

# Prior Authorization Requirements for Texas STAR

Effective October 1, 2022

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR for inpatient and outpatient services.

## Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972.** The fax form is available at [UHCprovider.com/TXcommunityplan](http://UHCprovider.com/TXcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Forms

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.**

| Category  | Subcategory                | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|---|----------------------------|-------|----------------|------------------------------------|--|
| <b>Bariatric Surgery</b><br>Inpatient and outpatient bariatric surgery and obesity-related services           |                            | 43644 | 43645          | Jan. 1, 2015                       |  |
|   |                            | 43659 | 43770          |                                    |  |
|   |                            | 43775 | 43842          |                                    |  |
|   |                            | 43845 | 43846          |                                    |  |
|   |                            | 43847 | 43848          |                                    |  |
|   |                            | 43860 |                |                                    |  |
| <b>Bone Growth Stimulator</b>   |                            | 20975 | 20979          | Jan. 1, 2015                       |  |
| <b>Breast Reconstruction (Non-Mastectomy)</b><br>Reconstruction of the breast other than following mastectomy |                            | 11971 |                | Oct. 1, 2022                       | Prior authorization is not required for these codes with Breast Reconstruction DX codes.   |
|   |                            | 19316 | 19318          | Jan. 1, 2015                       |  |
|   |                            | 19325 | 19328          | Breast Reconstruction DX Codes     | Prior authorization is required for all other DX codes   |
|   |                            | 19330 | 19340          |                                    |  |
|   |                            | 19342 | 19350          |                                    |  |
|   |                            | 19357 | 19361          |                                    |  |
|   |                            | 19364 | 19367          |                                    |  |
|   |                            | 19368 | 19369          |                                    |  |
|   |                            | 19370 | 19371          |                                    |  |
|   |                            | 19380 | 19396          |                                    |  |
| <b>Cancer Supportive Care</b>   | Colony-Stimulating Factors | J1448 | J2506          | Jan. 1, 2022                       | Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. |
|   | Bone-Modifying Agents      | J0897 |                | June 1, 2018                       |  |

| Category                       | Subcategory                | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization  |              |  |   |
|--------------------------------|----------------------------|-------|----------------|------------------------------------|---|--------------|--|---|
| Cancer Supportive Care (cont.) | Colony-Stimulating Factors | Q5120 |                | July 1, 2020                       | Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 |              |  |   |
|                                |                            | Q5108 | Q5111          | Jan. 1, 2019                       |   |              |  |   |
|                                |                            | J2820 |                | Oct. 1, 2017                       |   |              |  |   |
|                                | Colony-Stimulating Factors | Q5122 |                | Oncology DX Codes                  |   | Feb. 1, 2021 | Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 |   |
|                                |                            | Q5110 |                |                                    |   | Jan. 1, 2019 |  |   |
|                                |                            | J1442 | Q5101          |                                    |   | Oct. 1, 2017 |  |   |
|                                |                            | J1447 |                |                                    |   |              |  |   |
|                                | Cardiology                 |       | 93319          |                                    |   | June 1, 2022 |  | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.<br><br>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. |
|                                |                            |       | 33270          |                                    |   | Oct. 1, 2016 |  |   |
|                                |                            |       | 33206          | 33207                              |   |              |  |   |
|                                |                            | 33208 | 33212          |                                    |   |              |  |   |
|                                |                            | 33213 | 33214          |                                    |   |              |  |   |
|                                |                            | 33221 | 33224          |                                    |   |              |  |   |
|                                |                            | 33225 | 33227          |                                    |   |              |  |   |
|                                |                            | 33228 | 33229          |                                    |   |              |  |   |
|                                |                            | 33230 | 33231          |                                    |   |              |  |   |
|                                |                            | 33240 | 33249          |                                    |   |              |  |   |
|                                |                            | 33262 | 33263          |                                    |   |              |  |   |
|                                |                            | 33264 | 93303          |                                    |   |              |  |   |
|                                |                            | 93304 | 93306          |                                    |   |              |  |   |
|                                |                            | 93307 | 93308          |                                    |   |              |  |   |
|                                |                            | 93350 | 93351          |                                    |   |              |  |   |
|                                |                            | 93452 | 93453          |                                    |   |              |  |   |
|                                |                            | 93454 | 93455          |                                    |   |              |  |   |
|                                |                            | 93456 | 93457          |                                    |   |              |  |   |
|                                | 93458                      | 93459 |                |                                    |   |              |  |   |
|                                | 93460                      | 93461 |                |                                    |   |              |  |   |
| Cardiovascular                 |                            | 93580 |                | April 1, 2022                      | Prior authorization required for members age 18 and older   |              |  |   |
|                                |                            | 37220 | 37221          | Sept. 1, 2020                      |   |              |  |   |
|                                |                            | 37224 | 37225          |                                    |   |              |  |   |
|                                |                            | 37226 | 37227          |                                    |   |              |  |   |
|                                |                            | 37228 | 37229          |                                    |   |              |  |   |

| Category   | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization                                   |   |
|--|-------------|-------|----------------|------------------------------------|--|---|
| <b>Cerebral Seizure Monitoring – Inpatient Video EEG</b> |             | 95726 |                | March 1, 2020                      | Prior authorization is required for inpatient services.                                    |   |
|  |             | 95720 | 95718          | Jan. 1, 2020                       | Prior authorization is not required for outpatient hospital or ambulatory surgical center. |   |
|  |             | 95724 | 95722          |                                    |  |   |
| <b>Chemotherapy</b>                                      |             | J9331 | J9332          | Oncology DX Codes                  | Oct. 1, 2022   | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.                      |
|  |             | J9071 | J9273          |                                    | July 1, 2022   |   |
|  |             | J9359 |                |                                    |  |   |
|  |             | J9247 | J9318          |                                    | Jan. 1, 2022   |   |
|  |             | J9319 |                |                                    |  |   |
|  |             | J9348 | J9353          |                                    | Oct. 1, 2021   | 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 will require prior authorization. |
|  |             | Q5123 |                |                                    |  |   |
|  |             | J9037 | J9349          |                                    | May 1, 2021  |   |
|  |             | J9317 | J9118          |                                    | Jan. 1, 2021   |   |
|  |             | J9144 | J9223          |                                    |  |   |
|  |             | J9316 | J9281          |                                    |  |   |
|  |             | J9227 | J9304          |                                    | Nov. 1, 2020   |   |
|  |             | Q5107 | Q5117          |                                    | Oct. 1, 2020   | Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.  |
|  |             | J9177 | J9198          |                                    | July 1, 2020   |   |
|  |             | J9246 | J9358          |                                    |  |   |
|  |             | Q5119 |                |                                    |  |   |
|  |             | J0642 |                |                                    | March 1, 2020  |   |
|  |             | J9309 |                |                                    | Feb. 1, 2020   |   |
|  |             | J9119 | J9204          |                                    | Oct. 1, 2019   |   |
|  |             | J9210 | J9269          |                                    |  |   |
|  |             | J9313 |                |                                    |  |   |
|  |             | J9030 | J9036          |                                    | Aug. 1, 2019   |   |
|  |             | J9044 | J9057          |                                    | Jan. 1, 2019   |   |
|  |             | J9153 | J9173          |                                    |  |   |
|  |             | J9229 | J9311          |                                    |  |   |
|  |             | J9312 |                |                                    |  |   |
|  |             | J9022 | J9023          |                                    | April 1, 2018  |   |
|  |             | J9203 | J9285          |                                    |  |   |
|  |             | J0640 | J0641          |                                    | Jan. 1, 2017   |   |
|  |             | J9000 | J9015          |                                    |  |   |
|  | J9017       | J9019 |                |                                    |  |   |
|  | J9020       | J9025 |                |                                    |  |   |
|  | J9027       | J9032 |                |                                    |  |   |
|  | J9033       | J9034 |                |                                    |  |   |
|  | J9035       | J9039 |                |                                    |  |   |
|  | J9040       | J9041 |                |                                    |  |   |
|  | J9042       | J9043 |                |                                    |  |   |
|  | J9045       | J9047 |                |                                    |  |   |
|  | J9050       | J9055 |                |                                    |  |   |
|  | J9060       | J9065 |                |                                    |  |   |
|  | J9070       | J9098 |                |                                    |  |   |
|  | J9100       | J9120 |                |                                    |  |   |
|  | J9130       | J9145 |                |                                    |  |   |

| Category                | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|-------------------------|-------------|-------|----------------|------------------------------------|--|
| Chemotherapy<br>(cont.) |             | J9150 | J9151          |                                    |  |
|                         |             | J9165 | J9160          |                                    |  |
|                         |             | J9175 | J9171          |                                    |  |
|                         |             | J9178 | J9176          |                                    |  |
|                         |             | J9181 | J9179          |                                    |  |
|                         |             | J9190 | J9185          |                                    |  |
|                         |             | J9201 | J9200          |                                    |  |
|                         |             | J9205 | J9206          |                                    |  |
|                         |             | J9207 | J9208          |                                    |  |
|                         |             | J9209 | J9211          |                                    |  |
|                         |             | J9212 | J9213          |                                    |  |
|                         |             | J9214 | J9215          |                                    |  |
|                         |             | J9216 | J9228          |                                    |  |
|                         |             | J9218 | J9245          |                                    |  |
|                         |             | J9230 | J9260          |                                    |  |
|                         |             | J9250 | J9262          |                                    |  |
|                         |             | J9261 | J9264          |                                    |  |
|                         |             | J9263 | J9267          |                                    |  |
|                         |             | J9266 | J9271          |                                    |  |
|                         |             | J9268 | J9293          |                                    |  |
|                         |             | J9280 | J9299          |                                    |  |
|                         |             | J9295 | J9302          |                                    |  |
|                         |             | J9301 | J9305          |                                    |  |
|                         |             | J9303 | J9307          |                                    |  |
|                         |             | J9306 | J9328          |                                    |  |
|                         |             | J9308 | J9340          |                                    |  |
|                         |             | J9320 | J9352          |                                    |  |
|                         |             | J9330 | J9355          |                                    |  |
|                         |             | J9351 | J9360          |                                    |  |
|                         |             | J9354 | J9371          |                                    |  |
|                         |             | J9357 | J9395          |                                    |  |
|                         |             | J9370 | J9600          |                                    |  |
|                         |             | J9390 | Q2017          |                                    |  |
|                         |             | J9400 | Q2050          |                                    |  |
|                         |             | J9999 |                |                                    |  |
|                         |             | Q2043 |                |                                    |  |
|                         |             | C9399 | J3490          |                                    | Jan. 1, 2015   |
|                         | J3590       |       |                |                                    |  |
|                         | J1950       |       | Oncology DX    | July 1, 2021                       | Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.<br>For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 |
|                         | J9155       | J9202 |                | Jan. 1, 2015                       |  |
|                         | J9217       | J9225 |                |                                    |  |
|                         | J9226       |       |                |                                    |  |

| Category   | Subcategory  | Code  | Diagnosis Code  | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization                                  |
|--|--|---|---|------------------------------------|---|
| <b>Circumcision</b>                                  |  | 54150<br>54161  | 54160<br>54162  | Jan. 1, 2015                       |   |
| <b>Cochlear Implants and Other Auditory Implants</b> |  | 69714<br>L8614<br>L8690<br>L8692  | 69930<br>L8619<br>L8691   | Jan. 1, 2015                       |   |
|  | A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech |   |   |                                    |   |
| <b>Cosmetic &amp; Reconstructive</b>                 |  | 14020<br>14041  | 14021<br>14061  | July 1, 2021                       |   |
|  | Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function              | 11960<br>15820<br>15822<br>15830<br>17106<br>17108<br>21137<br>21139<br>21175<br>21180  | 15821<br>15823<br>15847<br>17107<br>17999<br>21138<br>21172<br>21179<br>21181<br>21183  | Jan. 1, 2015                       |   |
|  | Reconstructive procedures that treat a medical condition or improve or restore physiologic function  | 21182<br>21184<br>21235<br>21275<br>21282<br>21740<br>21743<br>30620<br>67901<br>67903<br>67906<br>67909<br>67912<br>67915<br>67917<br>67922<br>67924<br>67961<br>Q2026 | 21230<br>21256<br>21280<br>21295<br>21742<br>28344<br>67900<br>67902<br>67904<br>67908<br>67911<br>67914<br>67916<br>67921<br>67923<br>67950<br>67966 |                                    |   |
| <b>Continuous Glucose Monitor</b>                    |  | A9276<br>A9278<br>K0554   | A9277   | Oct. 1, 2021<br>July 1, 2021       |   |
| <b>Dental Anesthesia</b>                             |  | 00170   | 41899   | July 1, 2017                       | Prior authorization is required for members younger than 21 when billed with Modifier U3. |

| Category                        | Subcategory | Code   | Diagnosis Code                            | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization  |
|---------------------------------|-------------|--|---|------------------------------------|---|
| Durable Medical Equipment (DME) |             | E0639  | E0640                                     | Feb. 1, 2021                       | <p>Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.</p> <p>Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.</p> |
|                                 |             | A9900<br>E0637                                     | E0465                                     | May 1, 2019                        |   |
|                                 |             | E0277<br>E0329<br>E0471<br>E1130<br>E2310<br>E2512 | E0328<br>E0470<br>E0652<br>E1825<br>E2311 | April 1, 2019                      |   |
|                                 |             | E0766  |   | April 1, 2017                      |   |
|                                 |             | E0466  |   | Jan. 1, 2016                       |   |
|                                 |             | A9279  | E0194                                     | Jan. 1, 2015                       |   |
|                                 |             | E0265  | E0300                                     |                                    |   |
|                                 |             | E0445  | E0457                                     |                                    |   |
|                                 |             | E0460  | E0483                                     |                                    |   |
|                                 |             | E0638  | E0641                                     |                                    |   |
|                                 |             | E0642  | E0669                                     |                                    |   |
|                                 |             | E0700  | E0710                                     |                                    |   |
|                                 |             | E0745  | E0762                                     |                                    |   |
|                                 |             | E0764  | E0784                                     |                                    |   |
|                                 |             | E1002  | E1003                                     |                                    |   |
|                                 |             | E1004  | E1005                                     |                                    |   |
|                                 |             | E1006  | E1007                                     |                                    |   |
|                                 |             | E1008  | E1009                                     |                                    |   |
|                                 |             | E1010  | E1035                                     |                                    |   |
|                                 |             | E1161  | E1229                                     |                                    |   |
|                                 |             | E1231  | E1232                                     |                                    |   |
|                                 |             | E1233  | E1234                                     |                                    |   |
|                                 |             | E1235  | E1236                                     |                                    |   |
|                                 |             | E1237  | E1238                                     |                                    |   |
|                                 |             | E1239  | E1399                                     |                                    |   |
|                                 |             | E2100  | E2227                                     |                                    |   |
|                                 |             | E2228  | E2300                                     |                                    |   |
|                                 |             | E2325  | E2327                                     |                                    |   |
|                                 |             | E2329  | E2351                                     |                                    |   |
|                                 |             | E2373  | E2510                                     |                                    |   |
|                                 |             | E2511  | E2599                                     |                                    |   |
|                                 |             | E2626  | E2627                                     |                                    |   |
|                                 |             | E2628  | E2629                                     |                                    |   |
|                                 |             | E2630  | E8001                                     |                                    |   |
|                                 |             | K0005  | K0008                                     |                                    |   |
|                                 |             | K0013  | K0108                                     |                                    |   |
|                                 |             | K0848  | K0849                                     |                                    |   |
|                                 |             | K0850  | K0851                                     |                                    |   |
|                                 |             | K0852  | K0853                                     |                                    |   |
|                                 |             | K0854  | K0855                                     |                                    |   |
|                                 |             | K0856  | K0857                                     |                                    |   |
|                                 |             | K0858  | K0859                                     |                                    |   |
|                                 |             | K0860  | K0861                                     |                                    |   |
|                                 |             | K0862  | K0863                                     |                                    |   |
|                                 |             | K0864  | K0868                                     |                                    |   |
|                                 | K0869       | K0870  |   |                                    |   |
|                                 | K0871       | K0877  |   |                                    |   |
|                                 | K0878       | K0879  |   |                                    |   |
|                                 | K0880       | K0884  |   |                                    |   |
|                                 | K0885       | K0886  |   |                                    |   |
|                                 | K0890       | K0891  |   |                                    |   |
|                                 | S1040       | T1999  |   |                                    |   |

| Category   | Subcategory          | Code  | Diagnosis Code | Prior Authorization Effective Date  | Additional Information/How to Obtain Prior Authorization |   |  |
|--|----------------------|-------|----------------|-------------------------------------|--|---|--|
| <b>Enteral Services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube |                      | B4034 | B4035          |                                     | May 1, 2019  |   |  |
|  |                      | B4036 | B4104          |                                     |  |   |  |
|  |                      | B4103 | B4150          |                                     |  |   |  |
|  |                      | B4149 | B4153          |                                     |  |   |  |
|  |                      | B4152 | B4158          |                                     |  |   |  |
|  |                      | B4155 | B4160          |                                     |  |   |  |
|  |                      | B4159 |                |                                     |  |   |  |
|  |                      | B9002 | B9998          |                                     | Jan. 1, 2015   |   |  |
| <b>Experimental &amp; Investigational (and/or Linked Services)</b>                                   |                      | 33477 |                |                                     | May 2, 2016  |   |  |
|  |                      | 36514 | 66180          |                                     | Jan. 1, 2015   |   |  |
|  |                      | 64722 | E1831          |                                     |  |   |  |
|  |                      | A9274 |                |                                     |  |   |  |
| <b>Femoroacetabular Impingement Syndrome</b>   |                      | 29914 | 29915          |                                     | Oct. 1 2015  |   |  |
|  |                      | 29916 |                |                                     |  |   |  |
| <b>Functional Endoscopic Sinus Surgery (FESS)</b>  |                      | 31253 | 31257          |                                     | July 1, 2018   |   |  |
|  |                      | 31259 |                |                                     |  |   |  |
|  |                      | 31240 | 31254          |                                     | May 2, 2016  |   |  |
|  |                      | 31255 | 31256          |                                     |  |   |  |
|  |                      | 31267 | 31276          |                                     |  |   |  |
|  |                      | 31287 | 31288          |                                     |  |   |  |
| <b>Gender Dysphoria Treatment</b>  |                      | 55970 | 55980          |                                     | July 1, 2018   | Prior authorization is required for these codes with any DX.  |  |
|  |                      | 56805 | 57335          | Gender Dysphoria Treatment DX Codes |  |   | Prior authorization is only required for these DX codes.   |
| <b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>                                    | Genetic Testing      | 81238 | 81247          |                                     | June 1, 2022   | Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. |  |
|  |                      | 81248 | 81249          |                                     |  |   |  |
|  |                      | 81258 | 81259          |                                     |  |   |  |
|  |                      | 81269 | 81278          |                                     |  |   |  |
|  |                      | 81334 | 81351          |                                     |  |   |  |
|  |                      | 81352 | 81353          |                                     |  |   |  |
|  |                      | 81361 | 81364          |                                     |  |   |  |
|  | BRCA Genetic Testing | 81212 |                |                                     | Feb. 1, 2019   |   |  |
|  |                      | 81216 |                |                                     |  |   |  |
|  |                      | 81163 | 81164          |                                     | Jan. 1, 2019   |   |  |
|  |                      | 81165 | 81166          |                                     |  |   |  |
|  |                      | 81162 |                |                                     | Jan. 1, 2018   |   |  |
|  | Genetic Testing      | 81229 |                |                                     | Oct. 1, 2021   |   |  |
|  |                      | 87481 | 87482          |                                     | Nov. 1, 2020   |   | Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. |
|  |                      | 87505 | 87506          |                                     |  |   |  |
|  |                      | 87507 | 87510          |                                     |  |   |  |
|  |                      | 87511 | 87512          |                                     |  |   |  |
| 87623  |                      | 87797 |                |                                     |  |   |  |
| 87800  |                      | 87799 |                |                                     |  |   |  |
| 0068U  |                      | 87801 |                |                                     |  |   |  |
|  |                      | 0097U |                |                                     |  |   |  |
| 0111U  |                      | 0129U |                | Nov. 1, 2019                        |  |   |  |
| 0136U  | 0137U                |       |                |                                     |  |   |  |
|  | 81167                | 81233 |                | April 1, 2019                       |  |   |  |
|  | 81237                |       |                |                                     |  |   |  |

| Category  | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| <b>Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)</b> | 0040U       | 81105 |                | Feb. 1, 2019                       |  |
|   |             | 81106 | 81107          |                                    |  |
|   |             | 81108 | 81109          |                                    |  |
|   |             | 81110 | 81111          |                                    |  |
|   |             | 81120 | 81121          |                                    |  |
|   |             | 81161 | 81170          |                                    |  |
|   |             | 81200 | 81201          |                                    |  |
|   |             | 81205 | 81203          |                                    |  |
|   |             | 81209 | 81208          |                                    |  |
|   |             | 81218 | 81223          |                                    |  |
|   |             | 81220 | 81225          |                                    |  |
|   |             | 81222 | 81227          |                                    |  |
|   |             | 81224 | 81240          |                                    |  |
|   |             | 81226 | 81242          |                                    |  |
|   |             | 81241 | 81244          |                                    |  |
|   |             | 81243 | 81246          |                                    |  |
|   |             | 81245 | 81251          |                                    |  |
|   |             | 81250 | 81253          |                                    |  |
|   |             | 81252 | 81255          |                                    |  |
|   |             | 81254 | 81257          |                                    |  |
|   |             | 81256 | 81261          |                                    |  |
|   |             | 81260 | 81263          |                                    |  |
|   |             | 81262 | 81265          |                                    |  |
|   |             | 81264 | 81267          |                                    |  |
|   |             | 81266 | 81273          |                                    |  |
|   |             | 81268 | 81276          |                                    |  |
|   |             | 81272 | 81288          |                                    |  |
|   |             | 81287 | 81291          |                                    |  |
|   |             | 81290 | 81295          |                                    |  |
|   |             | 81292 | 81297          |                                    |  |
|   |             | 81294 | 81303          |                                    |  |
|   |             | 81298 | 81310          |                                    |  |
|   |             | 81300 | 81314          |                                    |  |
|   |             | 81302 | 81316          |                                    |  |
|   |             | 81304 | 81318          |                                    |  |
|   |             | 81313 | 81321          |                                    |  |
|   |             | 81315 | 81323          |                                    |  |
|   |             | 81317 | 81325          |                                    |  |
|   |             | 81319 | 81327          |                                    |  |
|   |             | 81322 | 81331          |                                    |  |
|   |             | 81324 | 81340          |                                    |  |
|   |             | 81326 | 81342          |                                    |  |
|   |             | 81330 | 81355          |                                    |  |
|   |             | 81332 | 81371          |                                    |  |
|   |             | 81341 | 81373          |                                    |  |
|   |             | 81350 | 81375          |                                    |  |
|   |             | 81370 | 81377          |                                    |  |
|   | 81372       | 81379 |                |                                    |  |
|   | 81376       | 81381 |                |                                    |  |
|   | 81378       | 81383 |                |                                    |  |
|   | 81380       | 81401 |                |                                    |  |
|   | 81382       | 81403 |                |                                    |  |
|   | 81400       | 81405 |                |                                    |  |
|   | 81402       | 81407 |                |                                    |  |
|   | 81404       | 81410 |                |                                    |  |
|   | 81406       | 81420 |                |                                    |  |
|   | 81408       | 81519 |                |                                    |  |
|   | 81411       |       |                |                                    |  |
|   | 81507       |       |                |                                    |  |
| <b>Home Health Care</b>   |             | G0162 |                | Jan. 1, 2018                       |  |



| Category                 | Subcategory        | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization  |
|--------------------------|--------------------|-------|----------------|------------------------------------|---|
| Home Health Care (cont.) |                    | G0299 | G0300          | March 1, 2016                      |   |
|                          |                    | 99503 | S9474          | Jan. 1, 2015                       |   |
| Injectable Medications   | Releuko®           | Q5125 |                | Oct. 1, 2022                       | <p>Prior authorization through Optum SGP</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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>.</p> <p>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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>** Do Not Start Case – Direct Provider using the information below:</b></p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into <a href="http://UHCprovider.com">UHCprovider.com</a> and follow this pathway:<br/>           Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications<br/>           For questions about this online authorization process, the provider may call <b>Optum SGP (Specialty Guidance Program): 1-888-397-8129.</b></p> |
|                          | Scenesse®          | J7352 |                |                                    |   |
|                          | Apertude™          | J7039 |                | Aug 1, 2022                        |   |
|                          | Leqvio®            | J1306 |                |                                    |   |
|                          | Vyvgart™           | J9332 |                |                                    |   |
|                          | Cutaquig®          | J1551 |                |                                    |   |
|                          | Susvimo™           | C9093 |                | May 1, 2022                        |   |
|                          | Nexvazyme®         | J0219 |                |                                    |   |
|                          | Saphnelo™          | J0491 |                |                                    |   |
|                          | Aralast NP®        | J0256 |                | April 1, 2022                      |   |
|                          | Prolastin-C®       |       |                |                                    |   |
|                          | Zemaira®           |       |                |                                    |   |
|                          | Glassia®           | J0257 |                |                                    |   |
|                          | Nexvazyme®         | J3490 | J3590          |                                    |   |
|                          |                    | C9085 |                |                                    |   |
|                          | Aldurazym®         | J1931 |                |                                    |   |
|                          | Elaprase®          | J1743 |                |                                    |   |
|                          | Fabrazyme®         | J0180 |                |                                    |   |
|                          | Kanuma®            | J2840 |                |                                    |   |
|                          | Lumizyme®          | J0221 |                |                                    |   |
|                          | Mepsevii®          | J3397 |                |                                    |   |
|                          | Naglazyme®         | J1458 |                |                                    |   |
|                          | Revcovi®           | J3590 |                |                                    |   |
|                          | Vimizim®           | J1322 |                |                                    |   |
|                          | Aduhelm®           | J0172 |                | Feb. 1, 2022                       |   |
|                          | Saphnelo™          | C9086 |                |                                    |   |
|                          | Fensolvi®          | J1951 |                | Oct. 1, 2021                       |   |
|                          | Amondys 45         | C9075 |                | Sept. 1, 2021                      |   |
|                          | Krystexxa®         | J2507 |                | Aug. 1, 2021                       |   |
|                          | Nplate®            | J2796 |                |                                    |   |
|                          | Octreotide Acetate | J2354 |                |                                    |   |
|                          | Sandostatin® LAR   | J2353 |                |                                    |   |
| Signifor® LAR            | J2502              |       |                |                                    |   |
| Somatuline® Depot        | J1930              |       |                |                                    |   |
| Firmagon®                | J9155              |       | July 1, 2021   |                                    |   |
| IVIG                     | J1554              |       |                |                                    |   |
| Lupron Depot®            | J1950              |       |                |                                    |   |
| Lupron Depot, Eligard®   | J9217              |       |                |                                    |   |
| Supprelin® LA            | J9226              |       |                |                                    |   |
| Trelstar®                | J3315              |       |                |                                    |   |
| Triptodur®               | J3316              |       |                |                                    |   |
| Truxima®                 | Q5115              |       |                |                                    |   |
| Vantas™                  | J9225              |       |                |                                    |   |
| Viltepso™                | J1427              |       |                |                                    |   |
| Zoladex®                 | J9202              |       |                |                                    |   |
| Avsola®                  | Q5121              |       | April 1, 2021  |                                    |   |

| Category                       | Subcategory                                 | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--------------------------------|---|-------|----------------|------------------------------------|--|
| Injectable Medications (cont.) | Uplizna®                                    | J1823 |                |                                    |  |
|                                | Spravato®                                   | S0013 |                | Feb. 1, 2021                       |  |
|                                | Vyepti™                                     | J3032 |                | Jan. 1, 2021                       |  |
|                                | Tepezza®                                    | J3241 |                | Dec. 1, 2020                       |  |
|                                | Cinryze®                                    | J0598 |                | Oct. 1, 2020                       |  |
|                                | Ruconest®                                   | J0596 |                |                                    |  |
|                                | Adakveo®                                    | J0791 |                | July 1, 2020                       |  |
|                                | Givlaari®                                   | J0223 |                |                                    |  |
|                                | Reblozyl®                                   | J0896 |                |                                    |  |
|                                | Ruxience®                                   | Q5119 |                |                                    |  |
|                                | Vyondys 53®                                 | J1429 |                |                                    |  |
|                                | Xembify®                                    | J1558 |                |                                    |  |
|                                | Zolgensma®                                  | J3399 |                |                                    |  |
|                                | Benlysta                                    | J0490 |                | April 1, 2020                      |  |
|                                | Cimzia®                                     | J0717 |                |                                    |  |
|                                | Rituxan®                                    | J9312 |                |                                    |  |
|                                | Rituxan Hycela®                             | J9311 |                |                                    |  |
|                                | Stelara IV®                                 | J3358 |                |                                    |  |
|                                | **Therapeutic Radio-pharmaceuticals         | A9590 |                | March 1, 2020                      |  |
|                                | Sodium Hyaluronate                          | J7331 | J7332          | Nov. 1, 2019                       |  |
|                                | **Therapeutic Radio-pharmaceuticals         | A9513 |                |                                    |  |
|                                | Evenity™                                    | J3111 |                | Oct. 1, 2019                       |  |
|                                | Gamifant®                                   | J9210 |                |                                    |  |
|                                | Onpattro™                                   | J0222 |                |                                    |  |
|                                | Sodium Hyaluronate                          | J7320 | J7321          |                                    |  |
|                                |   | J7322 | J7324          |                                    |  |
|                                |   | J7325 | J7326          |                                    |  |
|                                |   | J7327 | J7329          |                                    |  |
|                                | Ultomiris™                                  | J1303 |                |                                    |  |
|                                | White blood cell colony-stimulating factors | J1442 | J1447          |                                    |  |
|                                |   | Q5101 | Q5110          |                                    |  |
|                                | **Therapeutic Radio-pharmaceuticals         | A9699 |                | May 1, 2019                        |  |
| Actemra®                       | J3262                                       |       | Jan. 1, 2019   |                                    |  |
| Brineura™                      | J0567                                       |       |                |                                    |  |
| Crysvita®                      | J0584                                       |       |                |                                    |  |
| Entyvio®                       | J3380                                       |       |                |                                    |  |

| Category                                     | Subcategory     | Code  | Diagnosis Code | Prior Authorization Effective Date   | Additional Information/How to Obtain Prior Authorization  |
|--|-----------------|-------|----------------|--|---|
| <b>Injectable Medications (cont.)</b>        | Fasenra™        | J0517 |                |  |   |
|  | Ilumya™         | J3245 |                |  |   |
|  | Inflectra®      | Q5103 |                |  |   |
|  | Luxturna™       | J3398 |                |  |   |
|  | Orencia®        | J0129 |                |  |   |
|  | Radicava®       | J1301 |                |  |   |
|  | Remicade®       | J1745 |                |  |   |
|  | Renflexis®      | Q5104 |                |  |   |
|  | Simponi Aria    | J1602 |                |  |   |
|  | Trogarzo™       | J1746 |                |  |   |
|  | Parsabiv™       | J0606 |                |  | Nov. 1, 2018  |
|  | Sublocade™      | Q9991 | Q9992          |  | July 1, 2018  |
|  | Ilaris®         | J0638 |                |  | April 1, 2018   |
|  | Exondys 51™     | J1428 |                |  | Jan. 1, 2018  |
|  | IVIG            | J1555 |                |  |   |
|  | Makena®         | J1726 | J1729          |  |   |
|  | Ocrevus™        | J2350 |                |  |   |
|  | Spinraza™       | J2326 |                |  |   |
|  | Lemtrada®       | J0202 |                |  | Oct. 1, 2017  |
|  | Soliris®        | J1300 |                |  |   |
|  | Cinqair®        | J2786 |                |  | April 1, 2017   |
|  | Nucala®         | J2182 |                |  |   |
|  | Probuphine®     | J0570 |                |  |   |
|  | IVIG            | J1575 |                |  | May 1, 2016   |
|  | Acthar®         | J0800 |                |  | Jan. 1, 2015  |
|  | Botulinum Toxin | J0585 | J0586          |  |   |
|  |                 | J0587 | J0588          |  |   |
| IVIG   | 90284           | J1459 |                |  |   |
|  | J1556           | J1557 |                |  |   |
|  | J1559           | J1561 |                |  |   |
|  | J1566           | J1568 |                |  |   |
|  | J1569           | J1572 |                |  |   |
|  | J1599           |       |                |  |   |
| Makena®                                      | J2675           |       |                |  |   |
| *Synagis®                                    | 90378           |       |                |  |   |
| Xolair®                                      | J2357           |       |                |  |   |
| <b>Injectable Medications – Unclassified</b> | Fylmetra®       | C9399 | J3490          | Jan. 1, 2015*  | 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 |
|  | Lupaneta Pack™  | J3590 |                | *Reflects the effective date for the unlisted codes not the specific drug names listed |   |

| Category   | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|--|-------------|-------|----------------|------------------------------------|--|
| <b>Injectable Medications – Unclassified (cont.)</b> |             |       |                |                                    | recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. |
| <b>Joint Replacement</b>                             |             | 23470 | 23472          | Jan. 1, 2015                       |  |
| Joint, total hip and knee replacement procedures     |             | 23473 | 23474          |                                    |  |
|  |             | 24360 | 24361          |                                    |  |
|  |             | 24362 | 24363          |                                    |  |
|  |             | 24370 | 24371          |                                    |  |
|  |             | 27120 | 27130          |                                    |  |
|  |             | 27125 | 27134          |                                    |  |
|  |             | 27132 | 27138          |                                    |  |
|  |             | 27137 | 27446          |                                    |  |
|  |             | 27412 | 27486          |                                    |  |
|  |             | 27447 | 29866          |                                    |  |
|  |             | 27487 | 29868          |                                    |  |
|  |             | 29867 |                |                                    |  |
| <b>Non-Emergent Air Ambulance Transport</b>          |             | A0430 | A0431          | Jan. 1, 2015                       |  |
|  |             | A0435 | A0436          |                                    |  |
| <b>Non-Emergent Ground Ambulance TX MANDATE</b>      |             | A0382 | A0398          | April 1, 2016                      |  |
|  |             | A0420 | A0422          |                                    |  |
|  |             | A0424 | A0425          |                                    |  |
|  |             | A0426 | A0428          |                                    |  |
|  |             | A0433 | A0434          |                                    |  |
| <b>Orthognathic Surgery</b>                          |             | 21121 | 21123          | Jan. 1, 2015                       |  |
|  |             | 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          |                                    |  |
|  |             | 21255 | 21296          |                                    |  |
|  |             | 21299 |                |                                    |  |
| <b>Orthotics and Prosthetics</b>                     |             | L1832 |                | May 1, 2019                        | Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.  |
|  |             | L3763 | L4631          | April 1, 2019                      |  |
|  |             | L5647 | L5649          |                                    |  |
|  |             | L5673 | L5683          |                                    |  |
|  |             | L5700 | L5705          |                                    |  |
|  |             | L5845 | L5962          |                                    |  |
|  |             | L5986 | L5999          |                                    |  |
|  |             | L1812 | L1820          | Jan. 1, 2018                       |  |
|  |             | L1830 | L1831          |                                    |  |
|  |             | L1836 | L1847          |                                    |  |

| Category                          | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-----------------------------------|-------------|-------|----------------|------------------------------------|--|
| Orthotics and Prosthetics (cont.) |             | L1834 |                | March 1, 2019                      |  |
|                                   |             | L0112 | L0170          | Jan. 1, 2015                       |  |
|                                   |             | L0456 | L0462          |                                    |  |
|                                   |             | 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 | L1840          |                                    |  |
|                                   |             | L1844 | L1845          |                                    |  |
|                                   |             | L1846 | L1860          |                                    |  |
|                                   |             | L1945 | L1950          |                                    |  |
|                                   |             | L1970 | L2000          |                                    |  |
|                                   |             | L2005 | L2010          |                                    |  |
|                                   |             | L2020 | L2030          |                                    |  |
|                                   |             | L2034 | L2036          |                                    |  |
|                                   |             | L2037 | L2038          |                                    |  |
|                                   |             | L2060 | L2106          |                                    |  |
|                                   |             | L2108 | L2126          |                                    |  |
|                                   |             | 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 |                |                                    |  |

| Category                          | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-----------------------------------|-------------|-------|----------------|------------------------------------|--|
| Orthotics and Prosthetics (cont.) |             | L5590 | L5595          |                                    |  |
|                                   |             | L5600 | L5610          |                                    |  |
|                                   |             | L5613 | L5614          |                                    |  |
|                                   |             | L5616 | L5639          |                                    |  |
|                                   |             | L5640 | L5642          |                                    |  |
|                                   |             | L5643 | L5644          |                                    |  |
|                                   |             | L5646 | L5648          |                                    |  |
|                                   |             | L5651 | L5653          |                                    |  |
|                                   |             | L5661 | L5682          |                                    |  |
|                                   |             | L5702 | L5703          |                                    |  |
|                                   |             | L5706 | L5716          |                                    |  |
|                                   |             | L5718 | L5722          |                                    |  |
|                                   |             | L5724 | L5726          |                                    |  |
|                                   |             | L5728 | L5780          |                                    |  |
|                                   |             | L5790 | L5795          |                                    |  |
|                                   |             | L5811 | L5812          |                                    |  |
|                                   |             | L5814 | L5816          |                                    |  |
|                                   |             | L5818 | L5822          |                                    |  |
|                                   |             | L5824 | L5826          |                                    |  |
|                                   |             | L5828 | L5830          |                                    |  |
|                                   |             | L5848 | L5857          |                                    |  |
|                                   |             | L5858 | L5930          |                                    |  |
|                                   |             | L5950 | L5960          |                                    |  |
|                                   |             | L5961 | L5964          |                                    |  |
|                                   |             | L5966 | L5968          |                                    |  |
|                                   |             | L5973 | L5976          |                                    |  |
|                                   |             | L5979 | L5980          |                                    |  |
|                                   |             | L5981 | L5982          |                                    |  |
|                                   |             | L5984 | L5987          |                                    |  |
|                                   |             | L5988 | L5990          |                                    |  |
|                                   |             | L6000 | L6010          |                                    |  |
|                                   |             | L6020 | L6050          |                                    |  |
|                                   |             | L6055 | L6100          |                                    |  |
|                                   |             | L6110 | L6120          |                                    |  |
|                                   |             | L6130 | L6200          |                                    |  |
|                                   |             | L6205 | L6250          |                                    |  |
|                                   |             | L6300 | L6310          |                                    |  |
|                                   |             | L6320 | L6350          |                                    |  |
|                                   |             | L6360 | L6370          |                                    |  |
|                                   |             | L6380 | L6382          |                                    |  |
|                                   |             | L6384 | L6400          |                                    |  |
|                                   |             | L6450 | L6500          |                                    |  |
|                                   |             | L6550 | L6570          |                                    |  |
|                                   |             | L6580 | L6582          |                                    |  |
|                                   |             | L6584 | L6586          |                                    |  |
|                                   |             | L6588 | L6590          |                                    |  |
|                                   |             | L6621 | L6623          |                                    |  |
|                                   |             | L6624 | L6646          |                                    |  |
|                                   |             | L6648 | L6686          |                                    |  |
|                                   |             | L6687 | L6689          |                                    |  |
|                                   |             | L6690 | L6692          |                                    |  |
|                                   |             | L6693 | L6694          |                                    |  |
|                                   | L6695       | L6696 |                |                                    |  |
|                                   | L6697       | L6704 |                |                                    |  |
|                                   | L6707       | L6708 |                |                                    |  |
|                                   | L6709       | L6711 |                |                                    |  |
|                                   | L6712       | L6713 |                |                                    |  |
|                                   | L6714       | L6715 |                |                                    |  |
|                                   | L6880       | L6881 |                |                                    |  |
|                                   | L6882       | L6883 |                |                                    |  |
|                                   | L6884       | L6885 |                |                                    |  |

| Category   | Subcategory                        | Code   | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|--|------------------------------------|--------|----------------|------------------------------------|--|
| Orthotics and Prosthetics (cont.)                  |                                    | 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  |                |                                    |  |
|  | L8610                              |        |                |                                    |  |
| Outpatient Therapy                                 |                                    | 70371  | 92626          | July 1, 2017                       | Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)  |
|  |                                    | 92627  | 92630          |                                    |  |
|  |                                    | 92633  | 96105          |                                    |  |
|  |                                    | 97024  | 97032          |                                    |  |
|  |                                    | 97035  | 97036          |                                    | Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://uhcprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification.<br>* Prior authorization not required for DME providers |
|  |                                    | 97139  | 97150          |                                    |  |
|  |                                    | 97164  | 97168          |                                    |  |
|  |                                    | 97535  | 97537          |                                    |  |
|  |                                    | 97542* | 97750          |                                    |  |
|  |                                    | 97760  | 97761          |                                    |  |
|  |                                    | 97530  |                | Nov. 7, 2016                       |  |
|  |                                    | 92507  | 92508          | Jan. 1, 2015                       |  |
|  |                                    | 92526  | 97012          |                                    |  |
|  | 97014                              | 97016  |                |                                    |  |
|  | 97018                              | 97022  |                |                                    |  |
|  | 97026                              | 97028  |                |                                    |  |
|  | 97033                              | 97034  |                |                                    |  |
|  | 97039                              | 97110  |                |                                    |  |
|  | 97112                              | 97113  |                |                                    |  |
|  | 97116                              | 97124  |                |                                    |  |
|  | 97140                              | 97799  |                |                                    |  |
|  | G0129                              | S8990  |                |                                    |  |
|  | OR billed with these revenue codes | 419    | 420            |                                    |  |
|  |                                    | 421    | 422            |                                    |  |
|  |                                    | 423    | 424            |                                    |  |
|  |                                    | 429    | 430            |                                    |  |
|  |                                    | 431    | 432            |                                    |  |
|  |                                    | 433    | 434            |                                    |  |
|  |                                    | 439    | 977            |                                    |  |
|  | 978                                |        |                |                                    |  |
| Prescribed Pediatric Extended Care Services (PPEC) |                                    | T1025  | T1026          | Oct. 1, 2018                       |  |
|  |                                    | T2002  |                |                                    |  |

| Category  | Subcategory | Code                    | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|---|-------------|-------------------------|----------------|------------------------------------|--|
| Private Duty Nursing  | T1000       | T1002                   |                | Jan. 1, 2015                       |  |
|   | T1003       |                         |                |                                    |  |
| Prostate Procedures   | 37243       | 53850                   |                | April 1, 2022                      |  |
|   | 55874       |                         |                |                                    |  |
|   | 55866       |                         |                | Jan. 1, 2015                       |  |
| Proton Beam Therapy   | 77520       | 77522                   |                | Jan. 1, 2015                       |  |
|   | 77523       | 77525                   |                |                                    |  |
| Focused radiation therapy using beams of protons, which are tiny particles with a positive charge |             |                         |                |                                    |  |
| Psychological Testing   | 96136       | 96131<br>96133<br>96137 |                | Oct. 1, 2019                       | Prior authorization will not be required for dates of service on or after March 1, 2022  |
| Radiology   | 0697T       | 0698T                   |                | June 1, 2022                       | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.   |
|   | 0710T       | 0711T                   |                |                                    |  |
|   | 0712T       | 0713T                   |                |                                    |  |
|   | 76391       |                         |                | March 1, 2020                      |  |
|   | 76390       | 78830                   |                | Jan. 1, 2020                       |  |
|   | 78831       | 78832                   |                |                                    |  |
|   | 0501T       | 0502T                   |                | Jan. 1, 2019                       | For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. |
|   | 0503T       | 0504T                   |                |                                    |  |
|   | 77046       | 77047                   |                |                                    |  |
|   | 77048       | 77049                   |                |                                    |  |
|   | 70336       | 70450                   |                | Jan. 1, 2015                       |  |
|   |             | 70460                   | 70470          |                                    |  |
|   |             | 70480                   | 70481          |                                    |  |
|   |             | 70482                   | 70486          |                                    |  |
|   |             | 70487                   | 70488          |                                    |  |
|   |             | 70490                   | 70491          |                                    |  |
|   |             | 70492                   | 70496          |                                    |  |
|   |             | 70498                   | 70540          |                                    |  |
|   |             | 70542                   | 70543          |                                    |  |
|   |             | 70544                   | 70545          |                                    |  |
|   | 70546       | 70547                   |                |                                    |  |
|   | 70548       | 70549                   |                |                                    |  |
|   | 70551       | 70552                   |                |                                    |  |
|   | 70553       | 70554                   |                |                                    |  |
|   | 70555       | 71250                   |                |                                    |  |
|   | 71260       | 71270                   |                |                                    |  |
|   | 71275       | 71550                   |                |                                    |  |
|   | 71551       | 71552                   |                |                                    |  |
|   | 71555       | 72125                   |                |                                    |  |
|   | 72126       | 72127                   |                |                                    |  |



| Category          | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-------------------|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) |             | 72128 | 72129          |                                    |  |
|                   |             | 72130 | 72131          |                                    |  |
|                   |             | 72132 | 72133          |                                    |  |
|                   |             | 72141 | 72142          |                                    |  |
|                   |             | 72146 | 72147          |                                    |  |
|                   |             | 72148 | 72149          |                                    |  |
|                   |             | 72156 | 72157          |                                    |  |
|                   |             | 72158 | 72159          |                                    |  |
|                   |             | 72191 | 72192          |                                    |  |
|                   |             | 72193 | 72194          |                                    |  |
|                   |             | 72195 | 72196          |                                    |  |
|                   |             | 72197 | 72198          |                                    |  |
|                   |             | 73200 | 73201          |                                    |  |
|                   |             | 73202 | 73206          |                                    |  |
|                   |             | 73218 | 73219          |                                    |  |
|                   |             | 73220 | 73221          |                                    |  |
|                   |             | 73222 | 73223          |                                    |  |
|                   |             | 73225 | 73700          |                                    |  |
|                   |             | 73701 | 73702          |                                    |  |
|                   |             | 73706 | 73718          |                                    |  |
|                   |             | 73719 | 73720          |                                    |  |
|                   |             | 73721 | 73722          |                                    |  |
|                   |             | 73723 | 73725          |                                    |  |
|                   |             | 74150 | 74160          |                                    |  |
|                   |             | 74170 | 74174          |                                    |  |
|                   |             | 74175 | 74176          |                                    |  |
|                   |             | 74177 | 74178          |                                    |  |
|                   |             | 74181 | 74182          |                                    |  |
|                   |             | 74183 | 74185          |                                    |  |
|                   |             | 74261 | 74262          |                                    |  |
|                   |             | 74263 | 74712          |                                    |  |
|                   |             | 74713 | 75557          |                                    |  |
|                   |             | 75559 | 75561          |                                    |  |
|                   |             | 75563 | 75571          |                                    |  |
|                   |             | 75572 | 75573          |                                    |  |
|                   |             | 75574 | 75635          |                                    |  |
|                   |             | 76376 | 76377          |                                    |  |
|                   |             | 76380 | 76497          |                                    |  |
|                   |             | 76498 | 77021          |                                    |  |
|                   |             | 77084 | 78012          |                                    |  |
|                   |             | 78013 | 78014          |                                    |  |
|                   |             | 78015 | 78016          |                                    |  |
|                   |             | 78018 | 78070          |                                    |  |
|                   |             | 78071 | 78072          |                                    |  |
|                   | 78075       | 78099 |                |                                    |  |
|                   | 78102       | 78103 |                |                                    |  |
|                   | 78104       | 78185 |                |                                    |  |
|                   | 78195       | 78199 |                |                                    |  |
|                   | 78201       | 78202 |                |                                    |  |
|                   | 78215       | 78216 |                |                                    |  |
|                   | 78226       | 78227 |                |                                    |  |

| Category          | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-------------------|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) |             | 78230 | 78231          |                                    |  |
|                   |             | 78232 | 78258          |                                    |  |
|                   |             | 78261 | 78262          |                                    |  |
|                   |             | 78264 | 78265          |                                    |  |
|                   |             | 78266 | 78278          |                                    |  |
|                   |             | 78282 | 78290          |                                    |  |
|                   |             | 78291 | 78299          |                                    |  |
|                   |             | 78300 | 78305          |                                    |  |
|                   |             | 78306 | 78315          |                                    |  |
|                   |             | 78399 | 78428          |                                    |  |
|                   |             | 78445 | 78451          |                                    |  |
|                   |             | 78452 | 78453          |                                    |  |
|                   |             | 78454 | 78456          |                                    |  |
|                   |             | 78457 | 78458          |                                    |  |
|                   |             | 78466 | 78468          |                                    |  |
|                   |             | 78469 | 78472          |                                    |  |
|                   |             | 78473 | 78481          |                                    |  |
|                   |             | 78483 | 78494          |                                    |  |
|                   |             | 78496 | 78499          |                                    |  |
|                   |             | 78579 | 78580          |                                    |  |
|                   |             | 78582 | 78597          |                                    |  |
|                   |             | 78598 | 78599          |                                    |  |
|                   |             | 78600 | 78601          |                                    |  |
|                   |             | 78605 | 78606          |                                    |  |
|                   |             | 78608 | 78609          |                                    |  |
|                   |             | 78610 | 78630          |                                    |  |
|                   |             | 78635 | 78645          |                                    |  |
|                   |             | 78650 | 78660          |                                    |  |
|                   |             | 78699 | 78700          |                                    |  |
|                   |             | 78701 | 78707          |                                    |  |
|                   |             | 78708 | 78709          |                                    |  |
|                   |             | 78740 | 78761          |                                    |  |
|                   |             | 78799 | 78800          |                                    |  |
|                   |             | 78801 | 78802          |                                    |  |
|                   |             | 78803 | 78804          |                                    |  |
|                   |             | 78811 | 78812          |                                    |  |
|                   |             | 78813 | 78814          |                                    |  |
|                   |             | 78815 | 78816          |                                    |  |
|                   |             | 78999 | C8900          |                                    |  |
|                   |             | C8901 | C8902          |                                    |  |
|                   |             | C8903 | C8905          |                                    |  |
|                   |             | C8906 | C8908          |                                    |  |
|                   |             | C8909 | C8910          |                                    |  |
|                   |             | C8911 | C8912          |                                    |  |
|                   | C8913       | C8914 |                |                                    |  |
|                   | C8918       | C8919 |                |                                    |  |
|                   | C8920       | C8931 |                |                                    |  |
|                   | C8932       | C8933 |                |                                    |  |
|                   | C8934       | C8935 |                |                                    |  |
|                   | C8936       | G0235 |                |                                    |  |
|                   | G0252       | S8042 |                |                                    |  |

| Category  | Subcategory               | Code   | Diagnosis Code  | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|---|---------------------------|--|---|------------------------------------|--|
| <b>Radiology (cont.)</b>                                      |                           | S8037  | S8092   |                                    |  |
|   |                           | S8085  |   |                                    |  |
| <b>Rhinoplasty and Septoplasty</b>                            |                           | 30400  | 30410   | Jan. 1, 2015                       |  |
| Treatment of nasal functional impairment and septal deviation |                           | 30420  | 30430   |                                    |  |
|   |                           | 30435  | 30450   |                                    |  |
|   |                           | 30460  | 30462   |                                    |  |
|   |                           | 30465  |   |                                    |  |
| <b>Sinuplasty</b>   |                           | 31298  |   | July 1, 2018                       |  |
|   |                           | 31295  | 31296   | Aug. 3, 2015                       |  |
|   |                           | 31297  |   |                                    |  |
| <b>Site of Service (SOS) – Outpatient Hospital</b>            | Auditory System           | 69205  |   | July 1, 2020                       | Prior authorization is only required when requesting service in an outpatient hospital setting.      |
|   | Cardiovascular System     | 36590  | 36832   |                                    |  |
|   | Carpal Tunnel Surgery     | 64721  |   |                                    | Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC). |
|   | Cataract Surgery          | 66821<br>66984   | 66982   |                                    |  |
|   | Colonoscopy               | 45378<br>45384   | 45380<br>45385  |                                    |  |
|   | Cosmetic & Reconstructive | 13101<br>14040<br>14301<br>21931   | 13132<br>14060<br>21552   |                                    |  |
|   | Digestive System          | 42415<br>43200<br>43237<br>43242<br>43246<br>43248<br>43254<br>43259<br>44361<br>45334<br>45381<br>45990<br>46040<br>46200<br>46221<br>46255<br>46270<br>46288<br>46750<br>46946 | 42440<br>43236<br>43238<br>43245<br>43247<br>43251<br>43255<br>44360<br>45171<br>45335<br>45390<br>46020<br>46050<br>46220<br>46250<br>46261<br>46275<br>46505<br>46910 |                                    |  |
|   | ENT Procedures            | 21320<br>30520<br>69631  | 30140<br>69436  |                                    |  |
|   | Eye and Ocular Adnexa     | 65710<br>66250<br>66711<br>66986<br>67041<br>67105   | 65820<br>66710<br>66825<br>67010<br>67042<br>67108  |                                    |  |

| Category  | Subcategory                 | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-----------------------------|-------|----------------|------------------------------------|--|
| Site of Service (SOS) – Outpatient Hospital (cont.) |                             | 67113 | 67840          |                                    |  |
|   |                             | 68110 | 68115          |                                    |  |
|   |                             | 68320 | 68720          |                                    |  |
|   |                             | 68815 |                |                                    |  |
|   | Female Genital System       | 57240 | 57250          |                                    |  |
|   |                             | 57461 | 57520          |                                    |  |
|   |                             | 58561 | 58562          |                                    |  |
|   | Gynecologic Procedures      | 57522 | 58353          |                                    |  |
|   |                             | 58558 | 58563          |                                    |  |
|   |                             | 58565 |                |                                    |  |
|   | Hemic and Lymphatic Systems | 38500 | 38510          |                                    |  |
|   |                             | 38525 |                |                                    |  |
|   | Hernia Repair               | 49505 | 49585          |                                    |  |
|   |                             | 49587 | 49650          |                                    |  |
|   |                             | 49651 | 49652          |                                    |  |
|   |                             | 49653 | 49654          |                                    |  |
|   |                             | 49655 |                |                                    |  |
|   | Integumentary System        | 10121 | 11440          |                                    |  |
|   |                             | 11450 | 11624          |                                    |  |
|   |                             | 11770 | 13121          |                                    |  |
|   |                             | 15100 | 15120          |                                    |  |
|   |                             | 15240 | 19020          |                                    |  |
|   |                             | 19120 | 19125          |                                    |  |
|   | Liver Biopsy                | 47000 |                |                                    |  |
|   | Male Genital System         | 54840 |                |                                    |  |
|   | Miscellaneous               | 20680 |                |                                    |  |
|   | Musculoskeletal System      | 20552 | 20553          |                                    |  |
|   |                             | 21012 | 21013          |                                    |  |
|   |                             | 21336 | 21554          |                                    |  |
|   |                             | 21555 | 21556          |                                    |  |
|   |                             | 21930 | 22903          |                                    |  |
|   |                             | 22902 | 23075          |                                    |  |
|   |                             | 23071 | 27327          |                                    |  |
|   |                             | 24071 | 27632          |                                    |  |
|   |                             | 27337 | 28039          |                                    |  |
|   |                             | 28035 | 28060          |                                    |  |
|   |                             | 28041 | 28090          |                                    |  |
|   | 28080                       | 28110 |                |                                    |  |
|   | 28104                       | 28119 |                |                                    |  |
|   | 28118                       | 28285 |                |                                    |  |
|   | 28124                       | 28292 |                |                                    |  |
|   | 28289                       | 28297 |                |                                    |  |
|   | 28296                       | 28299 |                |                                    |  |
|   | 28298                       | 29807 |                |                                    |  |
|   | 29806                       | 29822 |                |                                    |  |
|   | 29819                       | 29824 |                |                                    |  |
|   | 29823                       | 29826 |                |                                    |  |
|   | 29825                       | 29828 |                |                                    |  |
|   | 29827                       | 29840 |                |                                    |  |
|   | 29835                       | 29846 |                |                                    |  |
|   | 29845                       | 29861 |                |                                    |  |
|   | 29848                       | 29876 |                |                                    |  |

| Category   | Subcategory   | Code                             | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization  |  |
|--|---|----------------------------------|----------------|------------------------------------|---|--|
| <b>Site of Service (SOS) – Outpatient Hospital (cont.)</b> |   | 29875                            | 29879          |                                    |   |  |
|  |   | 29877                            | 29881          |                                    |   |  |
|  |   | 29880                            | 29888          |                                    |   |  |
|  |   | 29882                            |                |                                    |   |  |
|  |   | 29893                            |                |                                    |   |  |
|  |   | Nervous System                   | 64561          | 64640                              |   |  |
|  |   | Ophthalmologic                   | 65426          | 65730                              |   |  |
|  |   |                                  | 65855          | 66170                              |   |  |
|  |   |                                  | 66761          | 67028                              |   |  |
|  |   |                                  | 67036          | 67040                              |   |  |
|  |   |                                  | 67228          | 67311                              |   |  |
|  |   |                                  | 67312          |                                    |   |  |
|  |   | Respiratory System               | 30802          | 30930                              |   |  |
|  |   |                                  | 31525          | 31535                              |   |  |
|  |   |                                  | 31536          | 31541                              |   |  |
|  |   |                                  | 31624          |                                    |   |  |
|  |   | Tonsillectomy & Adenoidectomy    | 42820          | 42821                              |   |  |
|  |   |                                  | 42825          | 42826                              |   |  |
|  |   |                                  | 42830          |                                    |   |  |
|  |   | Upper Gastrointestinal Endoscopy | 43235          | 43239                              |   |  |
|  |   |                                  | 43249          |                                    |   |  |
|  |   | Urinary System                   | 52276          | 52287                              |   |  |
|  |   |                                  | 52320          | 52344                              |   |  |
|  |   | Urologic Procedures              | 50590          | 52000                              |   |  |
|  |   |                                  | 52005          | 52204                              |   |  |
|  |   |                                  | 52224          | 52234                              |   |  |
|  |   |                                  | 52235          | 52260                              |   |  |
|  |   | 52281                            | 52310          |                                    |   |  |
|  |   | 52332                            | 52351          |                                    |   |  |
|  |   | 52352                            | 52353          |                                    |   |  |
|  |   | 52356                            | 55040          |                                    |   |  |
|  |   | 55700                            | 57288          |                                    |   |  |
| <b>Sleep Apnea Procedures &amp; Surgeries</b>              |   | 21685                            | 41599          | Jan. 1, 2015                       |   |  |
|  | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | 42145                            |                |                                    |   |  |
| <b>Spinal Surgery</b>                                      |   | 22510                            | 22511          | April 1, 2022                      | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization |  |
|  |   | 22512                            | 22513          |                                    |   |  |
|  |   | 22515                            |                |                                    |   |  |
|  |   | 22514                            |                | July 1, 2020                       |   |  |
|  |   | 22100                            | 22101          | Jan. 1, 2015                       |   |  |
|  |   | 22102                            | 22110          |                                    |   |  |
|  |   | 22112                            | 22114          |                                    |   |  |
|  |   | 22206                            | 22207          |                                    |   |  |
|  |   | 22210                            | 22212          |                                    |   |  |
|  |   | 22214                            | 22220          |                                    |   |  |
|  |   | 22224                            | 22532          |                                    |   |  |

| Category  | Subcategory            | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|------------------------|-------|----------------|------------------------------------|--|
| <b>Spinal Surgery (cont.)</b>                           |                        | 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 | 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 | 63185          |                                    |  |
|   |                        | 63190 | 63191          |                                    |  |
|   |                        | 63250 | 63200          |                                    |  |
|   |                        | 63252 | 63251          |                                    |  |
|   |                        | 63267 | 63265          |                                    |  |
|   |                        | 63270 | 63268          |                                    |  |
|   | 63272                  | 63271 |                |                                    |  |
|   | 63300                  | 63286 |                |                                    |  |
|   | 63302                  | 63301 |                |                                    |  |
|   | 63304                  | 63303 |                |                                    |  |
|   | 63306                  | 63305 |                |                                    |  |
|   | 63308                  | 63307 |                |                                    |  |
| <b>Stimulators</b>                                      | Bone Growth Stimulator | E0760 |                | Dec. 7, 2015                       |  |
| Implantation of a device that sends electrical impulses | Stimulator             | E0747 | E0748          | Jan. 1, 2015                       |  |
|   | Neurostimulator        | 43648 | 43881          | Jan. 1, 2015                       |  |
|   |                        | 43882 | 61863          |                                    |  |
|   |                        | 61864 | 61867          |                                    |  |
|   |                        | 61868 | 61885          |                                    |  |
|   |                        | 61886 | 63650          |                                    |  |
|   |                        | 63655 | 63685          |                                    |  |
|   |                        | 64553 | 64555          |                                    |  |
|   |                        | 64568 | 64570          |                                    |  |
|   |                        | 64590 | L8680          |                                    |  |
|   |                        | L8682 | L8685          |                                    |  |
|   |                        | L8686 | L8687          |                                    |  |
|   |                        | L8688 |                |                                    |  |

| Category               | Subcategory   | Code  | Diagnosis Code    | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |  |               |
|------------------------|---|-------|-------------------|------------------------------------|--|--|---------------|
| <b>Transplants</b>     | CAR T-Cell Therapy  | C9098 | J9999             |                                    | July 1, 2022   | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. |               |
|                        |   | Q2055 |                   |                                    | Feb. 1, 2022   |  |               |
|                        |   | Q2053 |                   |                                    | July 1, 2021   |  |               |
|                        |   | 0537T | 0538T             |                                    |  |  | Jan. 1, 2019  |
|                        |   | 0539T | 0540T             |                                    |  |  |               |
|                        |   | Q2042 |                   |                                    |  |  |               |
|                        |   | Q2041 |                   |                                    |  |  | April 1, 2018 |
|                        | Transplant Services   |       | 32850             | 32851                              |  |  | Jan. 1, 2015  |
|                        |   |       | 32852             | 32853                              |  |  |               |
|                        |   |       | 32854             | 32855                              |  |  |               |
|                        |   |       | 32856             | 33930                              |  |  |               |
|                        |   |       | 33933             | 33935                              |  |  |               |
|                        |   |       | 33940             | 33944                              |  |  |               |
|                        |   |       | 33945             | 38208                              |  |  |               |
|                        |   |       | 38209             | 38210                              |  |  |               |
|                        |   |       | 38212             | 38213                              |  |  |               |
|                        |   |       | 38214             | 38215                              |  |  |               |
|                        |   |       | 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             |                                    |  |  |               |
|                        | S2060   | 50547 |                   |                                    |  |  |               |
|                        | S2152   | S2061 |                   |                                    |  |  |               |
|                        | 38232   |       | Oncology DX Codes |                                    | Jan. 1, 2015   |  |               |
| <b>Vein Procedures</b> |   | 37765 | 37766             |                                    | July 1, 2021   |  |               |
|                        | Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | 36473 |                   |                                    |  | April 1, 2017  |               |
|                        |   | 36475 | 36478             |                                    |  | Jan. 1, 2015   |               |
|                        |   | 37700 | 37718             |                                    |  |  |               |
|                        |   | 37722 | 37780             |                                    |  |  |               |

| Category  | Subcategory | Code  | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization   |
|---|-------------|-------|----------------|------------------------------------|--|
| <b>Ventricular Assist Device (VAD)</b><br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow |             | 33927 | 33928          | Jan. 1, 2018                       | 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> . |
|   |             | 33929 |                |                                    |  |
|   |             | 33975 | 33976          | Jan. 1, 2015                       |  |
|   |             | 33979 | 33981          |                                    |  |
|   |             | 33982 | 33983          |                                    |  |
|   |             | Q0507 | Q0508          |                                    |  |
|   | Q0509       |       |                |                                    |  |
| <b>Wound Vac</b>  |             | E2402 |                | Jan. 1, 2015                       |  |

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