

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 and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your UnitedHealthcare Provider Portal dashboard.

For more information about program changes, view to the [Network Bulletin](#) on UHCprovider.com. To see current prior authorization requirements for all plans, please visit 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.

Announcement Date: Dec. 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"> UnitedHealthcare Commercial Plans Exchanges 	Update	Radiology	0648T, 0649T, 0623T, 0624T, 0625T, 0626T	March 1, 2022	Previously announced as effective Dec. 1, 2021 prior authorization will not be required until March 1, 2022
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans Exchanges UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare 	Add	Chemotherapy	J9247, J9318, J9319, J1448	Jan. 1, 2022	

Affected Plans	Action	Category	Codes	Effective date	Notes
Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> ○ 					
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of Ohio <ul style="list-style-type: none"> ○ Ohio 	Remove	Outpatient Therapy	92521, 92522, 92523, 92524, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, S9152, G0129, G0515, S8990,	Jan. 1, 2022	
<ul style="list-style-type: none"> • Exchanges 	Remove	Outpatient Therapy	92507, 92508, 92526, 92606, 92609, 92611, 92612, 94667, 94668, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97129, 97130, 97140, 97150, 97530, 97535, 97542, G0281, G0283, 97039, 97139, 97799	Dec. 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> • Outpatient Surgical Procedures – Site of Service • Screening Colonoscopy Procedures – Site of Service • Magnetic Resonance 	To Be Determined	Previously announced as effective Jan. 1, 2022 , Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Massachusetts for dates of service on or after Jan. 1, 2022

Affected Plans	Action	Category	Codes	Effective date	Notes
			Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service <ul style="list-style-type: none"> Office Based Procedures – Site of Service 		
<ul style="list-style-type: none"> Exchanges 	Add	Arthroscopy Category III: Emerging and experimental services Community support Durable medical equipment Enteral and parenteral feeding Gender dysphoria treatment with diagnosis Hearing Aids and Services	29820, 29821, 29830, 29835, 29836 0314T, 0315T T1024, H0040, H0037 E2360, E2362, E2364, E2372, K0800, K0801, K0802, K0812, K0813, K0815, K0898, K0820, K0822, K0823, K0825, K0830, K0831, K0835, K0837 B4150 58720 V5252, V5253, V5298, V5299	March 1, 2022	

Affected Plans	Action	Category	Codes	Effective date	Notes
		Home Health Service	T1001, T1004, S9122		
		Infertility/ Infertility with DX	58760, 89260, 89261, S4027, S4040, S4042, S4017, S4018, S4020, S4021, 58770		
		Medical injectables	S0122, S0126, S0128, S0132		
		Medicine services and procedures	96130, 96131, 96136, 96137, 96138, 96139		
		Pain Management	11981		
		Potentially Cosmetic	19300, 15847		
		Private Duty Nursing	T1000, T1002, T1003		
<ul style="list-style-type: none"> • United Healthcare Community Plans of <ul style="list-style-type: none"> ○ Texas 		Injectable Medications	Arcalyst 220 mg powder for injection	Jan. 1, 2022	<p>Prior authorization will be required for Texas Community plan members with the following conditions:</p> <ul style="list-style-type: none"> • Cryopyrin-associated periodic syndromes (CAPS) • Deficiency of interleukin-1 receptor antagonist (DIRA) • Recurrent pericarditis (RP)

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"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ Oxford Individual ○ United Healthcare of the River Valley ○ UHOne • Exchanges 	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, 57288, 59150, 59151, 64435, 64910, 65275, 67015, 69666	Feb. 1, 2022	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans • Exchanges 	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"> • In an emergency room • In an urgent care center • In an observation unit • During an inpatient stay <p>Prior authorization will be required in an outpatient or office-based setting</p>
<ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> ○ Applies only to 	Add	Private Duty Nursing	T1000	Feb. 1, 2022	For non -designated Retiree Plans this is not a covered benefit.

Affected Plans	Action	Category	Codes	Effective date	Notes
designated Medicare Advantage® retiree plans through UnitedHealthcare Retiree Solutions					To determine member eligibility, go to UHCprovider.com
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Cardiology	33285, E0616	Feb. 1, 2022	
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	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, 64635, 65855, 66180, 66183, 66982, 66984, 67036, 67040, 67041, 67042, 67108, 67113, 67145, 67210, 67228, 67900, 67904, 67917, G0105, G0121	Feb. 1, 2022	<ul style="list-style-type: none"> ○ These updates will take effect on April 1, 2022 for Iowa and Illinois ○ At this time, providers in the following states are excluded from these updates: Arkansas, Hawaii, Kentucky, Massachusetts, Utah, and Wisconsin
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> ○ Arkansas ○ Georgia ○ New Jersey ○ South Carolina 	Add	Outpatient Therapy	97012, 92507, 92508, 92521, 92522, 92523, 92526, 92626, 92627, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110,	Feb. 1, 2022	

Affected Plans	Action	Category	Codes	Effective date	Notes
			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, 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"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ Oxford Individual ○ United Healthcare of 	Update	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

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ the River Valley ○ United Health Care West Commercial 					
<ul style="list-style-type: none"> • United Healthcare Community Plans of <ul style="list-style-type: none"> ○ Arizona 	Add	Pain Management and Injection	64490, 64491, 64492, 64493, 64494, 64495	Feb. 1, 2022	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Texas 	Update	Continuous Glucose Monitor	A9276, A9277, A9278	Oct. 1, 2021	Recategorized from Experimental/Investigational
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	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"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	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"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service 	Jan. 1, 2022	Previously announced as effective Oct. 1, 2021 , Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Kentucky for dates of service on or after Jan. 1, 2022

Affected Plans	Action	Category	Codes	Effective date	Notes
			<ul style="list-style-type: none"> Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Office Based Procedures – Site of Service 		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	Add	Cancer Supportive care Chemotherapy Therapeutic Radio-pharmaceuticals	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	Feb 1, 2022	Previously announced as effective Oct. 1, 2021, the transition to Optumfor prior authorization requests and new prior authorization requirements have been delayed until Feb. 1, 2022
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Injectable Medications	J0881	Jan. 1, 2022	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Injectable Medications	Nexviazyme™, Ryplazim®, Saphnelo™	Jan. 1, 2022	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

Affected Plans	Action	Category	Codes	Effective date	Notes
and Dual Special Needs Plans					
2022 Individual and Family plans on the exchange New states: Alabama Florida Georgia Illinois Louisiana Michigan Texas	Add	Arthroplasty	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	
		Arthroscopy	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		
		Bariatric	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,		
		Body Lengthening (MSK)	25280, 27685		
		Bone Growth Stimulator	20974, 20975, 20979, E0747, E0748, E0749, E0760		
		Bone Marrow / Stem Cell	38204, 38205, 38211, 38230, 38232, 38243		
		Breast Reconstruction	19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600		
		Cardiology	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		
		Cardiovascular	33285, 33361, 33362, 33363, 33364, 33365, 33366, 33369, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 75710, 75716, 93580, 93653, 93656, E0616		
		Carpal Tunnel	29848, 64721		
		Cartilage Implants	27412, 27415, 27416, 29866, 29867, 29868, S2112		
		Cerebral Seizure Monitoring – Inpatient Video EEG	95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, 95726		
		Chemotherapy	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		
		Clinical Trials	G0276, G0293, G0294, G2000, S9988, S9990, S9991		
		Cochlear Implants and Other Auditory Implants	69710, 69714, 69715, 69717, 69718, 69930, L8615, L8616, L8617, L8618, L8619, L8622, L8627, L8628, V5273		
		Congenital Heart Disease	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		
		Continuous Glucose Monitoring	A4226, A9276, A9277, A9278, E0787, K0553, K0554		
		Cosmetic	21137		
		Durable Medical Equipment (DME)	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		
		Experimental and Investigational	33477, 36514, 64722, 95965,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			95966, 95967, 0191T, 0253T, 0308T, 0376T		
		Foot Surgery	28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299		
		Functional Endoscopic Sinus Surgery (FESS)	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288		
		Gender Dysphoria Treatment	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		
		Gender Reassignment	55970, 55980, 57335		
		Genetic and Molecular Testing	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		
		Hearing	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,		
		Home Health	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		
		Hospice	G0299, G0300, G0493, G0494, T2045, T2046, S0255, S9126, T2042, T2043, T2044, S0255, S9126, T2042, T2043, T2044		
		Hysterectomy	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		
		IMRT	77385, 77386, G6015, G6016		
		Infertility - regardless of diagnosis	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		
		Infertility – with listed diagnosis 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		
		Injectable Medications	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		
		Injection arthrogram	27096		
		Mastectomy	19300		
		Medical & Surgical Supplies	A4557, A4600, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6513, A9274, A9282		
		Neurostimulators	43648, 43882, 61863, 61864, 61867, 61868, 61885, 61886, 64553, 64555, 64568, 64590, 64595, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, L8681		
		Orthognathic Surgery	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		
		Orthotics and Prosthetics	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		
		Pain Injections	62281, 62291, 62292, 64620, G0259, G0260		
		Pain Management	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		
		Potentially Cosmetic	11960, 11970, 11971, 14020, 14021, 14040,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			15574, 15730, 15733, 15740, 15756		
		Private Duty Nursing	T1000, T1002, T1003		
		Prostate	52441, 52442, 53850, 53852, 55866, 55873, 55874		
		Proton Beam Therapy	77520, 77522, 77523, 77525,		
		Pulmonary	32491		
		Radiation Therapy	32701, 61796, 61798, 61799, 61800, 63620, 77301, 77371, 77372, 77432, 77435, G0339, G0340		
		Radiology	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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			78258, 78261, 78262, 78264, 78265, 78266, 78278, 78282, 78290, 78291, 78300, 78305, 78306, 78315, 78428, 78429, 78430, 78431, 78432, 78433, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707, 78708, 78709, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 0501T, 0502T, 0503T, 0504T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, C9762, C9763 , G0235, G0252,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			S8037, S8042, S8085, S8092, 0648T, 0649T, 0623T, 0624T, 0625T, 0626T		
		Site of Service	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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			20612, 20680, 20693, 20694, 20912, 21011, 21012, 21013, 21014, 21030, 21031, 21040, 21046, 21048, 21315, 21320, 21325, 21330, 21335, 21336, 21337, 21356, 21550, 21552, 21555, 21556, 21557, 21920, 21930, 21931, 21932, 21933, 22900, 22901, 22902, 22903, 23071, 23075, 23076, 23120, 23140, 23150, 23405, 23415, 23430, 23440, 23480, 23615, 23630, 23700, 24000, 24006, 24065, 24066, 24071, 24073, 24075, 24076, 24101, 24102, 24105, 24110, 24120, 24130, 24147, 24200, 24201, 24300, 24310, 24340, 24341, 24342, 24343, 24357, 24358, 24515, 24516, 24586, 24615, 24665, 24666, 25000, 25071, 25073, 25075, 25076, 25085, 25105, 25107, 25109, 25110, 25111, 25112, 25115, 25118, 25120,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			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,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			27062, 27093, 27095, 27310, 27323, 27324, 27327, 27328, 27329, 27331, 27332, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27372, 27403, 27407, 27418, 27570, 27606, 27613, 27614, 27618, 27619, 27620, 27626, 27632, 27634, 27638, 27640, 27658, 27659, 27665, 27680, 27690, 27696, 27705, 27720, 27756, 27788, 28005, 28010, 28011, 28020, 28022, 28035, 28039, 28041, 28043, 28045, 28047, 28055, 28060, 28080, 28086, 28088, 28090, 28092, 28100, 28103, 28104, 28108, 28110, 28111, 28112, 28113, 28118, 28119, 28120, 28122, 28124, 28126, 28153, 28160, 28190, 28192, 28193, 28200, 28208, 28225, 28232, 28234, 28238, 28250, 28272, 28280, 28286, 28288, 28306, 28310, 28312, 28313,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			28315, 28322, 28475, 28476, 28496, 28515, 28525, 28645, 28666, 28675, 28755, 28760, 28810, 28825, 29800, 29804, 29820, 29821, 29830, 29835, 29836, 29900, 29901, 29902, 29906, 30000, 30020, 30100, 30110, 30115, 30118, 30130, 30140, 30220, 30310, 30520, 30580, 30630, 30801, 30802, 30930, 31020, 31030, 31032, 31200, 31205, 31525, 31526, 31528, 31529, 31530, 31535, 31536, 31540, 31541, 31545, 31570, 31571, 31574, 31575, 31576, 31578, 31591, 31611, 31622, 31623, 31624, 31625, 31628, 31652, 32408, 32555, 32557, 33215, 33216, 33241, 35045, 36000, 36010, 36012, 36215, 36246, 36556, 36569, 36571, 36581, 36582, 36589, 36590, 36821, 36901, 36902, 37242, 37248, 37607, 37609,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			37761, 38221, 38222, 38500, 38505, 38510, 38520, 38525, 38740, 38760, 40520, 40525, 40810, 40812, 40814, 40816, 41110, 41112, 41113, 41520, 41825, 42100, 42104, 42106, 42107, 42140, 42330, 42335, 42405, 42408, 42410, 42415, 42420, 42425, 42440, 42450, 42500, 42650, 42800, 42804, 42808, 42810, 42821, 42826, 42831, 42870, 43191, 43195, 43197, 43200, 43202, 43214, 43220, 43226, 43229, 43233, 43235, 43236, 43237, 43238, 43239, 43241, 43242, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 43260, 43261, 43270, 43450, 43453, 44340, 44360, 44361, 44364, 44369, 44376, 44377, 44380, 44381, 44382, 44385, 44386, 44388, 44389, 44392, 44394, 44705,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			45100, 45171, 45172, 45190, 45305, 45334, 45335, 45340, 45341, 45342, 45346, 45349, 45350, 45378, 45379, 45380, 45381, 45384, 45385, 45386, 45390, 45398, 45505, 45541, 45560, 45905, 45910, 45915, 45990, 46020, 46030, 46080, 46083, 46200, 46220, 46221, 46230, 46250, 46255, 46257, 46258, 46261, 46262, 46270, 46275, 46280, 46285, 46288, 46320, 46505, 46606, 46607, 46610, 46612, 46615, 46706, 46707, 46750, 46910, 46917, 46924, 46930, 46940, 46945, 46946, 46947, 46948, 47000, 49082, 49083, 49180, 49250, 49422, 49505, 49520, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50430, 50435, 50575, 50590, 50688, 51102,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			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		
		Site of Service - Office	11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442, 19000, 31579, 57460, 62270		
		Sleep Apnea Procedures & Surgeries	21685, 42145		
		Sleep Studies	95805, 95807, 95808, 95810, 95811		
		Spinal Cord Stimulator	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64570, L8679, L8680, L8682, L8683		
		Spine Surgery	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,		
		Surgery	0402T		
		Transplant	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		
		Transplant - Corneal Transplant	65710		
		Transportation	A0426, A0428, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998, S9960, S9961		
		Unlisted	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		
		Vein Procedures	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		
		Ventricular Assist Devices	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Mississippi 	Update	Genetic and Molecular Testing	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Florida 	Update	Radiation Therapy	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Maryland 	Update	Radiation Therapy	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Washington 	Update	Radiation Therapy	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"> Exchanges <ul style="list-style-type: none"> VA & WA Only 	Remove	Cochlear Implants and Other Auditory Implants	69710, 69714, 69715, 69717, 69718	Dec. 1, 2021	
<ul style="list-style-type: none"> Exchanges <ul style="list-style-type: none"> All States 	Remove	Durable Medical Equipment (DME)	E0462, E0500, E0550, E0575, E1405, E1406	Dec. 1, 2021	

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"> • Exchanges <ul style="list-style-type: none"> ○ All States 	Add	Congenital Heart Disease	33741, 33745, 33746, 33782, 33783	Dec. 1, 2021	
		Durable Medical Equipment (DME)	E1229		
		Hospice	S0255, S9126, T2042, T2043, T2044		
		Orthotics and Prosthetics	L2232		
		Unlisted	94799, 95199		
<ul style="list-style-type: none"> • Exchanges <ul style="list-style-type: none"> ○ Arizona 	Add	Bariatric Surgery	43848, 43860, 43772, 43773, 43774, 43775, 43886	Dec. 1, 2021	
<ul style="list-style-type: none"> • Exchanges <ul style="list-style-type: none"> ○ Oklahoma ○ Tennessee ○ Virginia 	Add	Bariatric Surgery	43848, 43860, 43659, 43771, 43772, 43773, 43774, 43886,	Dec. 1, 2021	

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

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

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii Kansas Kentucky New Jersey Rhode Island Tennessee Virginia Washington Wisconsin 	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Florida Maryland Missouri New York Ohio Pennsylvania 	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> California Michigan 	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Texas 	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Texas 	Remove	Cardiovascular	75716, 75710	Sept. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Texas <ul style="list-style-type: none"> CHIP Star Star Kids Star Plus 	Remove	Enteral Services	B4100	Sept. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Mississippi 	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Pennsylvania 	Add	Cosmetic & Reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Hysterectomy	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		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of <ul style="list-style-type: none"> ○ Tennessee 	Add	Cosmetic & Reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Sterilization	58152, 58263, 58267, 58275		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of <ul style="list-style-type: none"> ○ New Jersey 	Add	Cosmetic & Reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Hysterectomy	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		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of <ul style="list-style-type: none"> ○ Florida ○ Maryland ○ Rhode Island ○ 	Add	Radiation Therapy	<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>	Oct. 1, 2021	As announced in the July Network Bulletin
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of <ul style="list-style-type: none"> ○ California ○ Mississippi 	Add	Radiation Therapy	Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525	Oct. 1, 2021	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"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Ohio 	Add	Radiation Therapy	<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>	Oct. 1, 2021	As announced in the July Network Bulletin
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of <ul style="list-style-type: none"> Washington 	Add	Radiation Therapy	<p>Previously required prior authorization – moving to new category: 77520, 77522, 77523, 77525</p> <p>New prior authorization requirement:</p>	Oct. 1, 2021	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"> • UnitedHealthcare Community Plans of <ul style="list-style-type: none"> ○ Wisconsin 	Add	Radiation Therapy	<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>	Oct. 1, 2021	As announced in the July Network Bulletin
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: 				Oct. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ Mississippi • CAN 	Add	Genetic and Molecular Testing	<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,		

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"> ○ Mississippi • CHIP 	Remove	Genetic and Molecular Testing	Remove: 81215, 81217		
	Add		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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Maryland ○ Mississippi ○ Missouri ○ New Jersey ○ Wisconsin 	Add	Pain Injections and Management	64490, 64491, 64492, 64493, 64494, 64495	Nov. 1, 2021					
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Maryland 	Add	Injectable Medication	<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®	Oct. 1, 2021	
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®		
<ul style="list-style-type: none"> 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
	Remove	Radiation Therapy	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	Nov. 7, 2021	These codes will be removed from prior authorization requirements
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New Jersey 	Add	Outpatient Therapy	70371, 92521, 92522, 92523, 92524, 92526, 92626, 92627, 92630, 92633, 96105, 97010, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036,	Oct. 1, 2021	

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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Add	Hospice	Q5001, Q5005	Sept. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona 	Update	Hysterectomy	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	Sept. 1, 2021	These codes currently require prior authorization and will be re-categorized on Sept. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ Oxford Individual ○ United Healthcare of the River Valley • United Health Care West Commercial 	Add	Arthroplasty	24365, 25441, 25442, 25443, 25444, 25446, 25449, 27700, 27702, 27703	Nov. 1, 221	
		Breast Reconstruction/ Gynecomastia	19300		
		Cartilage Implants	27415, 27416		
		Cosmetic and Reconstructive	11970, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15878, 15879, 54400, 54401, 54405		
		Hysterectomy	58267, 58280		
		Orthognathic Surgery	21050, 21060, 21243		
		Pain Management and Injection	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		
		Potentially Unproven	0376T		
		Prostate Procedures	52441, 52442, 53850, 55866, 55874		
Spine Surgery	20931, 20939, 22103, 22116,				

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

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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"> Exchanges 	Update	Outpatient hospital setting:		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.
		Radiology	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		
		Arthroplasty	24366, 25445, 26530, 26535		
		Arthroscopy	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		
		Body Lengthening (MSK)	25280, 27685		
		Carpal Tunnel	29848, 64721		
		Foot Surgery	28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299		
		Hysterectomy	58263		
		Pain Injections	62281		
		Pain Management	64600		
		Potentially Cosmetic	14040, 14060, 14301, 17106, 17107, 17108		
		Sleep Apnea Procedures & Surgeries	42145		
		Spinal Cord Stimulator	63661, 63663		
		Spine Surgery	22513, 22514		
		Transplant - Corneal Transplant	65710		
		Vein Procedures	37765, 37766, 37785		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Ambulatory surgical center or outpatient hospital setting:			
		Injection arthrogram	27096		
		Pain Management	20552, 20553, 62321, 64479, 64490, 64493, 64633, 64635		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New York 	Add	Cancer Supportive care Chemotherapy Therapeutic Radio-pharmaceuticals	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	Oct. 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	Injectable Medications	J1427	Aug. 1, 2021	
		Transplants	Q2053		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Hawaii 	Add	Vision	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,	Aug. 1, 2021	

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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Florida 	Remove	Home Health Care	G0151, G0152, G0158	July 1, 2021	For dates of service on or after July 1, 2021 these codes will not require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	Remove	Genetic and Molecular testing	87798	July 1, 2021	For dates of service on or after July 1, 2021 these codes will not require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	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 Sept. 1, 2021 these codes will not require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	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 July 1, 2021 . No prior authorization 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"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ United Healthcare of the River Valley • Exchanges • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Kentucky ○ Maryland ○ Mississippi ○ Missouri ○ New Jersey ○ Ohio ○ Rhode Island ○ Tennessee 	Remove	Cancer supportive care	J8501, J8670, J8655	Aug. 1, 2021	For dates of service on or after Aug. 1, 2021 , these codes will not require prior authorization.
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans 	Update	Site of Service	<ul style="list-style-type: none"> • Outpatient Surgical Procedures – Site of Service • Screening Colonoscopy Procedures – Site of Service • Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service • Office Based Procedures – Site of Service 	Jan. 1, 2022	We previously announced a July 1, 2021 implementation date for prior authorization and site of service reviews for commercial plans in Massachusetts. Please note we’re delaying the implementation date to Jan. 1, 2022

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

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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	Add	Cosmetic and Reconstructive	14041	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Add	Cosmetic and Reconstructive	14061	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Missouri 	Update	Vein Procedures	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"> Massachusetts Senior Care Options 	Update	Cosmetic and Reconstructive DME	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"> UnitedHealthcare Connected for MyCare Ohio 	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"> UnitedHealthcare Connected Texas 	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"> UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> All Savers Policies 908867 and 908868 UHOne United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans UnitedHealthcare Neighborhood Health Partnership United Healthcare of the River Valley 	Remove	Radiation Therapy	SRS/SBRT 61796, 61797, 61798, 61799, 61800, 63620, 63621 Y90 37243	June 1, 2021	These codes will no longer require prior authorization effective June 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona California Florida Kentucky Louisiana Maryland Michigan Mississippi Nebraska New Jersey New York Ohio Pennsylvania 	Add	Chemotherapy	J1950	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers Policies 908867 and 908868 ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley • Exchanges 	Add	Genetic and Molecular testing	0245U, 0246U, 81277, 81443	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Add	Chemotherapy	Q5107	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	Sleep Studies - Unattended	95800, 95801, 95806	Aug. 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	DME	S1040	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Ohio 	Add	Drug Screening	G0483	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Add	Gender dysphoria treatment	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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Update	Home Health	Previously categorized as Hospice – move to Home Health category G0299, G300	July 1, 2021	
	Add	Hospice	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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ Kentucky ○ Tennessee 	Add	Cancer supportive care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	Aug. 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Florida 	Add	Cosmetic and reconstructive	14020, 14021, 14041, 14060, 14061, 14301	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8000, E8001, 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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New Jersey 		Cosmetic and reconstructive	14020, 14021, 14061		
		Durable Medical Equipment (DME)	E8001. E8002		
		Hysterectomy	58152, 58263, 58267, 58270, 58275, 58292		
		Vein Procedures	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Mississippi 	Add	Cosmetic and 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		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Pennsylvania 	Add	Cosmetic and reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Hysterectomy	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		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Tennessee 	Add	Cosmetic and reconstructive	14020, 14021, 14061	Sept. 1, 2021	
		Durable Medical Equipment (DME)	E8001, E8002		
		Sterilization	58152, 58263, 58267, 58275		
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • Exchanges • 	Add	Injectable Medications	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"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

Affected Plans	Action	Category	Codes	Effective date	Notes
(Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans					

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

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	Add	Home Health Care	G0151, G0157, G0159, S9131, G0153, G0161, S9128, G0152, G0158, G0160, S9129, G0155, G0156, S5180, S5181	June 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona 	Add	Continuous Glucose Monitor 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
		Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California 	Add	Continuous Glucose Monitor 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
		Continuous Glucose Monitor	A4226, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kansas 	Add	Continuous Glucose Monitor 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
		Continuous Glucose Monitor	K0553, K0554		

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Washington 	Add	Continuous Glucose Monitor 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"> Massachusetts Senior Care Options 	Add	Continuous Glucose Monitor 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
		Continuous Glucose Monitor	A4226, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	Add	Continuous Glucose Monitor 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
		Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Florida 	Remove	Experimental and Investigational	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
		Durable Medical Equipment (DME)	E0787		

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

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> United Healthcare Community Plans of: <ul style="list-style-type: none"> New Jersey 	Add	Genetic and Molecular Testing	87505, 87506, 87507, 0097U	June 1, 2021	
<ul style="list-style-type: none"> Oxford Health Plan 	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"> United Healthcare Community Plans of Arizona <ul style="list-style-type: none"> Arizona Developmentally Disabled 	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"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Office Based Procedures – Site of Service 	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 Massachusetts for dates of service on or after July 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) 	Aug 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Kentucky for dates of service on or after Aug. 1, 2021

Affected Plans	Action	Category	Codes	Effective date	Notes
			and Computed Tomography (CT) Scan - Site of Service <ul style="list-style-type: none"> Office Based Procedures - Site of Service 		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	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	Aug 1, 2021 * *Effective Sept. 1, 2021 for IA and IL	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"> Exchanges 	Add	Site of Service	G0105 G0121, 45378, 45380, 45381, 45384, 45385	Aug. 1, 2021	
	Remove	Site of Service	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"> Exchanges 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> New York 	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"> UnitedHealthcare Commercial Plans UnitedHealthcare 	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>Community Plans (Medicaid and Long Term Care)</p> <ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans Exchanges 					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>UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</p> <ul style="list-style-type: none"> Alabama Georgia 	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>UnitedHealthcare Medicare Advantage and Dual Special Needs Plans</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 December Network Bulletin for: UnitedHealthcare Medicare Advantage Plans in Arizona, Colorado, Connecticut, Florida, New Jersey, Nevada, New York and Texas

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"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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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"> UnitedHealthcare Commercial Plans 	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"> Exchanges 	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"> UnitedHealthcare Commercial Plans Exchanges 	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"> UnitedHealthcare Community Plans (Medicaid and Long Term Care) 					require prior authorization regardless of billed amount.
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans United Healthcare of the River Valley UnitedHealthcare Neighborhood Health Partnership United Health Care West Commercial 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Arizona 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		

Affected Plans	Action	Category	Codes	Effective date	Notes
		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		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Hawaii 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kansas 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301	July 1, 2021	
		Vein Procedures	37765, 37766		
Massachusetts Senior Care Options	Add	Cosmetic and Reconstructive	15877, 15878, 15879, 31299	July 1, 2021	
	Add	Vein Procedures	37765, 37766, 37243, 37799		
	Add	DME	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
	Add	Orthopedic Surgeries	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Michigan 	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
		Durable Medical Equipment (DME)	E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Missouri 	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		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Nebraska 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14060, 14061, 14301	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		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New York 	Add	Cosmetic and Reconstructive	14020, 14021, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		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		

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		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Ohio 	Add	Cosmetic and Reconstructive	14020, 14021	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
		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"> • UnitedHealthcare Connected for MyCare Ohio 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 14301, 15877, 15878, 15879, 31299	July 1, 2021	
		Vein Procedures	37765, 37766, 37243, 37799		
		Medical and Surgical Supplies	A4557		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Durable Medical Equipment (DME) Regardless of Billed Amount	E8000, E8001, E8002, E0766, E2510, E2609, E2617		
		Pain Management	G0290		
		Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		Cartilage Implants	27415, 27416		
		Pain Management	62350, 62351, 62360, 62361, 62362		
		Prostate Procedures	52441, 52442, 55874		
		Neuro-Stimulators	L8682, L8683		
		Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Rhode Island 	Add	Cosmetic and Reconstructive	14020, 14021, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Texas 	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		
<ul style="list-style-type: none"> • UnitedHealthcare Connected Texas 	Add	Cosmetic and Reconstructive	14020, 14021, 14060, 14061, 15877, 15878, 15879, 31299	July 1, 2021	
		Vein Procedures	37765, 37766, 37243, 37799		

Affected Plans	Action	Category	Codes	Effective date	Notes
		Durable Medical Equipment (DME)	E8001, E0766, E2510, E2609, E2617		
		Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
		Cartilage Implants	27415, 27416		
		Pain Management	62350, 62351, 62360, 62361, 62362		
		Prostate Procedures	52441, 52442, 55874		
		Neuro-Stimulators	L8682, L8683		
		Spine Surgery	20930, 20931, 20939, 22854, 22858,		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Virginia 	Add	Cosmetic and Reconstructive	14020, 14021*, 14041*, 14060, 14061*, 14301	July 1, 2021	*Codes are new to LTSS only
		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		
		Durable Medical Equipment (DME)	E8001, E8002		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Washington 	Add	Cosmetic and Reconstructive	14020, 14021, 14041, 14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8001, E8002		
		Sterilization	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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Wisconsin 	Add	Cosmetic and Reconstructive	14061	July 1, 2021	
		Vein Procedures	37765, 37766		
		Durable Medical Equipment (DME)	E8000, E8001, E8002		
		Hysterectomy	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"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Virginia 	Add	Gender Dysphoria Treatment	Prior authorization required for all Dx: 55970, 55980	May 1, 2021	
			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"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ Oxford Health Plan ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership • Exchanges • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin 	Add	Chemotherapy	J9037, J9349	May 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial 	Add	Cancer Supportive Care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> ○ UnitedHealthcare Mid-Atlantic Health Plans ○ Oxford Health Plan ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership 					
<ul style="list-style-type: none"> • Exchanges 	Add	Chemotherapy	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ California ○ Maryland ○ Michigan ○ Mississippi ○ New Jersey ○ Ohio ○ Rhode Island 	Add	Cancer Supportive Care	J0185, J1453, J1454, J1627, J2469, J8501, J8670, J8655	July 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Kentucky 	Remove	Drug Delivery Device (System)	11981	May 1, 2021	
		Injectable medications	J3485		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ New York 	Remove/Update	Cochlear Implants and Other Auditory Implants	L8621	May 1, 2021	These codes are carved out to state
		Durable Medical Equipment (DME)	A9275, A9999, E0710, E2100, T5999		
		Enteral Services	B4034, B4035, B4036, B4100, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9998		
		Experimental & Investigational	A9276, A9277, A9278		
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Wisconsin 	Update	Continuous Glucose Monitor	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Pennsylvania 	Update	Continuous Glucose Monitor Previously requiring prior authorization under DME and Experimental & Investigational categories these codes will be recategorized to Continuous Glucose Monitor	A4226, E0787	May 1, 2021	
	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Cartilage Implants	27415, 27416	July 1, 2021	
	Add	Cosmetic and Reconstructive	15877, 15878, 15879, 31299		
	Add	Durable Medical Equipment (DME) Regardless of billed amount	E0766, E2510, E2609, E2617		
	Add	Orthopedic Surgeries	24365, 25441, 25442, 25444, 25446, 25449, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29891, 29892, 29894, 29895, 29897, 29898, 29899		
	Add	Pain Management	62350, 62351, 62360, 62361, 62362		
	Add	Prostate Procedures	52441, 52442, 55874		
	Add	Spine Surgery	20930, 20931, 20939, 22854, 22858		
	Add	Stimulator/ Neurostimulator	L8682, L8683		
	Add	Vein Procedures	37243, 37799		
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Genetic and Molecular Testing	0242U, 0244U, 0245U, 0246U, 0017M, 0120U, 81277, 81443,	July 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare 	Add	Injectable Medications	Amondys-45		

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

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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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Hawaii 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Michigan 	Remove		E0787	May 1, 2021	Non-covered code
	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554		
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Virginia 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Wisconsin 	Add	Continuous Glucose Monitor	A9276, A9277, A9278, K0553, K0554	May 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Add	Continuous Glucose Monitor	A9276, A9278, K0553	April 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kentucky 	Remove	Radiology	G0297	April 1, 2021	This CMS/AMA deleted code will no longer require prior authorization
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Missouri 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Remove	Drug Screening	G0483	March 1, 2021	This code will not require prior authorization effective March 1, 2021
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans 	Add	Site of Service	<ul style="list-style-type: none"> Outpatient Surgical Procedures – Site of Service Screening Colonoscopy Procedures – Site of Service Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service Office Based Procedures – Site of Service 	June 1, 2021	Prior Authorization will be required for certain surgical, screening, colonoscopy, office and MR/CT imaging procedures in Massachusetts
<ul style="list-style-type: none"> Exchanges 	Remove	Arthroplasty Arthroscopy Chemotherapy	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
		Drug Delivery Device (System)	11981		
		Durable Medical Equipment (DME)	E1014, E2120, K0606, K0730		
		Enteral and Parenteral Therapy	B4150, B4158, B4159, B4160		
		Home Health	G0162, G0163, G0164, G0495, S9098, S9123, S9124		
		Infertility	S4017, S4018, S4020, S4021		
		Medical & Surgical Supplies	A4556, A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A6545		
		Neurostimulators	64566		
		Orthotics and Prosthetics	L3100, L3702, L3913, L3919, L3933		
		Outpatient Therapy	92630, 92633		
		Pain Injections	62280, 62282		
		Pancreas	48160		
Exchanges	Add	Breast Reconstruction	19357	May 1, 2021	
		Congenital Heart Disease	93501, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93541, 93542, 93543, 93544, 93545, 93555, 93556, 93561, 93562, 93581		
		Durable Medical Equipment (DME)	E0265, E0266, E0296, E0297, E0300, E0471,		

Affected Plans	Action	Category	Codes	Effective date	Notes
			E0984, E2502, E2504, E2506, E2508, E2512, E2599		
		Gender Dysphoria Treatment w Dx	15757, 15758, 19303		
		Genetic and Molecular Testing	0203U, 0205U, 0209U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U		
		Orthotics and Prosthetics	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"> UnitedHealthcare Commercial Plans 	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
UnitedHealthcare Medicare Advantage and Dual Special Needs Plans <ul style="list-style-type: none"> New Jersey Dual Special Needs plan 	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Kansas 	Add	Injectable Medications	<ul style="list-style-type: none"> Abilify Maintena Adasuve Aristada Aristada Initio Bavencio Benlysta Blinicyto Chlorpromazine Cinvanti Darzalex Emend (fosaprepitant) Fabrazyme 	June 1, 2021	

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

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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"> Exchanges 	Add	Chemotherapy	J1950	Feb 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Wisconsin 	Add	Transcranial Magnetic Stimulation (TMS)	90867, 90868	March 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Maryland 	Add	Injectable Medications	J0598, J2326, J3399	May 1, 2021	
<ul style="list-style-type: none"> Exchanges 	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"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans Oxford Health Plan United Healthcare of the River Valley UnitedHealthcare Neighborhood Health Partnership Exchange UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add	Chemotherapy	J9317, J9144, J9223, J9316, J9281	Jan. 1, 2021	

Affected Plans	Action	Category	Codes	Effective date	Notes
<ul style="list-style-type: none"> • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Missouri ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ All Savers ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley ○ UnitedHealthcare Neighborhood Health Partnership ○ United Health Care West Commercial 	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"> UnitedHealthcare Commercial Plans UnitedHealthcare Community Plans (Medicaid and Long Term Care) UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		

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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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Ohio 	Add	Drug Screening	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"> UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> Texas 	Add	Durable Medical Equipment (DME)	E0639, E0640, K0553, K0554	Feb. 1, 2021	
<ul style="list-style-type: none"> UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> All Savers United Healthcare Commercial UnitedHealthcare Mid-Atlantic Health Plans Oxford Health Plan United Healthcare of the River Valley Exchange UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> California Florida Hawaii Kansas Maryland Missouri New Jersey New York Ohio 	Add	Genetic and Molecular Testing	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"> ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Virginia ○ Washington ○ Wisconsin 					
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ United Healthcare Commercial ○ Oxford ○ UnitedHealthcare Mid-Atlantic Health Plans ○ United Healthcare of the River Valley ○ All Savers Insurance Company ○ All Savers Life Insurance Company of California ○ Level-Funded 	Add	Genetic and Molecular Testing	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	April 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plans: <ul style="list-style-type: none"> ○ Oxford ○ Level-Funded 	Add	Genetic and Molecular Testing	81513, 81514, 81529, 0239U	April 1, 2021	
<ul style="list-style-type: none"> • UnitedHealthcare Commercial Plan: <ul style="list-style-type: none"> ○ All Savers ○ UHOne ○ United Healthcare Commercial ○ UnitedHealthcare Mid-Atlantic Health Plans ○ UnitedHealthcare Neighborhood Health Partnership ○ United Healthcare of the River Valley 	Update	Radiation Therapy	<p>Existing codes requiring prior authorization that will move to this new category:</p> <p style="text-align: center;">IMRT</p> <p>Intensity-Modulated Radiation Therapy</p> <p>77385, 77386, G6015, G6016</p> <p>Proton Beam Therapy</p> <p>77520, 77522, 77523, 77525</p> <p>New codes that will require prior authorization:</p> <p style="text-align: center;">SRS/SBRT</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	Radiation Therapy	Y90 IMPLANTABLE BETA-EMITTING MICROSPHERES FOR TREATMENT OF MALIGNANT TUMORS		
			S2095, 79445, 37243		
			IGRT Image Guided Radiation Therapy		
			77014, 77387, G6001, G6002, G6017		
			Special/Associated Services		
			77331, 77370, 77399, 77470		
			Standard Radiation Therapy (2D/3D)		
			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"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans of: <ul style="list-style-type: none"> ○ Arizona ○ California ○ Florida ○ Kentucky ○ Louisiana ○ Maryland ○ Michigan ○ Mississippi ○ Nebraska ○ New Jersey ○ New York ○ Ohio ○ Pennsylvania ○ Rhode Island ○ Tennessee ○ Texas ○ Washington ○ Wisconsin • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	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"> • UnitedHealthcare Commercial Plans • UnitedHealthcare Community Plans (Medicaid and Long Term Care) • UnitedHealthcare Medicare Advantage and Dual Special Needs Plans 	Add Remove Update	Injectable Medications	The Specialty Medical Injectable Drug Program Bulletin		