

# 2021 Summary of Changes to Advance Notification and Prior Authorization Requirements

These changes are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, improved health outcomes and lower costs.

Although prior authorization requirements may be added/updated/removed for certain codes, post-service determinations may still be applicable based on criteria published in medical policies, local/national coverage determination criteria, and/or state fee schedule coverage.

Specific state rules may apply. For more information on whether authorization is required or not, please go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard.

For more information about program changes, view to the [Network Bulletin](#) on [UHCprovider.com](http://UHCprovider.com). To see current prior authorization requirements for all plans, please visit [UHCprovider.com/priorauth](http://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type.

Stay informed about COVID-19 updates by visiting [COVID-19 Updates and Resources](#) on [UHCprovider.com](http://UHCprovider.com).

## Announcement Date: Nov. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

### UnitedHealthcare Commercial Plans

### UnitedHealthcare Community Plans (Medicaid and Long-Term Care)

### UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ Oxford Individual</li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Remove	Site of Service	11000, 11626, 11646, 12037, 13152, 15260, 19020, 21365, 21385, 21390, 21407, 21554, 30117, 40530, 41105, 41116, 42820, 42825, 42830, 43240, 43265, 43274, 43275, 43276, 45389, 46040, 46045, 46050, 46060, 49900,	Feb. 1, 2021	

The most up-to-date Advance Notification lists are available online at [UHCProvider.com/priorauth](http://UHCProvider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources  
[Return to the top of the document](#)

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ UHOne</li> <li>• <a href="#">Exchanges</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li>• <a href="#">Exchanges</a></li> </ul>	Update	Cardiology	Electrophysiology implant	Dec. 1, 2021	<p>These procedures will no longer require prior authorization when performed</p> <ul style="list-style-type: none"> <li>• In an emergency room</li> <li>• In an urgent care center</li> <li>• In an observation unit</li> <li>• During an inpatient stay</li> </ul> <p>Prior authorization will be required in an outpatient or office-based setting</p>
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a> <ul style="list-style-type: none"> <li>○ Applies only to designated Medicare Advantage® retiree plans through UnitedHealthcare Retiree Solutions</li> </ul> </li> </ul>	Add	Private Duty Nursing	T1000	Feb. 1, 2022	<p>For non -designated Retiree Plans this is not a covered benefit. To determine member eligibility, go to <a href="http://UHCprovider.com">UHCprovider.com</a></p>
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Cardiology	33285, E0616	Feb. 1, 2022	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Site of Service	0191T, 15823, 44388, 44389, 44391, 44408, 45330, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45393, 62270, 62321, 62322, 62323, 64405, 64418, 64483, 64490, 64493, 64510, 64633,	Feb. 1, 2022	<ul style="list-style-type: none"> <li>○ These updates will take effect on April 1, 2022 for Iowa and Illinois</li> <li>○ At this time, providers in the following states are excluded from these updates: Arkansas, Hawaii, Kentucky, Massachusetts, Utah, and Wisconsin</li> </ul>

Affected Plans	Action	Category	Codes	Effective date	Notes
			64635, 65855, 66180, 66183, 66982, 66984, 67036, 67040, 67041, 67042, 67108, 67113, 67145, 67210, 67228, 67900, 67904, 67917, G0105, G0121		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a> <ul style="list-style-type: none"> <li>○ Arkansas</li> <li>○ Georgia</li> <li>○ New Jersey</li> <li>○ South Carolina</li> </ul> </li> </ul>	<b>Add</b>	<b>Outpatient Therapy</b>	97012, 92507, 92508, 92521, 92522, 92523, 92526, 92626, 92627, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799, G0281, G0282, G0283, Rev Code 0420, Rev Code 0421, Rev Code 0422, Rev Code 0423, Rev Code 0424, Rev Code 0429, Rev Code 0430, Rev Code 0431, Rev Code 0432, Rev Code 0433, Rev Code 0434,	<b>Feb. 1, 2022</b>	

Affected Plans	Action	Category	Codes	Effective date	Notes
			Rev Code 0439, Rev Code 0440, Rev Code 0441, Rev Code 0442, Rev Code 0443, Rev Code 0444, Rev Code 0977, Rev Code 0978		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ Oxford Individual</li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> <li>○ <a href="#">United Health Care West Commercial</a></li> </ul> </li> </ul>	<b>Update</b>	Pain Management and Injection	62292, 64454, 64480, 64491, 64492, 64494, 64496, 64634, 64636	Nov. 1, 2021	Previously announced in the August Update, these codes have been removed from the prior authorization requirement effective Nov. 1, 2021
<ul style="list-style-type: none"> <li>• <b>United Healthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Pain Management and Injection</b>	64490, 64491, 64492, 64493, 64494, 64495	<b>Feb. 1, 2022</b>	
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

## Announcement Date: Oct. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

### UnitedHealthcare Commercial Plans

### UnitedHealthcare Community Plans (Medicaid and Long-Term Care)

### UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of                             <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Update	Continuous Glucose Monitor	A9276, A9277, A9278	Oct. 1, 2021	Recategorized from Experimental/Investigational
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Genetic and Molecular Testing	0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0279U, 0280U, 0281U, 0282U, 0283U, 0284U	Jan. 1, 2022	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Injectable Medications/Step Therapy	J0185, J1454, J1627, J9035, Q5111, J9198, Q5104, J0641, J0642, J9311, J9312, Q5123, J9355, J9356, Q5112, Q5113, Q5114,	Jan. 1, 2022	
	Remove		Q5120, J0881, J2503, Q5121		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Site of Service	<ul style="list-style-type: none"> <li><a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li><a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> </ul>	Jan. 1, 2022	Previously announced as effective <b>Oct. 1, 2021</b> , Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in <b>Kentucky</b> for dates of service on or after <b>Jan. 1, 2022</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
			<ul style="list-style-type: none"> <li><a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li><a href="#">Office Based Procedures – Site of Service</a></li> </ul>		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Add	<b>Cancer Supportive care Chemotherapy Therapeutic Radio-pharmaceuticals</b>	J0185, J1453, J1454, J1627, J2469, A9590, A9513, A9606, A9699, Lutetium Lu 177 (Lutathera®) Radium RA-233 dichloride (Xofigo® and Azedra A9590) All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code	<b>Feb 1, 2022</b>	Previously announced as effective Oct. 1, 2021, the transition to Optumfor prior authorization requests and new prior authorization requirements have been delayed until <b>Feb. 1, 2022</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Injectable Medications</b>	J0881	<b>Jan. 1, 2022</b>	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Injectable Medications</b>	Nexviazyme™, Ryplazim®, Saphnelo™	<b>Jan. 1, 2022</b>	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

Affected Plans	Action	Category	Codes	Effective date	Notes
<a href="#">and Dual Special Needs Plans</a>					
<b>2022 Individual and Family plans on the exchange</b> New states: <b>Alabama</b> <b>Florida</b> <b>Georgia</b> <b>Illinois</b> <b>Louisiana</b> <b>Michigan</b> <b>Texas</b>	Add	<b>Arthroplasty</b>	23470, 23472, 23473, 23474, 24360, 24361, 24362, 24363, 24365, 24366, 24370, 24371, 25332, 25441, 25442, 25443, 25444, 25445, 25446, 25447, 25449, 26530, 26531, 26535, 26536, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27700, 27702, 27703	Jan. 1, 2022	
		<b>Arthroscopy</b>	29805, 29806, 29807, 29819, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29834, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29860, 29861, 29862, 29863, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			29891, 29892, 29893, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916		
		<b>Bariatric</b>	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43886, 43887, 43888, 43848, 43848, 43860, 43771, 43772, 43773, 43774, 43775, 43659, 43865, 43886, 43865, 43860,		
		<b>Body Lengthening (MSK)</b>	25280, 27685		
		<b>Bone Growth Stimulator</b>	20974, 20975, 20979, E0747, E0748, E0749, E0760		
		<b>Bone Marrow / Stem Cell</b>	38204, 38205, 38211, 38230, 38232, 38243		
		<b>Breast Reconstruction</b>	19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600		
		<b>Cardiology</b>	33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 93303, 93304, 93306, 93307, 93308, 93350, 93351, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 0571T, 0614T		
		<b>Cardiovascular</b>	33285, 33361, 33362, 33363, 33364, 33365, 33366, 33369, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 75710, 75716, 93580, 93653, 93656, E0616		
		<b>Carpal Tunnel</b>	29848, 64721		
		<b>Cartilage Implants</b>	27412, 27415, 27416, 29866, 29867, 29868, S2112		
		<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>	95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, 95726		
		<b>Chemotherapy</b>	J1453, J1454, J1627, J0185, J0640, J0641, J1950, J9000, J9015, J9017, J9019, J9022, J9023, J9025, J9027, J9030, J9032, J9033, J9034, J9035,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			J9036, J9037, J9039, J9040, J9041, J9042, J9043, J9044, J9045, J9047, J9050, J9055, J9057, J9060, J9065, J9070, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9153, J9155, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9215, J9217, J9223, J9225, J9226, J9228, J9229, J9245, J9246, J9250, J9260, J9261, J9263, J9264, J9266, J9267, J9268, J9269, J9271, J9280, J9281, J9285, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9309, J9311, J9312, J9313, J9315, J9316, J9317, J9320, J9325, J9328, J9330, J9340, J9349, J9351, J9352,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			J9354, J9355, J9356, J9357, J9358, J9360, J9370, J9371, J9390, J9395, J9400, J9600, J9999, Q2017, Q2043, Q2050, Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5122, J9348, J9353, Q5123, J9247, J9318, J9319, Q2054, J9214, J9218, J9262, J9348, J9353, Q5123		
		<b>Clinical Trials</b>	G0276, G0293, G0294, G2000, S9988, S9990, S9991		
		<b>Cochlear Implants and Other Auditory Implants</b>	69710, 69714, 69715, 69717, 69718, 69930, L8615, L8616, L8617, L8618, L8619, L8622, L8627, L8628, V5273		
		<b>Congenital Heart Disease</b>	33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33404, 33414, 33415, 33416, 33417, 33476, 33478, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33600, 33602, 33606, 33608, 33610, 33611, 33612,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			33615, 33617, 33619, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33786, 33788, 33802, 33803, 33820, 33822, 33840, 33845, 33851, 33852, 33853, 33917, 33920, 33924, 93530, 93531, 93532, 93533, 93561, 93562, 93581, 33741, 33745, 33746, 33782, 33783, E1229, 33741, 33745, 33746, 33782, 33783		
		<b>Continuous Glucose Monitoring</b>	A4226, A9276, A9277, A9278, E0787, K0553, K0554		
		<b>Cosmetic</b>	21137		
		<b>Durable Medical Equipment (DME)</b>	E0147, E0193, E0194, E0265,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E0266, E0277, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0466, E0467, E0471, E0483, E0486, E0565, E0574, E0618, E0619, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0652, E0656, E0657, E0676, E0720, E0730, E0731, E0745, E0764, E0766, E0770, E0784, E0958, E0984, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1015, E1016, E1017, E1018, E1029, E1030, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840, E2201, E2202, E2203, E2204, E2207, E2227, E2228, E2295, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2326, E2327,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2397, E2402, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2633, E8000, E8001, E8002, K0005, K0008, K0009, K0013, K0826, K0827, K0828, K0829, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891, K0900, S1040, E1229		
		<b>Experimental and Investigational</b>	33477, 36514, 64722, 95965,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			95966, 95967, 0191T, 0253T, 0308T, 0376T		
		<b>Foot Surgery</b>	28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299		
		<b>Functional Endoscopic Sinus Surgery (FESS)</b>	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288		
		<b>Gender Dysphoria Treatment</b>	54400, 54401, 54405, 11980, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 19303, 53410, 53430, 54125, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56805, 57110, 58661, 58720, 58940, 64856, 64892, 64896, 96372		
		<b>Gender Reassignment</b>	55970, 55980, 57335		
		<b>Genetic and Molecular Testing</b>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81203, 81204, 81205, 81208, 81209, 81212, 81216, 81218, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81271, 81272, 81273, 81274, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			81303, 81304, 81305, 81306, 81307, 81309, 81310, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			81439, 81440, 81442, 81443, 81445, 81448, 81460, 81465, 81470, 81471, 81507, 81518, 81519, 81520, 81521, 81522, 81546, 81554, 81595, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87797, 87798, 87799, 87800, 87801, 0001U, 0004M, 0006M, 0007M, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0022U, 0023U, 0026U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0040U, 0046U, 0049U, 0055U, 0060U, 0068U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0084U, 0087U, 0088U, 0097U, 0111U, 0129U, 0136U, 0137U, 0154U, 0155U, 0157U, 0158U, 0159U, 0160U, 0161U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0203U, 0205U, 0209U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U, 0229U, 0230U, 0231U, 0232U, 0234U, 0235U, 0236U, 0237U, 0238U, 0245U, 0246U, S3870, 81277, 81443, 0245U, 0246U		
		<b>Hearing</b>	V5014, V5050, V5060, V5095, V5130, V5140, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5264, V5267,		
		<b>Home Health</b>	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, S9110, S9122, S9127, S9128, S9129, S9131, S9340, S9341, S9342, S9343, S9810, T1001,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			T1004, T1021, T1030, T1031		
		<b>Hospice</b>	G0299, G0300, G0493, G0494, T2045, T2046, S0255, S9126, T2042, T2043, T2044, S0255, S9126, T2042, T2043, T2044		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
		<b>IMRT</b>	77385, 77386, G6015, G6016		
		<b>Infertility - regardless of diagnosis</b>	55870, 58321, 58322, 58323, 58345, 58752, 58760, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, 89356, S4011, S4013, S4014, S4015, S4016, S4022,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			S4023, S4025, S4026, S4028, S4030, S4031, S4035, S4037		
		<b>Infertility – with listed diagnosis</b> E23.0, N46.01, N46.021, N46.022, N46.023, N46.024, N46.025, N46.029, N46.11, N46.121, N46.122, N46.123, N46.124, N46.125, N46.129, N46.8, N46.9, N97.0, N97.1, N97.2, N97.8, N97.8, N97.9, N98.1	52402, 54500, 54505, 55550, 58140, 58145, 58146, 58660, 58662, 58670, 58672, 58673, 58770		
		<b>Injectable Medications</b>	J1951, 90283, 90284, 90378, A9513, A9590, A9606, A9699, J0129, J0178, J0179, J0180, J0202, J0207, J0221, J0222, J0223, J0224, J0256, J0257, J0364, J0490, J0517, J0565, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0596, J0597, J0598, J0606, J0638, J0642, J0775, J0791, J0800, J0850, J0881, J0885, J0888, J0895, J0896, J0897, J1290, J1300, J1301, J1303, J1322, J1325, J1427, J1428, J1429, J1437, J1439, J1442, J1447, J1458, J1459,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			J1460, J1555, J1556, J1557, J1558, J1559, J1560, J1561, J1566, J1568, J1569, J1572, J1575, J1599, J1602, J1632, J1640, J1645, J1650, J1652, J1726, J1729, J1740, J1743, J1745, J1746, J1786, J1823, J1930, J1931, J1950, J2182, J2315, J2323, J2326, J2350, J2353, J2354, J2357, J2425, J2502, J2503, J2505, J2507, J2724, J2778, J2786, J2787, J2796, J2820, J2840, J3032, J3060, J3095, J3111, J3240, J3241, J3245, J3262, J3285, J3304, J3315, J3316, J3358, J3380, J3385, J3396, J3397, J3398, J3399, J3489, J3490, J3590, J7196, J7197, J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, J7352, Q0138, Q0139, Q5101, Q5103, Q5104, Q5106, Q5108,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			Q5110, Q5111, Q5120, Q5121, Q5122, Q5123, Q9991, Q9992, S0013, S1091, J1426		
		<b>Injection arthrogram</b>	27096		
		<b>Mastectomy</b>	19300		
		<b>Medical &amp; Surgical Supplies</b>	A4557, A4600, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9274, A9282		
		<b>Neurostimulators</b>	43648, 43882, 61863, 61864, 61867, 61868, 61885, 61886, 64553, 64555, 64568, 64590, 64595, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, L8681		
		<b>Orthognathic Surgery</b>	21010, 21050, 21060, 21116, 21121, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			21249, 21255, 21296		
		<b>Orthotics and Prosthetics</b>	L0112, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640, L1300, L1840, L1844, L1845, L1846, L1950, L2005, L2020, L2034, L2036, L2037, L2038, L2330, L2387, L2520, L2526, L2755, L2840, L2850, L3671, L3674, L3763, L3764, L3765, L3766, L3806, L3900, L3901, L3904, L3905, L3921, L3935, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4030, L4631, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5530, L5535, L5540, L5585, L5590, L5610, L5611, L5613, L5614, L5616, L5639, L5643, L5649, L5651, L5673, L5679,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			L5681, L5683, L5703, L5704, L5705, L5706, L5707, L5722, L5724, L5726, L5728, L5780, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5960, L5961, L5966, L5968, L5973, L5976, L5979, L5980, L5981, L5987, L5988, L6000, L6010, L6020, L6026, L6050, L6055, L6120, L6130, L6200, L6205, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6615, L6616, L6620, L6621, L6624, L6629, L6638, L6648, L6693, L6696, L6697, L6707, L6880, L6881, L6882, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7499, L8629, L2232, L2232		
		<b>Pain Injections</b>	62281, 62291, 62292, 64620, G0259, G0260		
		<b>Pain Management</b>	20552, 20553, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62367, 62368, 62369, 62370, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64430, 64445, 64446, 64447, 64448, 64449, 64450, 64451, 64454, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64505, 64510, 64517, 64520, 64600, 64633, 64634, 64635, 64636, 64640, 64650, 64653, C1891, C2626, E0782, E0783, E0785, E0786		
		<b>Potentially Cosmetic</b>	11960, 11970, 11971, 14020, 14021, 14040,		

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			14060, 14061, 14301, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15820, 15821, 15822, 15823, 15877, 15878, 15879, 17106, 17107, 17108, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21740, 21742, 21743, 28344, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 54400, 54401, 54405, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966, 19300, 11970, 14020, 14021, 14061, 14302, 15572,		

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		<b>Private Duty Nursing</b>	T1000, T1002, T1003		
		<b>Prostate</b>	52441, 52442, 53850, 53852, 55866, 55873, 55874		
		<b>Proton Beam Therapy</b>	77520, 77522, 77523, 77525,		
		<b>Pulmonary</b>	32491		
		<b>Radiation Therapy</b>	32701, 61796, 61798, 61799, 61800, 63620, 77301, 77371, 77372, 77432, 77435, G0339, G0340		
		<b>Radiology</b>	70336, 70450, 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, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156,		

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			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, 76390, 76391, 76497, 76498, 77021, 77046, 77047, 77048, 77049, 77084, 78012, 78013, 78014, 78015, 78016, 78018, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232,		

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Affected Plans	Action	Category	Codes	Effective date	Notes
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		<b>Site of Service</b>	10121, 10180, 11010, 11012, 11440, 11441, 11443, 11444, 11446, 11450, 11451, 11462, 11463, 11470, 11471, 11601, 11602, 11603, 11604, 11620, 11621, 11622, 11623, 11624, 11640, 11641, 11642, 11643, 11644, 11750, 11755, 11760, 11770, 11772, 12031, 12032, 12034, 12035, 12041, 12042, 12051, 12052, 13100, 13101, 13120, 13121, 13131, 13132, 13151, 15100, 15120, 15220, 15240, 15576, 15760, 15770, 15850, 17000, 17004, 17110, 17111, 17311, 17313, 19101, 19110, 19112, 19120, 19125, 20200, 20205, 20220, 20225, 20240, 20245, 20520, 20525, 20526, 20551, 20600, 20604, 20605, 20606, 20610, 20611,		

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			25130, 25151, 25210, 25215, 25230, 25240, 25260, 25270, 25275, 25290, 25295, 25350, 25545, 25605, 25606, 25607, 25608, 25609, 25624, 25628, 25645, 25652, 25810, 25825, 26011, 26020, 26045, 26055, 26070, 26075, 26080, 26105, 26110, 26111, 26113, 26115, 26116, 26121, 26123, 26160, 26180, 26200, 26210, 26215, 26236, 26320, 26350, 26356, 26357, 26392, 26410, 26418, 26420, 26426, 26432, 26433, 26437, 26440, 26442, 26445, 26455, 26480, 26500, 26502, 26516, 26520, 26525, 26540, 26541, 26542, 26567, 26608, 26615, 26650, 26665, 26676, 26715, 26727, 26735, 26742, 26746, 26756, 26765, 26841, 26842, 26850, 26860, 26862, 26910, 26951, 26952, 27006, 27043, 27045, 27047, 27048,		

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			51702, 51710, 51715, 51720, 51726, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52260, 52265, 52275, 52276, 52281, 52282, 52283, 52285, 52287, 52300, 52310, 52315, 52317, 52320, 52325, 52327, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52450, 52500, 52630, 52640, 53020, 53230, 53260, 53265, 53270, 53440, 53445, 53450, 53500, 53605, 53665, 54001, 54055, 54057, 54060, 54065, 54100, 54110, 54150, 54161, 54162, 54163, 54164, 54300, 54360, 54450, 54512, 54530, 54600, 54620, 54640, 54700, 54830, 54840, 54860, 55040, 55041, 55060, 55100, 55110, 55120, 55500, 55520, 55540, 55700, 56405, 56420, 56440, 56441, 56442, 56501,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			56515, 56605, 56620, 56700, 56740, 56810, 56821, 57000, 57061, 57065, 57100, 57105, 57106, 57130, 57135, 57240, 57250, 57260, 57268, 57282, 57283, 57287, 57295, 57300, 57410, 57415, 57420, 57421, 57425, 57452, 57454, 57456, 57461, 57500, 57505, 57510, 57511, 57513, 57520, 57522, 57530, 57700, 57720, 57800, 58100, 58120, 58353, 58558, 58560, 58561, 58562, 58563, 58565, 58700, 58925, 64425, 64530, 64561, 64581, 64585, 64610, 64642, 64644, 64646, 64647, 64702, 64718, 64719, 64774, 64776, 64782, 64784, 64788, 64795, 64831, 64835, 65400, 65420, 65426, 65435, 65436, 65730, 65750, 65755, 65756, 65772, 65778, 65779, 65780, 65800, 65815, 65820, 65850, 65855, 65865, 65875,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			65920, 66170, 66172, 66185, 66250, 66682, 66710, 66711, 66761, 66821, 66825, 66840, 66850, 66852, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 67005, 67010, 67025, 67028, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67120, 67121, 67145, 67210, 67218, 67220, 67221, 67228, 67311, 67312, 67314, 67316, 67318, 67345, 67400, 67412, 67414, 67420, 67445, 67550, 67560, 67700, 67800, 67801, 67805, 67808, 67840, 67875, 67880, 67935, 67938, 67971, 67973, 67975, 68100, 68110, 68115, 68135, 68320, 68440, 68700, 68720, 68750, 68811, 68815, 69100, 69110, 69140, 69145, 69205, 69222, 69310, 69320, 69421, 69424, 69433, 69436, 69440, 69450,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			69505, 69550, 69602, 69610, 69620, 69631, 69632, 69633, 69635, 69636, 69641, 69642, 69643, 69644, 69645, 69646, 69650, 69660, 69661, 69662, 69801, 69805, 69806, G0105, G0121		
		<b>Site of Service - Office</b>	11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442, 19000, 31579, 57460, 62270		
		<b>Sleep Apnea Procedures &amp; Surgeries</b>	21685, 42145		
		<b>Sleep Studies</b>	95805, 95807, 95808, 95810, 95811		
		<b>Spinal Cord Stimulator</b>	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64570, L8679, L8680, L8682, L8683		
		<b>Spine Surgery</b>	20930, 20931, 20939, 22100, 22101, 22102, 22103, 22110, 22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 27279, 27280, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0164T, S2350, S2351,		
		<b>Surgery</b>	0402T		
		<b>Transplant</b>	32851, 32852, 32853, 32854, 32855, 33933, 33935, 33945, 38206, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47144, 47145, 47146, 48554,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			50325, 50340, 50360, 50365, 50370, 50380, 0537T, 0538T, 0539T, 0540T, J3490, J3590, J9999, Q2041, Q2042, Q2053, S2053, S2054, S2060, S2065, S2140, S2142, S2150, Q2054, C9081		
		<b>Transplant - Corneal Transplant</b>	65710		
		<b>Transportation</b>	A0426, A0428, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998, S9960, S9961		
		<b>Unlisted</b>	78499, 78099, 78199, 78299, 78399, 78599, 78699, 78799, 78999, 17999, 19499, 20999, 21089, 21299, 21899, 22899, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29799, 29999, 30999, 31299, 31599, 31899, 32999, 33999, 36299, 37501, 37799, 38589, 38999, 39599, 40799, 40899, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 43999, 44238, 44799,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			44899, 44979, 45399, 45999, 46999, 47399, 47579, 47999, 48999, 49329, 49659, 49999, 50549, 53899, 54699, 55899, 58578, 58579, 58679, 58999, 59897, 59898, 59899, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 67999, 69799, 69949, 69979, 76496, 76499, 76999, 77299, 77399, 77499, 77799, 79999, 81479, 81599, 84999, 86849, 89240, 89398, 90399, 90999, 91299, 92499, 92700, 93799, 95999, 96549, 96999, 97039, 97139, 97799, 99600, A0999, A9999, B9998, B9999, E1399, J3490, J3590, J9999, K0108, L1499, L2999, L3999, L5999, L8499, 94799, 95199, 94799, 95199		
		<b>Vein Procedures</b>	36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37243, 37700, 37718, 37722, 37765,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			37766, 37780, 37785		
		<b>Ventricular Assist Devices</b>	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983		

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## Announcement Date: Sept. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

### UnitedHealthcare Commercial Plans

### UnitedHealthcare Community Plans (Medicaid and Long-Term Care)

### UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of                             <ul style="list-style-type: none"> <li><a href="#">Mississippi</a></li> </ul> </li> </ul>	Update	<b>Genetic and Molecular Testing</b>	81212, 81165, 81166	N/A	Previously announced effective 10/1/2021 these codes will not require prior authorization as they are non-covered codes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of                             <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> </ul> </li> </ul>	Update	<b>Radiation Therapy</b>	G0339, G0340, G6015, G6016, G6017	N/A	Previously announced effective 10/1/2021 these codes will not require prior authorization as they are non-covered codes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of                             <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Update	<b>Radiation Therapy</b>	G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095	N/A	Previously announced effective 10/1/2021 these codes will not require prior authorization as they are non-covered codes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of                             <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Update	<b>Radiation Therapy</b>	S2095	N/A	Previously announced effective 10/1/2021 these codes will not require prior authorization as they are non-covered codes
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a> <ul style="list-style-type: none"> <li>VA &amp; WA Only</li> </ul> </li> </ul>	Remove	<b>Cochlear Implants and Other Auditory Implants</b>	69710, 69714, 69715, 69717, 69718	<b>Dec. 1, 2021</b>	
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a> <ul style="list-style-type: none"> <li>All States</li> </ul> </li> </ul>	Remove	<b>Durable Medical Equipment (DME)</b>	E0462, E0500, E0550, E0575, E1405, E1406	<b>Dec. 1, 2021</b>	

Affected Plans	Action	Category	Codes	Effective date	Notes
		Functional Endoscopic Sinus Surgery (FESS)	31237, 31239		
		Gender Dysphoria Treatment	31750		
		Heart	33266		
		Medical & Surgical Supplies	A4633, A4634		
		Medicine Services and Procedures	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146		
		Potentially Cosmetic	15731, 15736		
		Shoulder	23412		
		Surgery	32672, 82523		
<ul style="list-style-type: none"> <li>• <a href="#">Exchanges</a> <ul style="list-style-type: none"> <li>○ All States</li> </ul> </li> </ul>	<b>Add</b>	<b>Congenital Heart Disease</b>	33741, 33745, 33746, 33782, 33783	<b>Dec. 1, 2021</b>	
		<b>Durable Medical Equipment (DME)</b>	E1229		
		<b>Hospice</b>	S0255, S9126, T2042, T2043, T2044		
		<b>Orthotics and Prosthetics</b>	L2232		
		<b>Unlisted</b>	94799, 95199		
<ul style="list-style-type: none"> <li>• <a href="#">Exchanges</a> <ul style="list-style-type: none"> <li>○ Arizona</li> </ul> </li> </ul>	<b>Add</b>	<b>Bariatric Surgery</b>	43848, 43860, 43772, 43773, 43774, 43775, 43886	<b>Dec. 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <a href="#">Exchanges</a> <ul style="list-style-type: none"> <li>○ Oklahoma</li> <li>○ Tennessee</li> <li>○ Virginia</li> </ul> </li> </ul>	<b>Add</b>	<b>Bariatric Surgery</b>	43848, 43860, 43659, 43771, 43772, 43773, 43774, 43886,	<b>Dec. 1, 2021</b>	



Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ Washington</li> </ul>			43887, 43888, 43865		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">Exchanges</a></li> </ul>	<b>Add</b>	<b>Radiology</b>	0648T, 0649T, 0623T, 0624T, 0625T, 0626T	<b>Dec. 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Update	<b>Hysterectomy</b>	58573	<b>Nov. 1, 2021</b>	Prior authorization will be required regardless of diagnosis
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: Aug. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	<b>Hysterectomy</b>	58285	July 1, 2021	
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	<b>Injectable Medication</b>	J0480, J0485, J2562, J7504, J7511	Sept. 1, 2021	
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	<b>Outpatient Therapy</b>	Washington	<b>Jan. 1, 2021</b>	<b>Washington will be retroactively removed from the prior authorization requirement for all Outpatient Therapy codes</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Site of Service</b>	<ul style="list-style-type: none"> <li><a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li><a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li><a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li><a href="#">Office Based Procedures – Site of Service</a></li> </ul>	<b>Oct 1, 2021</b>	Previously announced as effective <b>Aug. 1, 2021</b> , Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in <b>Kentucky</b> for dates of service on or after <b>Oct. 1, 2021</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Remove	Genetic and Molecular testing	81202, 81206, 81207, 81210, 81215, 81217, 81219, 81221, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81308, 81311, 81374	July 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> <li><a href="#">Kansas</a></li> <li><a href="#">Kentucky</a></li> <li><a href="#">New Jersey</a></li> <li><a href="#">Rhode Island</a></li> <li><a href="#">Tennessee</a></li> <li><a href="#">Virginia</a></li> <li><a href="#">Washington</a></li> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing	81202, 81206, 81207, 81210, 81215, 81217, 81219, 81221, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81308, 81311, 81374	Sept. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> <li><a href="#">Maryland</a></li> <li><a href="#">Missouri</a></li> <li><a href="#">New York</a></li> <li><a href="#">Ohio</a></li> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing	81202, 81206, 81207, 81210, 81215, 81217, 81219, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81311, 81374, , , 81202, 81206, 81207, 81210, 81215, 81217, 81219, 81221, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81311, 81374	Sept. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">California</a></li> <li><a href="#">Michigan</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing	81202, 81206, 81207, 81210, 81215, 81217, 81219, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81311, 81374	Sept. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing	81202, 81206, 81207, 81210, 81215, 81217, 81219, 81221, 81235, 81270, 81275, 81293, 81296, 81299, 81301, 81374	Sept. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Remove	Cardiovascular	75716, 75710	Sept. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Texas</a> <ul style="list-style-type: none"> <li>CHIP</li> <li>Star</li> <li>Star Kids</li> <li>Star Plus</li> </ul> </li> </ul> </li> </ul>	Remove	Enteral Services	B4100	Sept. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Mississippi</a></li> </ul> </li> </ul>	Add	Cosmetic & Reconstructive	14020, 14021, 14041, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8002		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Add	Cosmetic & Reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Hysterectomy</b>	Currently require Prior Authorization-moving to a new category Prior authorization required regardless of diagnosis: 58150, 58180, 58260, 58262, 58290, 58291, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572		
			Adding prior authorization requirements: 58152, 58263, 58267, 58270, 58275, 58292		
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Tennessee</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic &amp; Reconstructive</b>	14020, 14021, 14061	<b>Sept. 1, 2021</b>	
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Sterilization</b>	58152, 58263, 58267, 58275		
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic &amp; Reconstructive</b>	14020, 14021, 14061	<b>Sept. 1, 2021</b>	
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Hysterectomy</b>	Currently require Prior Authorization-moving to a new category Prior authorization required regardless of diagnosis: 58150, 58180, 58260, 58262, 58290, 58291,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572		
			Adding prior authorization requirements: 58152, 58263, 58267, 58270, 58275, 58292		
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ </li> </ul> </li> </ul>	<b>Add</b>	<b>Radiation Therapy</b>	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p> <p>New prior authorization requirement: 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095</p>	<b>Oct. 1, 2021</b>	As announced in the July Network Bulletin
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Mississippi</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Radiation Therapy</b>	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p>	<b>Oct. 1, 2021</b>	As announced in the July Network Bulletin

Affected Plans	Action	Category	Codes	Effective date	Notes
			New prior authorization requirement: 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Ohio</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Radiation Therapy</b>	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p> <p>New prior authorization requirement: 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445</p>	<b>Oct. 1, 2021</b>	As announced in the July Network Bulletin
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Radiation Therapy</b>	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p> <p>New prior authorization requirement:</p>	<b>Oct. 1, 2021</b>	As announced in the July Network Bulletin

Affected Plans	Action	Category	Codes	Effective date	Notes
			77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, S2095		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of</b> <ul style="list-style-type: none"> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Radiation Therapy</b>	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p> <p>New prior authorization requirement: 77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 79445, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, S2095</p>	<b>Oct. 1, 2021</b>	As announced in the July Network Bulletin
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b></li> </ul>				<b>Oct. 1, 2021</b>	



Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Mississippi</a></li> <li>• <b>CAN</b></li> </ul>	<b>Add</b>	<b>Genetic and Molecular Testing</b>	<p>Previously required prior authorization – moving to new category: 81162, 81163, 81164, 81432, 81433</p> <p>New prior authorization requirement:  81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81203, 81204, 81205, 81208, 81209, 81212, 81216, 81218, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248,</p>		

Affected Plans	Action	Category	Codes	Effective date	Notes
			81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81271, 81272, 81273, 81274, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81309, 81310, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360,		

The most up-to-date Advance Notification lists are available online at [UHCPProvider.com/priorauth](http://UHCPProvider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources  
[Return to the top of the document](#)

Affected Plans	Action	Category	Codes	Effective date	Notes
			81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81520, 81521, 81546, 81554, 81595, 81599, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87797, 87798, 87799, 87800, 87801, S3870		
<ul style="list-style-type: none"> <li>○ <a href="#">Mississippi</a></li> <li>• CHIP</li> </ul>	<b>Remove</b>	<b>Genetic and Molecular Testing</b>	Remove: 81215, 81217		
	<b>Add</b>		Previously required prior authorization – moving to new category: 81162, 81163, 81164, 81165,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			81166, 81212, 81216, 81432, 81433		
			New prior authorization requirement: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81120, 81121, 81161, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81203, 81204, 81205, 81208, 81209, 81218, 81220, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81271, 81272, 81273, 81274, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81309, 81310, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81375, 81376,		

Affected Plans	Action	Category	Codes	Effective date	Notes				
			81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81430, 81431, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81460, 81465, 81470, 81471, 81479, 81507, 81518, 81519, 81520, 81521, 81546, 81554, 81595, 81599, 87481, 87482, 87505, 87506, 87507, 87510, 87511, 87512, 87623, 87797, 87798, 87799, 87800, 87801, S3870						
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Pain Injections and Management</b>	64490, 64491, 64492, 64493, 64494, 64495	<b>Nov. 1, 2021</b>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Maryland</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Injectable Medication</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">J0791</td> <td style="width: 50%;">Adakveo®</td> </tr> <tr> <td>J0584</td> <td>Crysvisa®</td> </tr> </table>	J0791	Adakveo®	J0584	Crysvisa®	<b>Oct. 1, 2021</b>	
J0791	Adakveo®								
J0584	Crysvisa®								

Affected Plans	Action	Category	Codes	Effective date	Notes
			J3111 Evenity®		
			J1428 Exondys 51®		
			J0517 Fasenra®		
			J9210 Gamifant®		
			J0223 Givlaari®		
			J3245 Ilumya™		
			J1290 Kalbitor®		
			J3398 Luxturna®		
			J0222 Onpattro®		
			J1301 Radicava®		
			J0896 Reblozyl®		
			J3241 Tepezza®		
			J1303 Ultomiris®		
			J3032 Vyepti®		
			J1429 Vyondys 53®		
• Oxford	Update	Radiation Therapy	77014, 77331, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77470, 77520, 77522, 77523, 77525, 79445, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, S2095	Nov. 7, 2021	These codes that currently require prior authorization through eviCore will move to a new category and be managed by Optum. Submit to Optum beginning Nov. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
	<b>Remove</b>	<b>Radiation Therapy</b>	19294, 19296, 19297, 19298, 31643, 32553, 41019, 49411, 49412, 55875, 55876, 55920, 57155, 57156, 58346, 58436, 76873, 0394T, 0395T, 77767, 77768, 77770, 77771, 77772, 77600, 77605, 77610, 77615, 76965, 77417, 77424, 77425, 77469, 77761, 77762, 77763, 77778, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77299, 77332, 77333, 77334, 77427, 77431, 77435, 77499, 77432, 77435, 77295, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77332, 77333, 77334, 77336, 77338, 77423	<b>Nov. 7, 2021</b>	These codes will be removed from prior authorization requirements
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Outpatient Therapy</b>	70371, 92521, 92522, 92523, 92524, 92526, 92626, 92627, 92630, 92633, 96105, 97010, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036,	<b>Oct. 1, 2021</b>	



Affected Plans	Action	Category	Codes	Effective date	Notes
			97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97169, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97761, 97763, 97799, G0129, G0151, G0152, G0153, G0282, G2168, G2169, S9128, S9129, S9131, S9152 Revenue codes 420, 421, 422, 423, 424, 430, 431, 432, 433, 434, 440, 441, 442, 443, 444		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Hospice</b>	Q5001, Q5005	<b>Sept. 1, 2021</b>	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Arizona</a></li> </ul> </li> </ul>	<b>Update</b>	<b>Hysterectomy</b>	58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58285, 58209, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58573, 58956, 58951, 58953, 58954, 59135, 59552	<b>Sept. 1, 2021</b>	These codes currently require prior authorization and will be re-categorized on <b>Sept. 1, 2021</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ Oxford Individual</li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li>• <a href="#">United Health Care West Commercial</a></li> </ul>	<b>Add</b>	<b>Arthroplasty</b>	24365, 25441, 25442, 25443, 25444, 25446, 25449, 27700, 27702, 27703	<b>Nov. 1, 2021</b>	
		<b>Breast Reconstruction/ Gynecomastia</b>	19300		
		<b>Cartilage Implants</b>	27415, 27416		
		<b>Cosmetic and Reconstructive</b>	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405		
		<b>Hysterectomy</b>	58267, 58280		
		<b>Orthognathic Surgery</b>	21050, 21060, 21243		
		<b>Pain Management and Injection</b>	62292, 64620, G0260, 62320, 62322, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 64451, 64454, 64480, 64484, 64491, 64492, 64494, 64495, 64520, 64634, 64636, 64640, E0782, E0783, E0785, E0786		
		<b>Potentially Unproven</b>	0376T		
		<b>Prostate Procedures</b>	52441, 52442, 53850, 55866, 55874		
<b>Spine Surgery</b>	20931, 20939, 22103, 22116,				

Affected Plans	Action	Category	Codes	Effective date	Notes
			22208, 22216, 22222, 22226		
		<b>Stimulators – neuro</b>	L8679, L8683		
		<b>Transplants</b>	38206, S2053, S2054, S2065, S2140, S2142, S2150		
		<b>Vein Procedures</b>	38206, S2053, S2054, S2065, S2140, S2142, S2150		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: July 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Update	<b>Outpatient hospital setting:</b>		Oct. 1, 2021	Effective for dates of service on or after. Oct. 1, 2021, requirements will be updated to include a site of service review in addition to the existing prior authorization requirements.
		<b>Radiology</b>	70336, 70450, 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, 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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			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, 76380, 76390, 76497, 76498, 77021, 77046, 77047, 77048, 77049, 77084, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037, S8042		
		<b>Arthroplasty</b>	24366, 25445, 26530, 26535		
		<b>Arthroscopy</b>	29805, 29806, 29807, 29819, 29822, 29823, 29824, 29825, 29827, 29828, 29834, 29837, 29838, 29840,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			29844, 29845, 29846, 29847, 29860, 29861, 29862, 29863, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29892, 29893, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916		
		<b>Body Lengthening (MSK)</b>	25280, 27685		
		<b>Carpal Tunnel</b>	29848, 64721		
		<b>Foot Surgery</b>	28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299		
		<b>Hysterectomy</b>	58263		
		<b>Pain Injections</b>	62281		
		<b>Pain Management</b>	64600		
		<b>Potentially Cosmetic</b>	14040, 14060, 14301, 17106, 17107, 17108		
		<b>Sleep Apnea Procedures &amp; Surgeries</b>	42145		
		<b>Spinal Cord Stimulator</b>	63661, 63663		
		<b>Spine Surgery</b>	22513, 22514		
		<b>Transplant - Corneal Transplant</b>	65710		
		<b>Vein Procedures</b>	37765, 37766, 37785		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Ambulatory surgical center or outpatient hospital setting:</b>			
		<b>Injection arthrogram</b>	27096		
		<b>Pain Management</b>	20552, 20553, 62321, 64479, 64490, 64493, 64633, 64635		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New York</a></li> </ul> </li> </ul>	Add	<b>Cancer Supportive care Chemotherapy Therapeutic Radio-pharmaceuticals</b>	J0185, J1453, J1454, J1627, J2469, A9590, A9513, A9606, A9699, Lutetium Lu 177 (Lutathera®) Radium RA-233 dichloride (Xofigo® and Azedra A9590) All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code	<b>Oct. 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>	Add	<b>Injectable Medications</b>	J1427	<b>Aug. 1, 2021</b>	
		<b>Transplants</b>	Q2053		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	<b>Vision</b>	V2200, V2201, V2202, V2203, V2204, V2205, V2206, V2207, V2208, V2209, V2210, V2211, V2212, V2213, V2214, V2215, V2218, V2219, V2220, V2221, V2299, V2430, V2502, V2512, V2522, V2700, V2710, V2715,	<b>Aug. 1, 2021</b>	

Affected Plans	Action	Category	Codes	Effective date	Notes
			V2730, V2745, V2755, V2760, V2761, V2770, V2780, V2782, V2783, V2786, V2799, V2624, V2625, V2626, V2627, V2628, V2629, V2630, V2631, V2632, S0580		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> </ul> </li> </ul>	Remove	Home Health Care	G0151, G0152, G0158	July 1, 2021	For dates of service on or after <b>July 1, 2021</b> these codes <b>will not</b> require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Remove	Genetic and Molecular testing	87798	July 1, 2021	For dates of service on or after <b>July 1, 2021</b> these codes <b>will not</b> require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Remove	Allergy Testing	95004, 95012, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071, 95076, 95079, 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180	Sept. 1, 2021	For dates of service on or after <b>Sept. 1, 2021</b> these codes <b>will not</b> require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Update	Continuous Glucose Monitor	K0553, IK0554, A9276, A9277, A9278, A9278,	N/A	In May 2021 we announced these codes would be added to prior authorization under the new category Continuous Glucose Monitoring for dates of service on or after <b>July 1, 2021</b> . <b>No prior authorization</b> will be required for dates of service on or after July 1, 2021.
		Durable Medical Equipment (DME)	A4226, E0787		These codes will continue to require prior authorization under the DME Category.



Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li>• <a href="#">Exchanges</a></li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Kentucky</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> </ul> </li> </ul>	Remove	<b>Cancer supportive care</b>	J8501, J8670, J8655	Aug. 1, 2021	For dates of service on or after <b>Aug. 1, 2021</b> , these codes will not require prior authorization.
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Update	<b>Site of Service</b>	<ul style="list-style-type: none"> <li>• <a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li>• <a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li>• <a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li>• <a href="#">Office Based Procedures – Site of Service</a></li> </ul>	Jan. 1, 2022	We previously announced a <b>July 1, 2021</b> implementation date for prior authorization and site of service reviews for commercial plans in Massachusetts. Please note we’re delaying the implementation date to <b>Jan. 1, 2022</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

## Announcement Date: June 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and Reconstructive</b>	14041	July 1, 2021	
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and Reconstructive</b>	14061	July 1, 2021	
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li><a href="#">Missouri</a></li> </ul> </li> </ul>	Update	<b>Vein Procedures</b>	37765, 37766	N/A	Announced in the April Network Bulletin to require prior authorization effective July 1, 2021, these codes are removed from the requirement as they are non-covered codes
<ul style="list-style-type: none"> <li><a href="#">Massachusetts Senior Care Options</a></li> </ul>	<b>Update</b>	<b>Cosmetic and Reconstructive</b>  <b>DME</b>	15877, 15878, 15879  E0766	N/A	Announced in the April Network Bulletin as new prior authorization requirements effective July 1, 2021, these codes currently require prior authorization

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Connected for MyCare Ohio</a></li> </ul>	Update	Medical and Surgical Supplies	A4557	N/A	Announced in the April Network Bulletin to require prior authorization effective July 1, 2021, these codes are removed from the requirement and will not require prior authorization
		Pain Management	G0290		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Connected Texas</a></li> </ul>	Update	Cosmetic and Reconstructive	15877, 15878, 15879	N/A	Announced in the April Network Bulletin as new prior authorization requirements effective July 1, 2021, these codes currently require prior authorization
		DME	E2510		
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>All Savers Policies 908867 and 908868</li> <li>UHOne</li> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li><a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li><a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Remove	Radiation Therapy	<b>SRS/SBRT</b> 61796, 61797, 61798, 61799, 61800, 63620, 63621  <b>Y90</b> 37243	June 1, 2021	These codes will no longer require prior authorization effective June 1, 2021
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li><a href="#">Arizona</a></li> <li><a href="#">California</a></li> <li><a href="#">Florida</a></li> <li><a href="#">Kentucky</a></li> <li><a href="#">Louisiana</a></li> <li><a href="#">Maryland</a></li> <li><a href="#">Michigan</a></li> <li><a href="#">Mississippi</a></li> <li><a href="#">Nebraska</a></li> <li><a href="#">New Jersey</a></li> <li><a href="#">New York</a></li> <li><a href="#">Ohio</a></li> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Add	Chemotherapy	J1950	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ All Savers Policies 908867 and 908868</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li>• <a href="#">Exchanges</a></li> </ul>	Add	<b>Genetic and Molecular testing</b>	0245U, 0246U, 81277, 81443	July 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kentucky</a></li> </ul> </li> </ul>	Add	<b>Chemotherapy</b>	Q5107	July 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>	Add	<b>Sleep Studies - Unattended</b>	95800, 95801, 95806	Aug. 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>	Add	<b>DME</b>	S1040	July 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Ohio</a></li> </ul> </li> </ul>	Add	<b>Drug Screening</b>	G0483	July 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kentucky</a></li> </ul> </li> </ul>	Add	<b>Gender dysphoria treatment</b>	55150, 56810, 57425	July 1, 2021	Prior authorization is required with the following DX codes: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kentucky</a></li> </ul> </li> </ul>	Update	<b>Home Health</b>	Previously categorized as Hospice – move to Home Health category G0299, G300	July 1, 2021	
	Add	<b>Hospice</b>	T2042T2045		
	Update		Previously categorized as DME, Move to		

Affected Plans	Action	Category	Codes	Effective date	Notes
			Orthotics and prosthetics L0113, L0456, L0457, L0462, L0464, L0488, L0491, L0631, L0635, L0637, L0639, L0648, L0650, L0651, L1000, L1200, L1310, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832, L1834, L1843, L1846, L1860, L1945, L1951, L1970, L2000, L2005, L2010, L2020, L2030, L2036, L2037, L2038, L2108, L2350, L2510, L2525, L2627, L2628, L3330, L3720, L3730, L3740, L3904, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5341, L5400, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5616, L5639, L5643, L5645,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L5647, L5648, L5649, L5651, L5700, L5701, L5702, L5716, L5718, L5781, L5782, L5790, L5795, L5811, L5816, L5818, L5845, L5950, L5960, L5964, L5966, L5968, L5988, L5990, L6000, L6010, L6020, L6026, 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, L6638, L6686, L6689, L6690, L6693, L6694, L6696, L6697, L6707, L6708, L6709, L6712, L6713, L6714, L6721, L6722, L6883, L6900, L6905, L6910, L6915, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L8041, L8042, L8043, L8044, L8045, L8046,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L8500, L8691, L8694		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">Kentucky</a></li> <li>○ <a href="#">Tennessee</a></li> </ul> </li> </ul>	Add	<b>Cancer supportive care</b>	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	Aug. 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Florida</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and reconstructive</b>	14020, 14021, 14041, 14060, 14061, 14301	Sept. 1, 2021	
		<b>Durable Medical Equipment (DME)</b>	E8000, E8001, E8002		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		<b>Vein Procedures</b>	37765. 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New Jersey</a></li> </ul> </li> </ul>		<b>Cosmetic and reconstructive</b>	14020, 14021, 14061		
		<b>Durable Medical Equipment (DME)</b>	E8001. E8002		
		<b>Hysterectomy</b>	58152, 58263, 58267, 58270, 58275, 58292		
		<b>Vein Procedures</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Mississippi</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and reconstructive</b>	14020, 14021, 14041, 14061	Sept. 1, 2021	
		<b>Durable Medical Equipment (DME)</b>	E8002		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and reconstructive</b>	14020, 14021, 14061	Sept. 1, 2021	
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Hysterectomy</b>	New codes added to prior authorization 58152, 58263, 58267, 58270 58275, 58292		
			Previously required prior authorization with Gender Dysphoria DX, will require prior authorization regardless of DX 58150, 58180, 58260, 58262, 58290, 58291, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572		
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Tennessee</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and reconstructive</b>	14020, 14021, 14061	Sept. 1, 2021	
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Sterilization</b>	58152, 58263, 58267, 58275		
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <a href="#">Exchanges</a></li> <li>• </li> </ul>	Add	<b>Injectable Medications</b>	J7352 (Scenesse®), J1823 (Uplizna®), S0013 (Spravato®) and J1427 (Viltepso™)	July 1, 2021	Prior authorization was previously required for these drugs under the unclassified injectable medications codes J3490 and J3590
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		



Affected Plans	Action	Category	Codes	Effective date	Notes
<a href="#">(Medicaid and Long Term Care)</a> <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a>					

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## Announcement Date: May 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li><a href="#">Massachusetts Senior Care Options</a></li> </ul>	Remove	<b>Vein Procedures</b>	36473, 36475, 36478	<b>July 1, 2021</b>	These codes will not require prior authorization for dates of service on or after July 1, 2021
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Add	<b>Injectable Medications</b>	S1091	<b>May 1, 2021</b>	This code is the CMS replacement for code J7401
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Update	<b>Previous category: Vein Procedures</b> <b>New Category: Site of Service</b>	37761	<b>May 1, 2021</b>	<b>This code has changed category effective for dates of service on or after May 1, 2021</b>
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Update	<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573	<b>N/A</b>	<b>Previously announced as effective for dates of service on or after July 1, 2021, these codes will not require prior authorization until further notice.</b>
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">Exchanges</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>	Update	<b>Durable medical equipment (DME) Regardless of Billed amount</b>	E0466	<b>N/A</b>	<b>Previously announced as Effective July 1, 2021, the code will not require prior authorization regardless of billed amount. The current prior authorization requirements for this code will continue unchanged.</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	<b>Home Health Care</b>	G0151, G0157, G0159, S9131, G0153, G0161, S9128, G0152, G0158, G0160, S9129, G0155, G0156, S5180, S5181	June 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Arizona</a></li> </ul> </li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4266, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		<b>Continuous Glucose Monitor</b>	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">California</a></li> </ul> </li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and this code will be recategorized to Continuous Glucose Monitor	E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		<b>Continuous Glucose Monitor</b>	A4226, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kansas</a></li> </ul> </li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4266, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		<b>Continuous Glucose Monitor</b>	K0553, K0554		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Washington</a></li> </ul> </li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226 and E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
<ul style="list-style-type: none"> <li><a href="#">Massachusetts Senior Care Options</a></li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A9276, A9277, A9278, E0787	June 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		<b>Continuous Glucose Monitor</b>	A4226, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Add	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	July 1, 2021	Prior Authorization is required for Type 2 Diabetes Dx
		<b>Continuous Glucose Monitor</b>	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Florida</a></li> </ul> </li> </ul>	Remove	<b>Experimental and Investigational</b>	A4226	July 1, 2021	Prior Authorization is not required for dates of service July 1, 2021 or after. The codes are not covered by the state
		<b>Durable Medical Equipment (DME)</b>	E0787		

Affected Plans	Action	Category	Codes	Effective date	Notes
	<b>Add</b>	<b>Continuous Glucose Monitor</b>	A9276, A9277, A9278		<b>Prior Authorization is required for Type 2 Diabetes Dx</b>
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Rhode Island</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and this code will be recategorized to Continuous Glucose Monitor	E0787	<b>July 1, 2021</b>	<b>Prior Authorization is required for Type 2 Diabetes Dx</b>
		<b>Continuous Glucose Monitor</b>	A4226, A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Texas</a></li> </ul> </li> </ul>	<b>Update</b>	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and these codes will be recategorized to Continuous Glucose Monitor	E0787, K0553, K0554	<b>July 1, 2021</b>	<b>Prior Authorization is required for Type 2 Diabetes Dx</b>
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Connected Texas</a></li> </ul>	<b>Add</b>	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	<b>July 1, 2021</b>	<b>Prior Authorization is required for Type 2 Diabetes Dx</b>
		<b>Continuous Glucose Monitor</b>	K0553, K0554		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Indiana</a></li> </ul> </li> </ul>	<b>Remove</b>	<b>Spinal Surgery</b>	63180, 63182	<b>June 1, 2021</b>	<b>These codes will Not require prior authorization for dates of service June 1, 2021 or after</b>
		<b>Transplants</b>	Q2041, Q2042		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>United Healthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New Jersey</a></li> </ul> </li> </ul>	Add	Genetic and Molecular Testing	87505, 87506, 87507, 0097U	June 1, 2021	
<ul style="list-style-type: none"> <li>Oxford Health Plan</li> </ul>	Add	Genetic and Molecular Testing	0017M, 0120U, 0242U, 0244U, 0245U, 0246U	July 1, 2021	Previously announced in the Network Bulletin April 1, 2021
<ul style="list-style-type: none"> <li>United Healthcare Community Plans of <a href="#">Arizona</a> <ul style="list-style-type: none"> <li>Arizona Developmentally Disabled</li> </ul> </li> </ul>	Remove	Durable Medical Equipment Regardless of Billed amount	K0739	June 1, 2021	This code will Not require prior authorization for dates of service June 1, 2021 or after
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Site of Service	<ul style="list-style-type: none"> <li><a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li><a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li><a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li><a href="#">Office Based Procedures – Site of Service</a></li> </ul>	July 1, 2021	Previously announced effective June 1, 2021, prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in <b>Massachusetts</b> for dates of service on or after July 1, 2021
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Site of Service	<ul style="list-style-type: none"> <li><a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li><a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li><a href="#">Magnetic Resonance Imaging (MRI)</a></li> </ul>	Aug 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in <b>Kentucky</b> for dates of service on or after Aug. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
			<a href="#">and Computed Tomography (CT) Scan - Site of Service</a>  <ul style="list-style-type: none"> <li><a href="#">Office Based Procedures - Site of Service</a></li> </ul>		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Site of Service Outpatient Hospital	19020, 29900, 29901, 29902, 67010, 69205, 23120, 23440, 24341, 24342, 24343, 25115, 26350, 27606, 27659, 27680, 27690, 27696, 28122, 28200, 28232, 28238, 28322, 28810, 49520, 52317, 54065, 64425, 64435, 64530, 64581, 64910	<b>Aug 1, 2021 *</b> <b>*Effective Sept. 1, 2021 for IA and IL</b>	Prior authorization will be required when performed in an outpatient hospital AK, RI, TX UT WI are excluded from these requirements at this time
	Add	Site of Service Office Based	20552, 20553, 11404, 11420, 11421, 11423, 11424		Prior authorization will be required when performed in an outpatient hospital or ambulatory surgical center AK, RI, TX UT WI are excluded from these requirements at this time
	Remove	Site of Service	G0289, 11771, 20650, 20670, 20690, 20692, 20900, 20902, 20924, 21070, 23130, 23410, 23420, 23450, 23455, 23460, 23462, 23465, 23466, 23550, 23552, 24149, 24305, 24344, 24345, 24346, 24359, 24400, 24430, 24435, 24605, 25101, 25116, 25310, 25312, 25320, 25337, 25360, 25365, 25390, 25391, 25392, 25400, 25405, 25415, 25431, 25440, 25800, 25805, 25820, 25830, 26370, 26591, 27306, 27350, 27380, 27381, 27385, 27386, 27405, 27420, 27422, 27427, 27428, 27429,		These codes will not require prior authorization for dates of service Aug. 1, 2021 or after

Affected Plans	Action	Category	Codes	Effective date	Notes
			27610, 27612, 27615, 27625, 27630, 27635, 27650, 27652, 27654, 27656, 27664, 27675, 27676, 27681, 27687, 27691, 27695, 27698, 27870, 28062, 28202, 28210, 28220, 28230, 28270, 28300, 28304, 28305, 28308, 28309, 28320, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28820, 31572, 46260, 47562, 47563, 49320, 49321, 49322, 49560, 49565, 52318, 52601, 52648, 52649, 55706, 55875, 55876, 60280, 60281, 61070, 64400, 64402, 64413, 64455, 64605, 64704, 64708, 64712, 64714, 64726, 64772, 64790, 64857, 69637, 15731, 15736, 21010, 23412, 25332, 25447, 26531, 26536, 53852, 55873, 62290, 62291, 62362, 62365, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64430, 64445, 64446, 64447, 64448, 64449, 64450, 64505, 64510, 64517,		
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	<b>Add</b>	<b>Site of Service</b>	G0105 G0121, 45378, 45380, 45381, 45384, 45385	Aug. 1, 2021	
	<b>Remove</b>	<b>Site of Service</b>	11771, 20650, 20670, 20690, 20692, 20900, 20902, 20924, 21070, 23130, 23410, 23420, 23450, 23460, 23462, 23465, 23466, 23550, 23552, 24149, 24305, 24344, 24345, 24346, 24359, 24400, 24430, 24435, 24605, 25101, 25116, 25310, 25312, 25320, 25337, 25360, 25365, 25390, 25391, 25392, 25400, 25405, 25415, 25431, 25440, 25800, 25805, 25820, 25830, 26370, 26591, 27306, 27350, 27380,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			27381, 27385, 27386, 27405, 27420, 27422, 27427, 27428, 27429, 27610, 27612, 27615, 27625, 27630, 27635, 27650, 27652, 27654, 27656, 27664, 27675, 27676, 27681, 27687, 27691, 27695, 27698, 27870, 28062, 28202, 28210, 28220, 28230, 28270, 28300, 28304, 28305, 28308, 28309, 28320, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28820, 31572, 46260, 47562, 47563, 49320, 49321, 49322, 49560, 49565, 52318, 52601, 52648, 52649, 55706, 55875, 55876, 60280, 60281, 61070, 64400, 64402, 64413, 64455, 64605, 64704, 64708, 64712, 64714, 64726, 64772, 64790, 64857, 69637, G0289		
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	Congenital Heart Disease	93501, 93524, 93526, 93527, 93528, 93529, 93541, 93542, 93543, 93544, 93545, 93555, 93556,	June 1, 2021	These codes will Not require prior authorization for dates of service June 1, 2021 or after
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">New York</a></li> </ul> </li> </ul>	Update	Cochlear Implants and Other Auditory Implants Durable Medical Equipment (DME) Enteral Services Experimental & Investigational	L8621 A9275, A9999, E0710, E2100, T5999 B4034, B4035, B4036, B4100, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9998 A9276, A9277, A9278	N/A	These codes will Not be carved out to state on May 1, 2021 as previously announced. Prior authorization requirements for these codes remain unchanged.
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare</a></li> </ul>	Add	Transplants/CAR-T	C9399, J3490, J3590	July 1, 2021	Prior authorization will be required for

Affected Plans	Action	Category	Codes	Effective date	Notes
<p><a href="#">Community Plans (Medicaid and Long Term Care)</a></p> <ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li><a href="#">Exchanges</a></li> </ul>					Breyanzi (Lisocabtagene maraleucel) and Abecma (idecabtagene vicleucel ) or related services, including outpatient or inpatient evaluation and the chimeric antigen receptor T-cell (CAR-T) outpatient or inpatient episode.
<p><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></p> <ul style="list-style-type: none"> <li>Alabama</li> <li>Georgia</li> </ul>	Add	Home Health Care	S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9470, S9474	July 1, 2021	Prior authorization will be required in Alabama and Georgia
<p><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></p>	Add	Site of Service	14040, 14060, 14301, 15100, 15120, 15220, 15240, 15260, 19125, 22514, 23430, 23615, 23630, 24515, 24516, 24665, 24666, 25545, 25605, 25606, 25607, 25608, 25609, 26055, 26123, 28120, 28285, 28288, 28291, 28296, 29823, 29824, 29827, 29828, 29848, 29870, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29888, 30520, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 49505, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50590, 51720, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52275, 52276, 52281, 52282, 52285, 52287, 52300,	June 1, 2021	This change was previously announced in the <a href="#">December Network Bulletin</a> for: <b>UnitedHealthcare Medicare Advantage Plans in Arizona, Colorado, Connecticut, Florida, New Jersey, Nevada, New York and Texas</b>

Affected Plans	Action	Category	Codes	Effective date	Notes
			52310, 52315, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52630, 53445, 55040, 55700, 57240, 57260, 57288, 58558, 64718, 64721, 65756, 65820, 66170		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	<b>Add Remove Update</b>	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: April 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Update	Pain injections and management	64491, 64492, 64494, and 64495	N/A	Previously announced as requiring prior authorization effective June 1, 2021, 64491, 64492, 64494, and 64495 will not require prior authorization until further notice
			64490, 64493		Previously announced as moving to Pain Injections and management category effective June 1, 2021, 64490 and 64493 will remain in the Site of Service-Office Based category and will continue to require prior authorization
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	Medical & Surgical Supplies	A7043	May 1, 2021	These codes will no longer require prior authorization effective June 1, 2021
		Orthotics and Prosthetics	L7260, L7261		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">Exchanges</a></li> </ul>	Update	Durable medical equipment (DME) Regardless of Billed amount	E0466	July 1, 2021	Effective July 1, 2021, the code will

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> </ul>					require prior authorization regardless of billed amount.
<ul style="list-style-type: none"> <li><b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>All Savers</li> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li><a href="#">United Healthcare of the River Valley</a></li> <li><a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li><a href="#">United Health Care West Commercial</a></li> </ul> </li> </ul>	Update	Cartilage Implants	27415, 27416	N/A	Previously announced as requiring prior authorization on May 1, 2021, these codes will not require prior authorization until further notice.
	Update	Cochlear Implants and Other Auditory Implants	L8615, L8616, L8617, L8627, L8628, V5273		
	Update	Durable Medical Equipment/Regardless of Billed amount	A9999, K0108, E0147, E0193, E0301, E0303, E0316, E0462, E0467, E0486, E0500, E0550, E0565, E0574, E0575, E0618, E0619, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0652, E0656, E0657, E0676, E0720, E0730, E0731, E0958, E1009, E1011, E1012, E1015, E1017, E1029, E1030, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1237, E1405, E1406, E1800, E1810, E1812, E1815, E2201, E2202, E2203, E2204, E2207, E2227, E2228, E2295, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E2377, E2378, E2397, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2633, E8000, E8001, E8002, K0008, K0009, K0013, K0826, K0827, K0828, K0829, K0840, K0841, K0842, K0843, K0900		
	Update	Durable Medical Equipment/Medical and Surgical Supplies	A4557, A4600, A4633, A4634, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9282		
	Update	Hysterectomy -Inpatient Only	58267, 58280, 58285		
	Update	Breast Reconstruction/Mastectomy for Gynecomastia	19300		
	Update	Orthognathic Surgery	21050, 21060, 21243		
	Update	Orthotics/Regardless of Billed Amt	L0112, L0452, L0622, L0624, L0629, L0632, L0634, L0640, L1300, L1499, L1840, L1845, L1950, L2387, L2520, L2526, L2755, L2840, L2850, L2999, L3671, L3674, L3763, L3764, L3765, L3806, L3905, L3921, L3935, L3967, L3973, L3978, L3999, L4030, L4631		

Affected Plans	Action	Category	Codes	Effective date	Notes
	Update	Prosthetics/Regardless of Billed Amt	L5610, L5611, L5613, L5614, L5673, L5679, L5704, L5705, L5706, L5722, L5857, L5859, L5961, L5976, L5999, L6611, L6615, L6616, L6620, L6629, L6880, L6895, L7259, L8499, L8629		
	Update	Pain Injections and Management	G0259, G0260, 64451, 64491, 64492, 64494, 64495, 64634, 64636		
	Update	Cosmetic and Reconstructive	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405		
	Update	Prostate	52441, 52442, 53850, 55866		
	Update	Pulmonary	32491, 32672		
	Update	Spinal Cord Stimulator	L8679, L8683		
	Update	Transplant	38206, S2053, S2054, S2065, S2140, S2142, S2150		
	Update	Vein	36470, 36471, 36474, 36476, 36479, 37243		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Arizona</a></li> </ul> </li> </ul>	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061,	July 1, 2021	
		Vein Procedures	37765, 37766		
		Sterilization	58152		
		Bone Growth Stimulator	E0760		
		DME	E8000, E8002		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">California</a></li> </ul> </li> </ul>	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Hysterectomy</b>	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Hawaii</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14060, 14061, 14301	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kansas</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14060, 14061, 14301	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
<a href="#">Massachusetts Senior Care Options</a>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	15877, 15878, 15879, 31299	<b>July 1, 2021</b>	
	<b>Add</b>	<b>Vein Procedures</b>	37765, 37766, 37243, 37799		
	<b>Add</b>	<b>DME</b>	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
	<b>Add</b>	<b>Orthopedic Surgeries</b>	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894,		



Affected Plans	Action	Category	Codes	Effective date	Notes
			29895, 29897, 29898, 29899		
	Add	Cartilage Implants	27415, 27416		
	Add	Pain Management	62350, 62351, 62360, 62361, 62362		
	Add	Prostate Procedures	52441, 52442, 55874		
	Add	Neuro-Stimulators	L8682, L8683		
	Add	Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Add	Vein Procedures	37765, 37766	July 1, 2021	
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Michigan</a></li> </ul> </li> </ul>	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Durable Medical Equipment (DME)</b>	E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Missouri</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14041, 14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Nebraska</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14041, 14060, 14061, 14301	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New York</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Hysterectomy</b>	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all		

Affected Plans	Action	Category	Codes	Effective date	Notes
			diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Ohio</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Hysterectomy</b>	58152, 58263, 58267, 58270, 58275, 58292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Connected for MyCare Ohio</a></li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14060, 14061, 14301, 15877, 15878, 15879, 31299	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766, 37243, 37799		
		<b>Medical and Surgical Supplies</b>	A4557		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Durable Medical Equipment (DME) Regardless of Billed Amount</b>	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
		<b>Pain Management</b>	G0290		
		<b>Orthopedic Surgeries</b>	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		<b>Cartilage Implants</b>	27415, 27416		
		<b>Pain Management</b>	62350, 62351, 62360, 62361, 62362		
		<b>Prostate Procedures</b>	52441, 52442, 55874		
		<b>Neuro-Stimulators</b>	L8682, L8683		
		<b>Spine Surgery</b>	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Rhode Island</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Texas</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14041, 14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Connected Texas</a></li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14060, 14061, 15877, 15878, 15879, 31299	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766, 37243, 37799		

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Durable Medical Equipment (DME)</b>	E8001, E0766, E2510, E2609, E2617		
		<b>Orthopedic Surgeries</b>	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		<b>Cartilage Implants</b>	27415, 27416		
		<b>Pain Management</b>	62350, 62351, 62360, 62361, 62362		
		<b>Prostate Procedures</b>	52441, 52442, 55874		
		<b>Neuro-Stimulators</b>	L8682, L8683		
		<b>Spine Surgery</b>	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Virginia</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021*, 14041*, 14060, 14061*, 14301	<b>July 1, 2021</b>	*Codes are new to LTSS only
		<b>Vein Procedures</b>	37765*, 37766*		
		<b>Hysterectomy</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290, 58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Washington</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cosmetic and Reconstructive</b>	14020, 14021, 14041, 14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Durable Medical Equipment (DME)</b>	E8001, E8002		
		<b>Sterilization</b>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58290,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			58291, 58292, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	<b>Cosmetic and Reconstructive</b>	14061	<b>July 1, 2021</b>	
		<b>Vein Procedures</b>	37765, 37766		
		<b>Durable Medical Equipment (DME)</b>	E8000, E8001, E8002		
		<b>Hysterectomy</b>	58152, 58263, 58267, 58270, 58275, 59292		
			Previously required prior authorization for Gender Dysphoria Treatment, these codes will be recategorized and will require authorization for all diagnosis effective July 1, 2021 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Virginia</a></li> </ul> </li> </ul>	Add	<b>Gender Dysphoria Treatment</b>	Prior authorization required for all Dx: 55970, 55980	<b>May 1, 2021</b>	
			Prior authorization required for Gender Dysphoria DX: 14021, 14040, 14041, 14060, 14061, 14301, 15775, 15776, 15780, 15781, 15782, 15783, 15787, 15788, 15789, 15792, 15793, 15819, 15878, 15879, 21087		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ All Savers</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ Oxford Health Plan</li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> </ul> </li> <li>• <a href="#">Exchanges</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Kentucky</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	<b>Add</b>	Chemotherapy	J9037, J9349	<b>May 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ All Savers</li> <li>○ <a href="#">United Healthcare Commercial</a></li> </ul> </li> </ul>	<b>Add</b>	Cancer Supportive Care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	<b>July 1, 2021</b>	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <b>Oxford Health Plan</b></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <a href="#">Exchanges</a></li> </ul>	<b>Add</b>	<b>Chemotherapy</b>	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	<b>July 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Rhode Island</a></li> </ul> </li> </ul>	<b>Add</b>	<b>Cancer Supportive Care</b>	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	<b>July 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Kentucky</a></li> </ul> </li> </ul>	<b>Remove</b>	<b>Drug Delivery Device (System)</b>	11981	<b>May 1, 2021</b>	
		<b>Injectable medications</b>	J3485		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">New York</a></li> </ul> </li> </ul>	<b>Remove/Update</b>	<b>Cochlear Implants and Other Auditory Implants</b>	L8621	<b>May 1, 2021</b>	These codes are carved out to state
		<b>Durable Medical Equipment (DME)</b>	A9275, A9999, E0710, E2100, T5999		
		<b>Enteral Services</b>	B4034, B4035, B4036, B4100, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9998		
		<b>Experimental &amp; Investigational</b>	A9276, A9277, A9278		
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>	<b>Update</b>	<b>Continuous Glucose Monitor</b>	K0553, K0554		Previously announced as effective May 1, 2021, these codes will not



Affected Plans	Action	Category	Codes	Effective date	Notes
					require prior authorization as they are not covered by the plan
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Pennsylvania</a></li> </ul> </li> </ul>	Update	<b>Continuous Glucose Monitor</b> Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	<b>May 1, 2021</b>	
	Add	<b>Continuous Glucose Monitor</b>	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	<b>Cartilage Implants</b>	27415, 27416	<b>July 1, 2021</b>	
	Add	<b>Cosmetic and Reconstructive</b>	15877, 15878, 15879, 31299		
	Add	<b>Durable Medical Equipment (DME) Regardless of billed amount</b>	E0766, E2510, E2609, E2617		
	Add	<b>Orthopedic Surgeries</b>	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
	Add	<b>Pain Management</b>	62350, 62351, 62360, 62361, 62362		
	Add	<b>Prostate Procedures</b>	52441, 52442, 55874		
	Add	<b>Spine Surgery</b>	20930, 20931, 20939, 22854, 22858		
	Add	<b>Stimulator/ Neurostimulator</b>	L8682, L8683		
	Add	<b>Vein Procedures</b>	37243, 37799		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	<b>Genetic and Molecular Testing</b>	0242U, 0244U, 0245U, 0246U, 0017M, 0120U, 81277, 81443,	<b>July 1, 2021</b>	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare</a></li> </ul>	Add	<b>Injectable Medications</b>	Amondys-45		

Affected Plans	Action	Category	Codes	Effective date	Notes
<a href="#">Commercial Plans</a>			J3490, J3590, C9399 Oxlumo™ J3490, J3590, C9074	<b>July 1, 2021</b>	
<a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a> <ul style="list-style-type: none"> <li>Alabama</li> <li>Georgia</li> </ul>	<b>Add</b>	<b>Home Health Care</b>	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, Q5001, Q5002, Q5009	<b>July 1, 2021</b>	Prior authorization will be required in Alabama and Georgia
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	<b>Add Remove Update</b>	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: March 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Add	Injectable Medications	C9071, J1823	April 1, 2021	Previously announced in the Network Bulletin Oct. 1, 2020 these codes will require prior authorization in Texas effective April 1, 2021
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Hawaii</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): A4266, E0787 Codes added to this category A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): E0787 Codes added to this category A4226, A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Michigan</a></li> </ul> </li> </ul>	Remove		E0787	May 1, 2021	Non-covered code
	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	Existing codes moving to this category (requirements have not changed): E0787 Codes added to this category: A4226, A9276, A9277,	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
			A9278, K0553, K0554		
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Virginia</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	<p>Existing codes moving to this category (requirements have not changed): A4226, E0787</p> <p>Codes added to this category A9276, A9277, A9278, K0553, K0554</p>	May 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Radiology/ Cardiology	0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, C9762, C9763, 0614T, 0571T	June 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Add	Continuous Glucose Monitor	A9276, A9278, K0553	April 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Update	<p>Previous: Knee</p> <p>New: Cartilage Implants</p>	27415, 27415	April 1, 2021	These codes will be recategorized effective April 1, 2021. The prior authorization requirement is unchanged
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Remove	Various	19324, 19366, 58293, 63180, 63182, 81545, 95071	April 1, 2021	These CMS/AMA deleted codes will no longer require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Add	Transplants/CAR-T Cell therapy	C9073, J3490, J3590, J9999	April 1, 2021	Prior authorization is only required for Tecartus™
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Add	Radiology	78429, 78430, 78431, 78432, 78433, 71271	April 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kentucky</a></li> </ul> </li> </ul>	Remove	Radiology	G0297	April 1, 2021	This CMS/AMA deleted code will no longer require prior authorization
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Missouri</a></li> </ul> </li> </ul>	Remove	Genetic and molecular testing	81507	April 1, 2021	This code will not require prior authorization effective April 1, 2021
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Remove	Drug Screening	G0483	March 1, 2021	This code will not require prior authorization effective March 1, 2021
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Site of Service	<ul style="list-style-type: none"> <li><a href="#">Outpatient Surgical Procedures – Site of Service</a></li> <li><a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li><a href="#">Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service</a></li> <li><a href="#">Office Based Procedures – Site of Service</a></li> </ul>	June 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in <b>Massachusetts</b>
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Remove	<b>Arthroplasty</b> <b>Arthroscopy</b> <b>Chemotherapy</b>	27704 29850, 29851, 29855, 29856 J0594, J0894, J2860, J9214, J9218, J9262	May 1, 2021	These codes will not require prior authorization for dates of service May 1, 2021 or after.

Affected Plans	Action	Category	Codes	Effective date	Notes
		<b>Drug Delivery Device (System)</b>	11981		
		<b>Durable Medical Equipment (DME)</b>	E1014, E2120, K0606, K0730		
		<b>Enteral and Parenteral Therapy</b>	B4150, B4158, B4159, B4160		
		<b>Home Health</b>	G0162, G0163, G0164, G0495, S9098, S9123, S9124		
		<b>Infertility</b>	S4017, S4018, S4020, S4021		
		<b>Medical &amp; Surgical Supplies</b>	A4556, A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A6545		
		<b>Neurostimulators</b>	64566		
		<b>Orthotics and Prosthetics</b>	L3100, L3702, L3913, L3919, L3933		
		<b>Outpatient Therapy</b>	92630, 92633		
		<b>Pain Injections</b>	62280, 62282		
		<b>Pancreas</b>	48160		
<a href="#">Exchanges</a>	<b>Add</b>	<b>Breast Reconstruction</b>	19357	<b>May 1, 2021</b>	
		<b>Congenital Heart Disease</b>	93501, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93541, 93542, 93543, 93544, 93545, 93555, 93556, 93561, 93562, 93581		
		<b>Durable Medical Equipment (DME)</b>	E0265, E0266, E0296, E0297, E0300, E0471,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E0984, E2502, E2504, E2506, E2508, E2512, E2599		
		<b>Gender Dysphoria Treatment w Dx</b>	15757, 15758, 19303		
		<b>Genetic and Molecular Testing</b>	0203U, 0205U, 0209U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U		
		<b>Orthotics and Prosthetics</b>	L1846, L2005, L2020, L2036, L2037, L2038, L2330, L3900, L3901, L3904, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5530, L5535, L5540, L5585, L5590, L5616, L5639, L5643, L5649, L5651, L5703, L5795, L5818, L5845, L5960, L5966, L5968, L5988, L6000, L6010, L6020, L6026, L6050, L6055, L6120, L6130, L6200, L6205, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			L6648, L6693, L6696, L6697, L6707, L6884, L6885, L6900, L6905, L6910, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7499		
		Potentially Cosmetic	30468		
		Transportation/Air Transportation	A0431, A0436, S9961		
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> </ul>	Add	Pain injections and management	<p>Currently require prior authorization in the category Site of Service - Office Based 64490, 64493</p> <p>New codes added to pain injections and management category 64491, 64492, 64494, 64495</p>	June 1, 2021	Previously announced as requiring prior authorization effective May 1, 2021, 64491, 64492, 64494, and 64495 will not require prior authorization until June 1, 2021
<a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a> <ul style="list-style-type: none"> <li>New Jersey Dual Special Needs plan</li> </ul>	Add	Cardiovascular	93653, 93656	June 1, 2021	The New Jersey Dual Special Needs plan exclusion from prior authorization requirement for these codes will end May 31, 2021
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> <li><a href="#">Kansas</a></li> </ul> </li> </ul>	Add	Injectable Medications	<ul style="list-style-type: none"> <li>Abilify Maintena</li> <li>Adasuve</li> <li>Aristada</li> <li>Aristada Initio</li> <li>Bavencio</li> <li>Benlysta</li> <li>Blinicyto</li> <li>Chlorpromazine</li> <li>Cinvanti</li> <li>Darzalex</li> <li>Emend (fosaprepitant)</li> <li>Fabrazyme</li> </ul>	June 1, 2021	



Affected Plans	Action	Category	Codes	Effective date	Notes
			<ul style="list-style-type: none"> <li>• Fluphenazine Decanoate</li> <li>• Glassia</li> <li>• Haloperidol Decanoate</li> <li>• Invega Sustenna</li> <li>• Jivi</li> <li>• Kyprolis</li> <li>• Lucentis</li> <li>• Mozobil</li> <li>• Perseris</li> <li>• Prolia</li> <li>• Remodulin (treprostinil)</li> <li>• Risperdal Consta</li> <li>• Tecentriq</li> <li>• Testosterone Enanthate</li> <li>• Truxima</li> <li>• Tysabri</li> <li>• Tyvaso</li> <li>• Xgeva</li> <li>• Xiaflex</li> <li>• Zinplava</li> <li>• Zyprexa (olanzapine)</li> <li>• Zyprexa Relprevv</li> </ul>		
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	<b>Add Remove Update</b>	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: Feb. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

**UnitedHealthcare Commercial Plans**

**UnitedHealthcare Community Plans (Medicaid and Long-Term Care)**

**UnitedHealthcare Medicare Advantage and Dual Special Needs Plans**

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Add	Chemotherapy	J1950	Feb 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Wisconsin</a></li> </ul> </li> </ul>	Add	Transcranial Magnetic Stimulation (TMS)	90867, 90868	March 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Maryland</a></li> </ul> </li> </ul>	Add	Injectable Medications	J0598, J2326, J3399	May 1, 2021	
<ul style="list-style-type: none"> <li><a href="#">Exchanges</a></li> </ul>	Add	Stereotactic Body Radiation Therapy & Stereotactic Radiosurgery Services	32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77301, 77371, 77372, 77373, 77432, 77435, G0339, G0340	April 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plans:                             <ul style="list-style-type: none"> <li>All Savers</li> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>Oxford Health Plan</li> <li><a href="#">United Healthcare of the River Valley</a></li> <li><a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> </ul> </li> <li><a href="#">Exchange</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Chemotherapy	J9317, J9144, J9223, J9316, J9281	Jan. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Kentucky</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Missouri</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> </ul>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ <b>All Savers</b></li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ <a href="#">United Health Care West Commercial</a></li> </ul> </li> </ul>	Add	Bone Growth Stimulator	20974	May 1, 2021	
	Add	Cartilage Implants	27415, 27416	May 1, 2021	
	Add	Cochlear Implants and Other Auditory Implants	L8615, L8616, L8617, L8627, L8628, V5273	May 1, 2021	
	Add	Durable Medical Equipment/Regardless of Billed amount	A9999, K0108, E0147, E0193, E0301, E0303, E0316, E0462, E0467, E0486, E0500, E0550, E0565, E0574, E0575, E0618, E0619, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0652, E0656, E0657, E0676, E0720, E0730, E0731, E0958, E1009, E1011, E1012, E1015, E1017, E1029,	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
			E1030, E1035, E1036, E1161, E1232, E1233, E1234, E1235, E1237, E1405, E1406, E1800, E1810, E1812, E1815, E2201, E2202, E2203, E2204, E2207, E2227, E2228, E2295, E2310, E2311, E2312, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2366, E2367, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2397, E2605, E2606, E2607, E2608, E2609, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2633, E8000, E8001, E8002, K0008, K0009, K0013, K0826, K0827, K0828, K0829, K0840, K0841, K0842, K0843, K0900		

Affected Plans	Action	Category	Codes	Effective date	Notes
	Add	Durable Medical Equipment/Medical and Surgical Supplies	A4557, A4600, A4633, A4634, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9282	May 1, 2021	
	Add	Hysterectomy -Inpatient Only	58267, 58280, 58285	May 1, 2021	
	Add	Breast Reconstruction/Mastectomy for Gynecomastia	19300	May 1, 2021	
	Add	Orthognathic Surgery	21050, 21060, 21243	May 1, 2021	
	Add	Orthotics/Regardless of Billed Amt	L0112, L0452, L0622, L0624, L0629, L0632, L0634, L0640, L1300, L1499, L1840, L1845, L1950, L2387, L2520, L2526, L2755, L2840, L2850, L2999, L3671, L3674, L3763, L3764, L3765, L3806, L3905, L3921, L3935, L3967, L3973, L3978, L3999, L4030, L4631	May 1, 2021	
	Add	Prosthetics/Regardless of Billed Amt	L5610, L5611, L5613, L5614, L5673, L5679, L5704, L5705, L5706, L5722, L5857, L5859, L5961, L5976, L5999, L6611, L6615, L6616, L6620, L6629, L6880, L6895, L7259, L8499, L8629	May 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
	Add	Pain Injections and Management	G0259, G0260, 64451, 64491, 64492, 64494, 64495, 64634, 64636	May 1, 2021	
	Add	Cosmetic and Reconstructive	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405	May 1, 2021	
	Add	Prostate	52441, 52442, 53850, 55866	May 1, 2021	
	Add	Pulmonary	32491, 32672	May 1, 2021	
	Add	Spinal Cord Stimulator	L8679, L8683	May 1, 2021	
	Add	Transplant	38206, S2053, S2054, S2065, S2140, S2142, S2150	May 1, 2021	
	Add	Vein	36470, 36471, 36474, 36476, 36479, 37243	May 1, 2021	
<ul style="list-style-type: none"> <li><a href="#">UnitedHealthcare Commercial Plans</a></li> <li><a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li><a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	Injectable Medications	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		

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## Announcement Date: Jan. 1, 2021

This month's published changes affect the following plans (click the hyperlinks in the chart to see current plan requirements):

### UnitedHealthcare Commercial Plans

### UnitedHealthcare Community Plans (Medicaid and Long-Term Care)

### UnitedHealthcare Medicare Advantage and Dual Special Needs Plans

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Add	<b>Drug Screening</b>	G0483	Jan. 1, 2021	New category and code were added by state mandate. Prior authorization will be required for dates of service on or after Jan. 1, 2021
<ul style="list-style-type: none"> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">Texas</a></li> </ul> </li> </ul>	Add	<b>Durable Medical Equipment (DME)</b>	E0639, E0640, K0553, K0554	Feb. 1, 2021	
<ul style="list-style-type: none"> <li>UnitedHealthcare Commercial Plans:                             <ul style="list-style-type: none"> <li>All Savers</li> <li><a href="#">United Healthcare Commercial</a></li> <li><a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>Oxford Health Plan</li> <li><a href="#">United Healthcare of the River Valley</a></li> </ul> </li> <li><a href="#">Exchange</a></li> <li>UnitedHealthcare Community Plans of:                             <ul style="list-style-type: none"> <li><a href="#">California</a></li> <li><a href="#">Florida</a></li> <li><a href="#">Hawaii</a></li> <li><a href="#">Kansas</a></li> <li><a href="#">Maryland</a></li> <li><a href="#">Missouri</a></li> <li><a href="#">New Jersey</a></li> <li><a href="#">New York</a></li> <li><a href="#">Ohio</a></li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing</b>	81546	Jan. 1, 2021	CMS replacement code for 81545 Prior authorization will be required for dates of service on or after Jan. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Virginia</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul>					
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ Oxford</li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> <li>○ All Savers Insurance Company</li> <li>○ All Savers Life Insurance Company of California</li> <li>○ Level-Funded</li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing</b>	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81554, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U	<b>April 1, 2021</b>	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plans:</b> <ul style="list-style-type: none"> <li>○ Oxford</li> <li>○ Level-Funded</li> </ul> </li> </ul>	Add	<b>Genetic and Molecular Testing</b>	81513, 81514, 81529, 0239U	April 1, 2021	
<ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Commercial Plan:</b> <ul style="list-style-type: none"> <li>○ All Savers</li> <li>○ UHOne</li> <li>○ <a href="#">United Healthcare Commercial</a></li> <li>○ <a href="#">UnitedHealthcare Mid-Atlantic Health Plans</a></li> <li>○ <a href="#">UnitedHealthcare Neighborhood Health Partnership</a></li> <li>○ <a href="#">United Healthcare of the River Valley</a></li> </ul> </li> </ul>	Update	<b>Radiation Therapy</b>	<p><b>Existing codes requiring prior authorization that will move to this new category:</b></p> <p style="text-align: center;"><b>IMRT</b></p> <p>Intensity-Modulated Radiation Therapy</p> <p>77385, 77386, G6015, G6016</p> <p><b>Proton Beam Therapy</b></p> <p>77520, 77522, 77523, 77525</p> <p><b>New codes that will require prior authorization:</b></p> <p style="text-align: center;"><b>SRS/SBRT</b></p>	April 1, 2021	Originally announced as effective March 1, 2021, this requirement will apply for dates of service on or after April 1, 2021



Affected Plans	Action	Category	Codes	Effective date	Notes
			Stereotactic radiosurgery /Stereotactic Body Radiation Therapy		
			61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, G0339, G0340		
	Add	<b>Radiation Therapy</b>	<b>Y90</b> IMPLANTABLE BETA-EMITTING MICROSPHERES FOR TREATMENT OF MALIGNANT TUMORS		
			S2095, 79445, 37243		
			<b>IGRT</b> Image Guided Radiation Therapy		
			77014, 77387, G6001, G6002, G6017		
			<b>Special/Associated Services</b>		
			77331, 77370, 77399, 77470		
			<b>Standard Radiation Therapy (2D/3D)</b>		
			77401, 77402, 77403, 77404, 77406, 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <b>UnitedHealthcare Community Plans of:</b> <ul style="list-style-type: none"> <li>○ <a href="#">Arizona</a></li> <li>○ <a href="#">California</a></li> <li>○ <a href="#">Florida</a></li> <li>○ <a href="#">Kentucky</a></li> <li>○ <a href="#">Louisiana</a></li> <li>○ <a href="#">Maryland</a></li> <li>○ <a href="#">Michigan</a></li> <li>○ <a href="#">Mississippi</a></li> <li>○ <a href="#">Nebraska</a></li> <li>○ <a href="#">New Jersey</a></li> <li>○ <a href="#">New York</a></li> <li>○ <a href="#">Ohio</a></li> <li>○ <a href="#">Pennsylvania</a></li> <li>○ <a href="#">Rhode Island</a></li> <li>○ <a href="#">Tennessee</a></li> <li>○ <a href="#">Texas</a></li> <li>○ <a href="#">Washington</a></li> <li>○ <a href="#">Wisconsin</a></li> </ul> </li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add	Cancer Supportive Care	Q5122	Feb 1, 2020	CMS permanent code assignment for Nyvepria™ (pegfilgrastim-appf) previously requiring prior authorization under unclassified codes J3490, J3590, C9399
<ul style="list-style-type: none"> <li>• <a href="#">UnitedHealthcare Commercial Plans</a></li> <li>• <a href="#">UnitedHealthcare Community Plans (Medicaid and Long Term Care)</a></li> <li>• <a href="#">UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</a></li> </ul>	Add Remove Update	<b>Injectable Medications</b>	<a href="#">The Specialty Medical Injectable Drug Program Bulletin</a>		