

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Aug. 1, 2020

General Information

This list comprises prior authorization review requirements for care providers who participate with UnitedHealthcare of the River Valley for in-network services. Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*. For more information, please call Provider Services at **877-842-3210**.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 877-842-3210

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

The following procedures and services and listed CPT® codes require prior authorization for all UnitedHealthcare of the River Valley plan members in both outpatient and inpatient settings, unless otherwise noted.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210 .	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20-Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		Prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous,	Injectable colony-stimulating factor drugs that require prior authorization: Filgrastim (Neupogen®) J1442*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (continued)	intravesical and intrathecal for a cancer diagnosis Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.	Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .
Cardiology	Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial .
Cardiovascular	Prior authorization required For Vascular codes, prior authorization required for lower extremity angiogram	Cardiology 33285 37220**** 37221**** 37224**** 37225**** 37226**** 37227**** 37228**** 37229**** 93580** 93656*** E0616 Vascular 75710* 75716* **** For care providers in Iowa, prior authorization requirement will be effective for dates of service on or after Oct. 1, 2020. *** For care providers in Iowa, prior authorization requirement will be effective for dates of service on or after Sept. 1, 2020. ** Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
	I70.544	I70.545	I70.548	I70.549	
	I70.561	I70.562	I70.563	I70.568	
	I70.569	I70.591	I70.592	I70.593	
	I70.598	I70.599	I70.601	I70.602	
	I70.603	I70.608	I70.609	I70.611	
	I70.612	I70.613	I70.618	I70.619	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	Cartilage implants	Prior authorization required.	27412	29866	29867
		J7330	S2112		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000-J9999)*, Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For notification/prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Congenital heart disease codes:			
		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	33615	33617

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (continued)		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	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580*	93581
In combination with the following ICD-10-CM codes:					
		Q20.0	Q20.3	Q20.1	Q20.5
		Q20.2	Q20.3	Q20.8	Q21.3
		Q20.4	Q21.0	Q21.1	Q21.2
		Q21.8	Q21.2	Q21.2	Q20.8
		Q20.6	Q20.8	Q21.4	Q21.8
		Q21.9	Q21.9	Q22.3	Q22.0
		Q22.1	Q22.2	Q22.4	Q22.6
		Q22.8	Q22.9	Q22.5	Q23.0
		Q23.1	Q23.2	Q23.3	Q23.4
		Q24.4	Q24.2	Q24.3	Q24.8
		Q24.5	Q24.6	Q24.0	Q24.1
		Q24.8	Q23.8	Q23.9	Q24.8
		Q20.9	Q24.9	Q25.0	Q25.1
		Q25.2	Q25.4	Q25.4	Q25.2
		Q25.3	Q25.4	Q25.8	Q25.9
		Q25.5	Q25.71	Q25.72	Q25.6
		Q25.79	Q26.9	Q26.2	Q26.3
		Q26.4	Q26.0	Q26.1	Q26.8
		Q27.0	Q27.9	Q26.5	Q26.6
		Q27.33	Q27.8	Q27.1	Q27.2
		Q27.34	Q27.31	Q27.32	Q27.39
		Q27.8	Q28.2	Q28.3	

*See the Cardiovascular section of this document for patients ages 18 and older,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278 15821
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21230	21235
		21256	21282	21740	21742
		21743	28344	30540	30560
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		30620	67900	67901	67902
		21183	21184	21260	21261
		21263	21267	21268	21275
		21280	21295	30545	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025 E0266 E0300 E0329 E0620	A7026 E0277 E0302 E0466 E0745	E0194 E0296 E0304 E0471 E0764	E0265 E0297 E0328 E0483 E0766
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care</i> .	E0770 E1002 E1006 E1016 E1399 E1830 E2504	E0784 E1003 E1007 E1018 E1802 E1840 E2506	E0984 E1004 E1008 E1236 E1805 E2402 E2508	E0986 E1005 E1010 E1238 E1825 E2502 E2510
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E2511 K0012 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E2512 K0014 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E2599 K0812 K0851 K0855 K0859 K0863 K0870 K0879 K0886	K0005 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services. Prior authorization not required for ESRD when a member travels outside of the service area. Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call 888-936-7246 to initiate case management and utilization management.			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Prior authorization required for the following regardless of diagnosis code: 55970 55980			
		Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58661
		58720	58940	64856	64892
		64896			
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/ Notification Program for each specified genetic test.	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
	Notification/prior authorization required for BRCA testing	81226	81227	81228	81229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing	before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81230	81231	81232	81233
		81234	81235	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
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81307
		81308	81309	81310	81311
		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	81340	81341
		81342	81343	81344	81345
		81346	81350	81355	81361
		81362	81363	81364	81370
		81371	81372	81373	81374
		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	81420	81430		
81431	81432	81433	81434		
81435	81436	81437	81438		
81439	81440	81442	81445		
81448	81460	81465	81470		
81471	81479	81507	81518		
81519	81520	81521	81522		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		81545	81595	81599	87480
		87481	87482	87505	87506
		87507	87510	87511	87512
		87623	87660	87661	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
		0101U	0102U	0103U	0111U
		0129U	0130U	0131U	0132U
		0133U	0134U	0135U	0136U
		0137U	0138U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	0162U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
	0197U	0198U	0199U	0200U	
		0201U	S3870		
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	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	0058T	S4011
		S4013	S4014	S4015	S4016
		S4022	S4023	S4025	S4026
		S4028	S4030	S4031	S4035
		S4037			
		The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
DX codes:					
		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
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required. To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the Link button in the upper right hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129 .	Alpha1-Proteinase			
		J0256	J0257		
		Anemia			
		J0896	J1439	Q0138	
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™			
		J0517	J2182	J2357	J2786
		Blood-modifying agents			
		J0223	J1300	J1303	
		Central Nervous System Agents			
		J0222	J1428	J1429	J2326
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the Link button in the upper right hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p>	J3397	Enzyme replacement therapy		
		J0567	J1786	J3060	
		Erythropoiesis-Stimulating Agents⁶			
		J0885			
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
		J1950	J3315	J9155	J9202
		J9217	J9225	J9226	J3316
		Gene therapy			
		J3398	J3399		
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
		J7198	J7199	J7200	J7201
		J7202	J7203	J7204	J7205
		J7207	J7208	J7209	J7210
		J7211			
		H.P. Acthar®			
		J0800			
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Immunomodulator			
		J0638	J0490	J9210	
		Inflammatory – All POS			
		J0129	J0717	J1602	J1745
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Miscellaneous			
		J0584	J1301	J1746	J3111
		J3245			
		J0202	J2350		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Opioid addiction			
		J0570	Q9991	Q9992	
		Parsabiv™			
		J0606			
		Rituximab			
		J9311	J9312	Q5115	Q5119
		Sickle Cell disease			
		J0791			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7333	
		Therapeutic Radiopharmaceuticals⁴			
		A9513	A9590	A9606	A9699
		Unclassified			
		C9399 ³	J3490 ¹	J3590 ²	
		White blood cell colony-stimulating factors⁵			
	J1442	J1447	J2505	Q5101	
	Q5108	Q5110	Q5111	Q5120	

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.

¹ For unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™

² For unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™

³ For unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™

⁴ For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**.

⁵ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>For non-oncology DX, submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your link dashboard or call 888-397-8129.</p> <p>⁶ For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.</p>			
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals <p>Skilled nursing facilities</p>				
Intensity-modulated radiation therapy (IMRT)	Prior authorization required.	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	<p>Prior authorization required.</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. 	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (continued)	<ul style="list-style-type: none"> A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. <p>A physician and facility must follow FDA-labeled indications for use.</p>				
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services	Prior authorization required. Please note that your agreement with				
A referral from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare of the River Valley	UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical Therapy/Occupational Therapy (PT/OT)	<p>Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through the OptumHealth Physical Health website at myoptumhealthphysicalhealth.com.</p> <p>PSFs should be sent within three days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.</p>	<p>For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182.</p>			
Potentially unproven services (including experimental/investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340 33364 33477	33361 33365 36514	33362 33366 64722	33363 33369 A9274
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: 009.00 009.01 009.02 009.03 009.10 009.11 009.12 009.13 009.211 009.212 009.213 009.219 009.291 009.292 009.293 009.299 009.30 009.31 009.32 009.33 009.40 009.41 009.42 009.43 009.511 009.512 009.513 009.519 009.521 009.522 009.523 009.529			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Pregnancy (continued)	member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.611	O09.612	O09.613	O09.619		
		O09.621	O09.622	O09.623	O09.629		
		O09.70	O09.71	O09.72	O09.73		
		O09.891	O09.892	O09.893	O09.899		
		O09.90	O09.91	O09.92	O09.93		
		O12.00	O12.01	O12.02	O12.03		
		O12.10	O12.11	O12.12	O12.13		
		O12.20	O12.21	O12.22	O12.23		
		O21.0	O21.1	O21.8	O21.9		
		O24.011	O24.012	O24.013	O24.111		
		O24.112	O24.113	O24.311	O24.312		
		O24.313	O24.811	O24.812	O24.813		
		O24.911	O24.912	O24.913	O26.00		
		O26.01	O26.02	O26.03	O26.831		
		O26.832	O26.833	O26.839	O30.001		
		O30.002	O30.003	O30.011	O30.012		
		O30.013	O30.031	O30.032	O30.033		
		O30.041	O30.042	O30.043	O30.091		
		O30.092	O30.093	O30.101	O30.102		
		O30.103	O30.111	O30.112	O30.113		
		O30.121	O30.122	O30.123	O30.191		
		O30.192	O30.193	O30.201	O30.202		
		O30.203	O30.211	O30.212	O30.213		
		O30.221	O30.222	O30.223	O30.291		
		O30.292	O30.293	O30.91	O30.92		
		O30.93	O47.00	O47.02	O47.03		
		O47.1	O47.9	O60.00	O60.02		
		O60.03	O99.011	O99.012	O99.013		
		O99.280	O99.89	Z32.01	Z33.1		
		Z34.00	Z34.01	Z34.02	Z34.03		
		Z34.80	Z34.81	Z34.82	Z34.83		
		Z34.90	Z34.91	Z34.92	Z34.93		
		Z36					
		Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
				L5100	L5105	L5150	L5160
				L5200	L5210	L5230	L5250
L5270	L5280			L5301	L5321		
L5331	L5400			L5420	L5530		
L5535	L5540			L5585	L5590		
L5616	L5639			L5643	L5649		
L5651	L5681			L5683	L5703		
L5707	L5724			L5726	L5728		
L5780	L5795			L5814	L5818		
L5822	L5824			L5826	L5828		
L5830	L5840			L5845	L5848		
L5856	L5858			L5930	L5960		
L5966	L5968			L5973	L5979		
L5980	L5981			L5987	L5988		
L5990	L6000			L6010	L6020		
L6026	L6050	L6055	L6120				
L6130	L6200	L6205	L6310				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8042	L8043	L8044
		L8049	V2629		
Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p>			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402	11403	11406	11422
		11426	11442		
	Prior authorization not required if performed in an office.	General surgery			
		19000			
	Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Musculoskeletal			
		27096	64479	64490	64493
		Neurologic			
		62270	62321	64633	64635
		OB/GYN			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (continued)		57460			
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting. Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC). Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Respiratory 31579	Carpal tunnel surgery 64721	Cataract surgery 66821 66982 66984	Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931
			Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631		
			Gynecologic procedures 57522 58353 58558 58563 58565		
			Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655		
			Liver biopsy 47000		
			Miscellaneous 20680		
			Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312		
			Tonsillectomy and adenoidectomy 42820 42821 42825 42826 42830		
			Upper and lower gastrointestinal endoscopy 43235 43239 43249 45378 45380 45384 45385		
			Urologic procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161 55040 55700 57288		
Site of service (SOS) – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69100 69110 69140 69145 69222 69310 69320 69421 69424 69433 69440 69450 69505 69550 69602 69610 69620 69632 69633 69635 69636 69641 69642 69643 69644 69645 69646 69650 69660 69661 69662 69666			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS)– Outpatient hospital expansion (continued)	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	69801	69805	69806		
		Cardiovascular System				
		33215	33216	33241	35045	
		36000	36010	36012	36215	
		36246	36556	36569	36571	
		36581	36582	36589	36590	
		36821	36901	36902	37242	
		37248	37607	37609	37761	
		37765	37766	37785		
		Digestive System				
		40520	40525	40530	40810	
		40812	40814	40816	41105	
		41110	41112	41113	41116	
		41520	41825	42100	42104	
		42106	42107	42140	42330	
		42335	42405	42408	42410	
		42415	42420	42425	42440	
		42450	42500	42650	42800	
		42804	42808	42810	42831	
		42870	43191	43195	43197	
		43200	43202	43214	43220	
		43226	43229	43233	43236	
		43237	43238	43240	43241	
		43242	43245	43246	43247	
		43248	43250	43251	43253	
		43254	43255	43259	43260	
		43261	43265	43270	43274	
43275	43276	43450	43453			
44340	44360	44361	44364			
44369	44376	44377	44380			
44381	44382	44385	44386			
44388	44389	44392	44394			
44705	45100	45171	45172			
45190	45305	45334	45335			
45340	45341	45342	45346			
45349	45350	45379	45381			
45386	45389	45390	45398			
45505	45541	45560	45905			
45910	45915	45990	46020			
46030	46040	46045	46050			
46060	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		46910	46917	46924	46930
		46940	46945	46946	46947
		46948	49082	49083	49180
		49250	49422	49521	49525
		49550	49553	49570	49572
		49656	49900		
		Endocrine System			
		62281			
		Eye and Ocular Adnexa			
		65275	65400	65420	65435
		65436	65710	65750	65755
		65756	65772	65778	65779
		65780	65800	65815	65820
		65850	65865	65875	65920
		66172	66185	66250	66682
		66710	66711	66825	66840
		66850	66852	66983	66985
		66986	66987	66988	67005
		67015	67025	67039	67041
		67042	67043	67101	67105
		67107	67108	67110	67113
		67120	67121	67145	67210
		67218	67220	67221	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		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925	59150	59151	
		Foot Surgery			
		28295			
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		Integumentary System			
		10121	10180	11000	11010
		11012	11440	11441	11443
		11444	11446	11450	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11624	11626	11640	11641
		11642	11643	11644	11646
		11750	11755	11760	11770
		11772	12031	12032	12034
		12035	12037	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	13152
		15100	15120	15220	15240
		15260	15576	15760	15770
		15850	17000	17004	17110
		17111	17311	17313	19101
		19110	19112	19120	19125
		Male Genital System			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
		Musculoskeletal System			
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20552	20553
		20600	20604	20605	20606
		20610	20611	20612	20693

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		20694	20912	21011	21012
		21013	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21336
		21337	21356	21365	21385
		21390	21407	21550	21554
		21555	21556	21557	21920
		21930	21932	21933	22900
		22901	22902	22903	23071
		23075	23076	23140	23150
		23405	23415	23430	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24357
		24358	24366	24515	24516
		24586	24615	24665	24666
		25000	25071	25073	25075
		25076	25085	25105	25107
		25109	25110	25111	25112
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	25270	25275	25280
		25290	25295	25350	25445
		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	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
	26540	26541	26542	26567	
	26608	26615	26650	26665	
	26676	26715	26727	26735	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
		27310	27323	27324	27327
		27328	27329	27331	27332
		27334	27335	27337	27339
		27340	27345	27347	27372
		27403	27407	27418	27570
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27665
		27685	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	28124	28126
		28153	28160	28190	28192
		28193	28208	28225	28234
		28250	28272	28280	28286
		28288	28306	28310	28312
		28313	28315	28475	28476
		28496	28515	28525	28645
		28666	28675	28755	28760
		28825	29800	29804	29906
		G0289			
		Nervous System			
			64561	64585	64600
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	
	Respiratory System				
		30000	30020	30100	30110
		30115	30117	30118	30130
		30220	30310	30580	30630
		30801	30802	30930	31020
		31030	31032	31200	31205

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		31525	31526	31528	31529
		31530	31535	31536	31540
		31541	31545	31570	31571
		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32405	32555	32557	
		Urinary System			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		
Site of service – Outpatient hospital expansion Phase II	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69637			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Digestive System			
		46260	47562	47563	49320
		49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	Integumentary System			
		11771	15731	15736	
		Male Genital System			
		54065	55706	55873	55875
		55876			
		Musculoskeletal System			
		20650	20670	20690	20692
	20900	20902	20924	21010	
	21070	23120	23130	23410	
	23412	23420	23440	23450	
	23455	23460	23462	23465	
	23466	23550	23552	24149	
	24305	24341	24342	24343	
	24344	24345	24346	24359	
	24400	24430	24435	24605	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion Phase II (continued)		25101	25115	25116	25310	
		25312	25320	25332	25337	
		25360	25365	25390	25391	
		25392	25400	25405	25415	
		25431	25440	25447	25800	
		25805	25820	25830	26350	
		26370	26531	26536	26591	
		27306	27350	27380	27381	
		27385	27386	27405	27420	
		27422	27427	27428	27429	
		27606	27610	27612	27615	
		27625	27630	27635	27650	
		27652	27654	27656	27659	
		27664	27675	27676	27680	
		27681	27687	27690	27691	
		27695	27696	27698	27870	
		28062	28122	28200	28202	
		28210	28220	28230	28232	
		28238	28270	28300	28304	
		28305	28308	28309	28320	
		28322	28705	28715	28725	
		28730	28735	28737	28740	
		28750	28810	28820		
			Nervous System			
			60280	60281	61070	62290
			62291	62362	62365	64400
			64402	64405	64408	64413
			64415	64416	64417	64418
		64420	64421	64425	64430	
		64435	64445	64446	64447	
		64448	64449	64450	64455	
		64505	64510	64517	64530	
		64581	64605	64704	64708	
		64712	64714	64726	64772	
		64790	64857	64910		
		Respiratory System				
		31572				
		Urinary System				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (continued)		52317	52318	52601	52648
		52649	53852		
Sleep apnea procedures and surgeries Sleep apnea procedures and surgeries (continued) Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	42145	
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805	95807	95808	95810
		95811			
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to: 877-342-4596 .				
Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required.	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8682	L8685
		L8687	L8688		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery	Prior authorization required.	20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		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	22899	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	63091	63101	63102
		63103	63170	63172	63173
		63180	63182	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
			0309T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators – not related to spine Implantation of a device that sends electrical impulses	Prior authorization required.	Bone growth stimulator E0747 E0748 E0749 E0760 Neurostimulator 43647 43648 43881 43882 61863 61864 61867 61868 61885 61886 64555 64568 64590 64595 0312T 0313T 0314T 0315T 0316T 0317T			
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-Cell therapy services, including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. Bone marrow harvest 38240 38241 38242 Evaluation for transplant 99205 Heart 33940 33944 33945 Heart/lung 33930 33935 Intestine 44132 44133 44135 Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547 Liver 47135 47143 47147 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Pancreas 48551 48552 48554 Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 CAR T-Cell therapy 0537T 0538T 0539T 0540T Q2041 Q2042			
		*Code 38232 will only require prior authorization for an oncology diagnosis			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required.	L8680	L8686		
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	36468	36473	36475	36478
		37700	37718	37722	37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		To start the case management and utilization manager process, please call 877-842-3210 to start the case management and utilization management process.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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