |                        | E0936  | E0970 | E0983 | E0984 |
|  |                        | E0986  | E0988 | E1002 | E1003 |
|  |                        | E1004  | E1005 | E1006 | E1007 |
|  |                        | E1008  | E1009 | E1010 | E1011 |
|  |                        | E1017  | E1018 | E1020 | E1029 |
|  |                        | E1030  | E1035 | E1036 | E1037 |
|  |                        | E1050  | E1070 | E1084 | E1085 |
|  |                        | E1086  | E1087 | E1089 | E1100 |
|  |                        | E1110  | E1161 | E1170 | E1171 |
|  |                        | E1172  | E1180 | E1190 | E1195 |
|  |                        | E1200  | E1222 | E1224 | E1227 |
|  |                        | E1228  | E1229 | E1231 | E1232 |
|  |                        | E1233  | E1234 | E1235 | E1236 |
|  |                        | E1237  | E1238 | E1250 | E1270 |
|  |                        | E1280  | E1285 | E1290 | E1295 |
|  |                        | E1296  | E1297 | E1298 | E1300 |
|  |                        | E1310  | E1399 | E1500 | E1510 |
|  |                        | E1520  | E1530 | E1540 | E1550 |
|  |                        | E1560  | E1575 | E1580 | E1590 |
|  |                        | E1592  | E1594 | E1600 | E1615 |
|  |                        | E1620  | E1625 | E1630 | E1632 |
|  |                        | E1634  | E1635 | E1636 | E1637 |
|  |                        | E1639  | E1699 | E1812 | E2300 |
|  |                        | E2310  | E2311 | E2321 | K0020 |
|  |                        | K0037  | K0039 | K0044 | K0046 |
|  |                        | K0047  | K0050 | K0051 | K0056 |
|  |                        | K0065  | K0072 | K0073 | K0098 |
|  |                        | K0105  | K0108 | K0455 | K0609 |
|  |                        | K0730  | K0734 | K0735 | K0736 |
|  |                        | K0737  | K0743 | K0744 | K0745 |
|  |                        | K0746  | K0800 | K0801 | K0802 |
|  |                        | K0806  | K0808 | K0821 | K0822 |
|  |                        | K0823  | K0824 | K0825 | K0826 |
|  |                        | K0827  | K0836 | K0840 | K0848 |
|  |                        | K0849  | K0850 | K0851 | K0852 |
|  |                        | K0853  | K0854 | K0855 | K0856 |
|  |                        | K0858  | K0860 | K0861 | K0862 |
|  |                        | K0863  | K0864 | L0462 | L0464 |
|  |                        | L1000  | L1005 | L2136 | L5400 |
|  |                        | L5420  | L5535 | L5585 | L6380 |
|  | L6382                  | L6384  |       |       |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |   |              |              |       |       |
|--|---|--|---|--------------|--------------|-------|-------|
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization is required   | B4100  | B4102   | B4103        | B4104        |       |       |
|  |   | B4149  | B4150   | B4152        | B4153        |       |       |
|  |   | B4155  | B4158   | B4159        | B4160        |       |       |
|  |   | B4161  |   |              |              |       |       |
| <b>Experimental or investigational (and/or linked services)</b>                                      | Prior authorization is required   | 64722  | 64744   | 66180        | 95965        |       |       |
|  |   | 95966  | 0200T   | 0201T        |              |       |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization is required   | 29914  | 29915   | 29916        |              |       |       |
| <b>Gender dysphoria treatment</b>  | Prior authorization is required   | 55970  | 55980   |              |              |       |       |
|  |   | <b>These surgical codes with the following DX codes:</b>     |   |              |              |       |       |
|  |   | <b>F64.0</b>   | <b>F64.1</b>  | <b>F64.2</b> | <b>F64.8</b> |       |       |
|  |   | <b>F64.9</b>   | <b>Z87.890</b>  |              |              |       |       |
|  |   | 14000  | 14001   | 14041        | 15734        |       |       |
|  |   | 15738  | 15750   | 15757        | 15758        |       |       |
|  |   | 15775  | 15776   | 15780        | 15781        |       |       |
|  |   | 15782  | 15783   | 15788        | 15789        |       |       |
|  |   | 15792  | 15793   | 19303        | 21899        |       |       |
|  |   | 31599  | 31899   | 53410        | 53420        |       |       |
|  |   | 53425  | 53430   | 54125        | 54400        |       |       |
|  |   | 54401  | 54405   | 54408        | 54520        |       |       |
|  |   | 54660  | 54690   | 55175        | 55180        |       |       |
|  |   | 55866  | 56625   | 56800        | 56805        |       |       |
|  |   | 57106  | 57110   | 57291        | 57292        |       |       |
|  |   | 57295  | 57296   | 57335        | 57426        |       |       |
|  |   | 58661  | 58720   | 58940        | 64856        |       |       |
|  |   | 64892  | 64896   | 92507        | 92508        |       |       |
|  |   | <b>Hearing Aids and Devices</b>                              | Prior authorization is required for replacements when billed with modifier RA | V5030        | V5040        | V5050 | V5060 |
|  |   |  |   | V5070        | V5080        | V5100 | V5130 |
|  |   |  |   | V5140        | V5150        | V5171 | V5172 |
| V5181  | V5190   |  |   | V5211        | V5212        |       |       |
| V5213  | V5214   |  |   | V5215        | V5221        |       |       |
| V5230  | V5243   |  |   | V5245        | V5246        |       |       |
| V5247  | V5249   |  |   | V5251        | V5252        |       |       |
| V5253  | V5254   |  |   | V5255        | V5256        |       |       |
| V5257  | V5258   |  |   | V5259        | V5260        |       |       |
| V5261  | V5262   |  |   | V5263        | V5298        |       |       |
| <b>Home health care</b>  | Prior authorization is required only in outpatient settings, to include member's home | 99503  | G0151   | G0152        | G0153        |       |       |
|  |   | G0155  | G0156   | G0157        | G0158        |       |       |
|  |   | G0159  | G0299   | G0300        | G0493        |       |       |
|  |   | G0494  | G0495   | G0496        | S9122        |       |       |
|  |   | S9123  | S9124   | S9127        | S9128        |       |       |
|  |   | S9129  | S9131   | S9474        |              |       |       |

| Procedures and Services   | Additional Information          | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|---------------------------------|--|-------|-------|-------|
| <b>Hysterectomy – inpatient only</b><br>Vaginal hysterectomies                                    | Prior authorization is required | 58260  | 58262 | 58263 | 58267 |
|   |                                 | 58270  | 58275 | 58280 | 58290 |
|   |                                 | 58291  | 58292 | 58294 |       |
| <b>Hysterectomy – inpatient and outpatient procedures</b><br>Abdominal and laparoscopic surgeries | Prior authorization is required | 58150  | 58152 | 58180 | 58541 |
|   |                                 | 58542  | 58543 | 58544 | 58550 |
|   |                                 | 58552  | 58553 | 58554 | 58570 |
|   |                                 | 58571  | 58572 | 58573 |       |
| <b>Injectable medications</b>   | Prior authorization is required | <b>Adakveo®</b>  |       |       |       |
|   |                                 | J0791  |       |       |       |
|   |                                 | <b>Apretude™</b>   |       |       |       |
|   |                                 | J0739  |       |       |       |
|   |                                 | <b>Crysvita®</b>   |       |       |       |
|   |                                 | J0584  |       |       |       |
|   |                                 | <b>Cutaquig®</b>   |       |       |       |
|   |                                 | J1551  |       |       |       |
|   |                                 | <b>Entyvio™</b>  |       |       |       |
|   |                                 | J3380  |       |       |       |
|   |                                 | <b>Evkeeza™</b>  |       |       |       |
|   |                                 | J1305  |       |       |       |
|   |                                 | <b>Givlaari®</b>   |       |       |       |
|   |                                 | J0223  |       |       |       |
|   |                                 | <b>Leqvio®</b>   |       |       |       |
|   |                                 | J1306  |       |       |       |
|   |                                 | <b>Luxturna™</b>   |       |       |       |
|   |                                 | J3398  |       |       |       |
|   |                                 | <b>IVIG</b>  |       |       |       |
|   |                                 | 90284  |       |       |       |
| <b>Ocrevus™</b>   |                                 |  |       |       |       |
| J2350   |                                 |  |       |       |       |
| <b>Onpattro™</b>  |                                 |  |       |       |       |
| J0222   |                                 |  |       |       |       |
| <b>Orencia™</b>   |                                 |  |       |       |       |
| J0129   |                                 |  |       |       |       |
| <b>Oxlumo™</b>  |                                 |  |       |       |       |
| J0224   |                                 |  |       |       |       |
| <b>Radicava®</b>  |                                 |  |       |       |       |
| J1301   |                                 |  |       |       |       |
| <b>Reblozy®</b>   |                                 |  |       |       |       |
| J0896   |                                 |  |       |       |       |
| <b>Ryplazim™</b>  |                                 |  |       |       |       |
| J2998   |                                 |  |       |       |       |
| <b>Scenesse®</b>  |                                 |  |       |       |       |
| J7352   |                                 |  |       |       |       |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                                    |                   |   |                      |        |        |
|------------------------------------|-------------------|---|----------------------|--------|--------|
| Injectable medications (continued) |                   | <b>Soliris®</b>                         |                      |        |        |
|                                    |                   | J1300                                   |                      |        |        |
|                                    |                   | <b>Spinraza™</b>                        |                      |        |        |
|                                    |                   | J2326                                   |                      |        |        |
|                                    |                   | <b>Tepezza®</b>                         |                      |        |        |
|                                    |                   | J3241                                   |                      |        |        |
|                                    |                   | <b>Ultomiris™</b>                       |                      |        |        |
|                                    |                   | J1303                                   |                      |        |        |
|                                    |                   | <b>Unclassified and temporary codes</b> |                      |        |        |
|                                    |                   | C9086*                                  | C9399 with DX E85.1* | J3490* | J3590* |
|                                    |                   | <b>Uplizna®</b>                         |                      |        |        |
|                                    |                   | J1823                                   |                      |        |        |
|                                    | <b>Vyvgart™</b>   |   |                      |        |        |
|                                    | J9332             |   |                      |        |        |
|                                    | <b>Zolgensma®</b> |   |                      |        |        |
|                                    | J3399             |   |                      |        |        |

\*For unclassified and temporary codes C9086, C9399 with DX E85.1, J3490 and J3590, notification/prior authorization is only required for Amvuttra™, Nulibry™, Saphnelo™

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129

|                             |   |  |  |  |  |
|-----------------------------|---|--|--|--|--|
| <b>Inpatient admissions</b> | Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long term acute care (LTAC) and skilled nursing facilities (SNF) |  |  |  |  |
|-----------------------------|---|--|--|--|--|

|  |                                 |       |       |       |       |
|--|---------------------------------|-------|-------|-------|-------|
| <b>Joint replacement</b><br>Joint, total hip and knee replacement Procedures | Prior authorization is required | 23470 | 23472 | 24360 | 24361 |
|  |                                 | 24362 | 24363 | 27120 | 27122 |
|  |                                 | 27125 | 27130 | 27132 | 27134 |
|  |                                 | 27137 | 27138 | 27412 | 27445 |
|  |                                 | 27446 | 27447 | 27486 | 27487 |
|  |                                 | 27488 | 29866 | 29867 | 29868 |
|  |                                 | 29870 | 29873 | 29874 | 29875 |
|  |                                 | 29876 | 29877 | 29879 | 29880 |
|  |                                 | 29881 | 29882 | 29883 | 29884 |
|  |                                 | 29885 | 29886 | 29887 | 29888 |
|  |                                 | 29889 | J7330 |       |       |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>Long-term services and support for home- and community-based services</b> | Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs |  | For additional information, please call UnitedHealthcare Community Plan Senior Care Options at <b>888-867-5511</b> |  |  |
|--|---|--|--|--|--|



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|---|---|---|---|---|
| <b>Non-emergent air transport</b>   | Prior authorization is required   | A0140<br>A0436  | A0430   | A0431   | A0435   |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial/jaw functional impairment | Prior authorization is required   | 21120<br>21125<br>21143<br>21150<br>21159<br>21194<br>21199<br>21240<br>21246<br>21255  | 21121<br>21127<br>21145<br>21151<br>21160<br>21195<br>21206<br>21242<br>21247   | 21122<br>21141<br>21146<br>21154<br>21188<br>21196<br>21210<br>21244<br>21248   | 21123<br>21142<br>21147<br>21155<br>21193<br>21198<br>21215<br>21245<br>21249   |
| <b>Orthotics</b>  | Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0112<br>L0200<br>L0468<br>L0486<br>L0629<br>L0636<br>L0810<br>L0999<br>L1310<br>L1680<br>L1720<br>L1844<br>L2005<br>L2034<br>L2040<br>L2080<br>L2320<br>L2526<br>L2861<br>L3203<br>L3208<br>L3213<br>L3217<br>L3250<br>L3254<br>L3320<br>L3720<br>L3891<br>L3921<br>L3971<br>L3977 | L0140<br>L0220<br>L0480<br>L0622<br>L0631<br>L0638<br>L0820<br>L1001<br>L1499<br>L1685<br>L1730<br>L1904<br>L2010<br>L2036<br>L2050<br>L2090<br>L2387<br>L2627<br>L3160<br>L3204<br>L3209<br>L3214<br>L3219<br>L3251<br>L3255<br>L3485<br>L3764<br>L3900<br>L3956<br>L3973<br>L3978 | L0150<br>L0452<br>L0482<br>L0623<br>L0632<br>L0700<br>L0830<br>L1200<br>L1630<br>L1700<br>L1755<br>L1920<br>L2020<br>L2037<br>L2060<br>L2126<br>L2520<br>L2628<br>L3201<br>L3206<br>L3211<br>L3215<br>L3221<br>L3252<br>L3257<br>L3649<br>L3765<br>L3901<br>L3961<br>L3975<br>L4000 | L0170<br>L0466<br>L0484<br>L0624<br>L0634<br>L0710<br>L0859<br>L1300<br>L1640<br>L1710<br>L1834<br>L2000<br>L2030<br>L2038<br>L2070<br>L2232<br>L2525<br>L2800<br>L3202<br>L3207<br>L3212<br>L3216<br>L3222<br>L3253<br>L3265<br>L3674<br>L3766<br>L3904<br>L3967<br>L3976<br>L4030 |

| Procedures and Services                                       | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|--|---|---|---|---|
| <b>Orthotics (continued)</b>                                  |  | L4040<br>L4631  | L4045   | L4050   | L4055   |
| <b>Potentially unproven services (and/or linked services)</b> | Prior authorization is required  | 28890   | 36514   | 64405   |   |
| <b>Private duty nursing</b>                                   | Prior authorization is required  | T1000   | T1002   | T1003   |   |
| <b>Prostate procedures</b>                                    | Prior authorization is required  | 53850   |   |   |   |
| <b>Prosthetics</b>  | Prior authorization is required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L5010<br>L5100<br>L5200<br>L5250<br>L5312<br>L5500<br>L5530<br>L5580<br>L5610<br>L5616<br>L5651<br>L5701<br>L5724<br>L5781<br>L5818<br>L5828<br>L5848<br>L5930<br>L5968<br>L5981<br>L6000<br>L6050<br>L6120<br>L6250<br>L6350<br>L6450<br>L6580<br>L6588<br>L6638<br>L6696<br>L6712<br>L6721<br>L6882 | L5020<br>L5105<br>L5210<br>L5270<br>L5321<br>L5505<br>L5540<br>L5590<br>L5611<br>L5639<br>L5681<br>L5702<br>L5726<br>L5782<br>L5822<br>L5830<br>L5856<br>L5960<br>L5973<br>L5987<br>L6010<br>L6055<br>L6130<br>L6300<br>L6360<br>L6500<br>L6582<br>L6590<br>L6646<br>L6697<br>L6713<br>L6722<br>L6883 | L5050<br>L5150<br>L5220<br>L5280<br>L5331<br>L5510<br>L5560<br>L5595<br>L5613<br>L5643<br>L5683<br>L5703<br>L5728<br>L5795<br>L5824<br>L5840<br>L5857<br>L5961<br>L5979<br>L5988<br>L6020<br>L6100<br>L6200<br>L6310<br>L6370<br>L6550<br>L6584<br>L6621<br>L6648<br>L6707<br>L6714<br>L6880<br>L6884 | L5060<br>L5160<br>L5230<br>L5301<br>L5341<br>L5520<br>L5570<br>L5600<br>L5614<br>L5649<br>L5700<br>L5707<br>L5780<br>L5814<br>L5826<br>L5845<br>L5858<br>L5966<br>L5980<br>L5990<br>L6026<br>L6110<br>L6205<br>L6320<br>L6400<br>L6570<br>L6586<br>L6624<br>L6693<br>L6709<br>L6715<br>L6881<br>L6885 |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Prosthetics (continued)</b>  |  | L6895  | L6900 | L6905 | L6910 |
|   |  | L6920  | L6925 | L6930 | L6935 |
|   |  | L6940  | L6945 | L6950 | L6955 |
|   |  | L6960  | L6965 | L6970 | L6975 |
|   |  | L7007  | L7008 | L7009 | L7040 |
|   |  | L7045  | L7170 | L7180 | L7181 |
|   |  | L7185  | L7186 | L7190 | L7191 |
|   |  | L7499  | L8035 | L8039 | L8041 |
|   |  | L8042  | L8043 | L8044 | L8049 |
|   |  | L8499  | L8505 | L8604 | L8609 |
|   |  | L8629  | L8699 |       |       |
| <b>Radiology</b>  | <p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> | <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 tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Radiology.</p> |       |       |       |
| <b>Rhinoplasty</b>  | Prior authorization is required  | 30400  | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation   |  | 30435  | 30450 | 30460 | 30462 |
|   |  | 30465  |       |       |       |
| <b>Sleep apnea procedures and surgeries</b>   | Prior authorization is required  | 21685  | 41512 | 41599 | 42145 |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea |  | 42299  |       |       |       |
| <b>Spinal surgery</b>   | Prior authorization is required  | 22100  | 22101 | 22102 | 22110 |
|   |  | 22112  | 22114 | 22206 | 22207 |
|   |  | 22210  | 22212 | 22214 | 22220 |
|   |  | 22222  | 22224 | 22532 | 22533 |
|   |  | 22548  | 22551 | 22554 | 22556 |
|   |  | 22558  | 22590 | 22595 | 22600 |
|   |  | 22610  | 22612 | 22630 | 22633 |
|   |  | 22800  | 22802 | 22804 | 22808 |
|   |  | 22810  | 22812 | 22818 | 22819 |
|   |  | 22830  | 22849 | 22850 | 22852 |
|   |  | 22855  | 22856 | 22861 | 22864 |
|   |  | 22865  | 22867 | 22869 | 22899 |

| Procedures and Services | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                               |       |       |
|-------------------------|--|--|-------------------------------|-------|-------|
| Spinal surgery (cont.)  |  | 63001  | 63003                         | 63005 | 63011 |
|                         |  | 63012  | 63015                         | 63016 | 63017 |
|                         |  | 63020  | 63030                         | 63040 | 63042 |
|                         |  | 63045  | 63046                         | 63047 | 63050 |
|                         |  | 63051  | 63055                         | 63056 | 63064 |
|                         |  | 63075  | 63077                         | 63081 | 63085 |
|                         |  | 63087  | 63090                         | 63101 | 63102 |
|                         |  | 63170  | 63172                         | 63173 | 63185 |
|                         |  | 63190  | 63191                         | 63197 | 63200 |
|                         | Stimulators<br>Implantation of a device that sends electrical impulses | Prior authorization is required  | <b>Bone Growth Stimulator</b> |       |       |
| E0747                   |  |  | E0748                         | E0749 | E0760 |
| <b>Neurostimulator</b>  |  |  |                               |       |       |
| 64555                   |  |  | 63650                         | 63655 | 63685 |
| 61885                   |  |  | 64568                         | 61850 | 61863 |
| 61864                   |  |  | 61867                         | 61868 | 61886 |
| 64590                   |  |  |                               |       |       |
| Transplants             | Prior authorization is required  | For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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 |
|                         |  | 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 |
|                         |  | 50325  | 50340                         | 50360 | 50365 |
|                         |  | 50370  | 50380                         | 50547 | S2060 |
|                         |  |  | S2061                         | S2152 |       |
|                         |  | <b>CAR-T cell therapy</b>  |                               |       |       |
|                         |  | 0537T  | 0538T                         | 0539T | 0540T |
|                         |  | C9098**  | J9999**                       | Q2041 | Q2042 |
|                         |  | Q2053  | Q2054                         | Q2055 |       |

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

\*\*For temporary and unclassified code C9098 and J9999 prior

| Procedures and Services   | Additional Information          | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|---------------------------------|--|-------|-------|-------|
| authorization is only required for Carvykti™  |                                 |  |       |       |       |
| <b>Vein procedures</b><br>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 is required | 37700  | 37718 | 37722 | 37735 |
|   |                                 | 37765  | 37766 | 37780 | 37785 |
|   |                                 | 37799  |       |       |       |
| <b>Ventricular assist devices</b><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow                      | Prior authorization is 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 <b>855-282-8929</b> |       |       |       |
|   |                                 | 33927  | 33928 | 33929 | 33975 |
|   |                                 | 33976  | 33979 | 33981 | 33982 |
|   |                                 | 33983  |       |       |       |