

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Oct. 1, 2021

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 UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button 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	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, and WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		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
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.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
	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.	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	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	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

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Breast reconstruction (non-mastectomy) (continued)		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	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p><i>*Codes J0897, J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</i></p>	<p><u>Anti-Emetics that require prior authorization</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Aloxi® (palonosetron) J2469</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Prolia®, Xgeva®) J0897*</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p>			

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Cancer supportive care (continued)		Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button 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	<table border="0"> <tr> <td colspan="5">Cardiology</td> </tr> <tr> <td>33285</td> <td>37220</td> <td>37221</td> <td colspan="2">37224</td> </tr> <tr> <td>37225</td> <td>37226</td> <td>37227</td> <td colspan="2">37228</td> </tr> <tr> <td>37229</td> <td>93580**</td> <td>93653</td> <td colspan="2">93656</td> </tr> <tr> <td colspan="5">E0616</td> </tr> <tr> <td colspan="5">Vascular</td> </tr> <tr> <td>75710*</td> <td colspan="4">75716*</td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td colspan="2">E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td colspan="2">E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td colspan="2">E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td colspan="2">E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td colspan="2">E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td colspan="2">I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td colspan="2">I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td colspan="2">I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td colspan="2">I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td colspan="2">I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td colspan="2">I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td colspan="2">I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td colspan="2">I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td colspan="2">I70.291</td> </tr> <tr> <td>I70.292</td> <td>I70.293</td> <td>I70.298</td> <td colspan="2">I70.299</td> </tr> </table>				Cardiology					33285	37220	37221	37224		37225	37226	37227	37228		37229	93580**	93653	93656		E0616					Vascular					75710*	75716*				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	
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Cardiovascular (continued)		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
	170.662	170.663	170.668	170.669	
	170.691	170.692	170.693	170.698	
	170.699	170.701	170.702	170.703	
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	
	170.731	170.732	170.733	170.734	

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Cardiovascular (continued)		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	29868
		J7330	S2112		
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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), Leuprolide acetate (J1950) • 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 			

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Chemotherapy services (continued)		Healthcare Common Procedure Coding System (HCPCS) code Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button 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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (continued)		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	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,			
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.			
		11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17999	21137	21138
		21139	21172	21175	21179

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (continued) Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, and WI.			
		17106	17107	17108	
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	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	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 Home health care.	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1399	E1802	E1805
	E1830		E1840	E2402	E2502
	E2504		E2506	E2508	E2510
	E2511		E2512	E2599	K0005
	K0012		K0014	K0812	K0848
	K0849		K0850	K0851	K0852
	K0853		K0854	K0855	K0856
	K0857		K0858	K0859	K0860
	K0861		K0862	K0863	K0864
	K0868		K0869	K0870	K0871
	K0877	K0878	K0879	K0880	
K0884	K0885	K0886	K0890		
K0891	S1040				

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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	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, and WI. 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. 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.	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
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208

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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)	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	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
		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		

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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)		81439	81440	81442	81443
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81520	81521
		81522	81546	81554	81595
		81599	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	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		
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	58294	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	
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	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 UnitedHealthcare Provider Portal in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	Alpha1-Proteinase			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™			
		J0517	J2182	J2357	J2786
		Blood-modifying agents			
		J0223	J1300	J1303	
		Central Nervous System Agents			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	For questions about this online authorization process, the provider may call Optum: 888-397-8129.	J0222	J1426	J1427	J1428
	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 UnitedHealthcare Provider Portal button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard.	J1429	J2326	J3032	
	For questions about this online authorization process, the provider may call Optum: 888-397-8129.	Collagenase			
		J0775			
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0800	J3241	
		Enzyme deficiency – POS 19 and 22 only			
		J0180	J0221	J1322	J1458
		J1743	J1931	J2504	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1786	J3060	
		Erythropoiesis-Stimulating Agents⁴			
		J0885			
		Gaucher's disease – POS 19 and 22 only			
		J3385			
		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	J7212		
		Hereditary Angioedema (HAE)			
		J0596	J0597	J0598	J1290
		Immune globulin			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Immunomodulator			
		J0638	J0490	J1823	J9210
		Inflammatory – All POS			
		J0129	J0717	J1602	J1745
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Miscellaneous			
		J0584	J1301	J1746	J2507
		J3111	J3245	J0741	
		Multiple sclerosis			
		J0202	J2323	J2350	
		Osteoporosis			
		J0897 ³			
		Rare Conditions			
		J1305			
		Rituximab			
		J9311	J9312	Q5115	Q5119
		Q5123			
		RSV Prophylaxis			
		90378			
		Sickle Cell disease			
		J0791			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Therapeutic Radiopharmaceuticals²			
		A9513	A9590	A9606	A9699
		Unclassified and temporary codes¹			
		C9399	J3490	J3590	
		White blood cell colony-stimulating factors³			
		J1442	J1447	J2505	Q5101
	Q5108	Q5110	Q5111	Q5120	
	Q5122				

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*.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		<p>Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p> <p>1 For unclassified and temporary codes C9399, J3490, and J3590 prior authorization is only required for Cutaquig®, Nulibry™, and Revcovi™</p> <p>2 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Provider Portal dashboard. Or, call 888-397-8129.</p> <p>3 For codes J0897, J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.</p> <p>For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call 888-397-8129.</p> <p>4 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 • Skilled nursing facilities 		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<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: 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</p>	0071T	0072T

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (continued)

believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.

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.

A physician and facility must follow FDA-labeled indications for use.

Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
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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

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

Prior authorization required.

Please note that your agreement with 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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Out-of-network services (continued) professionals or facilities may have increased out-of-pocket expenses or no coverage.

Physical Therapy/Occupational Therapy (PT/OT) 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. 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.

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**.

Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274

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

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 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	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	O09.00	O09.01	O09.02	O09.03
	O09.10	O09.11	O09.12	O09.13
	O09.211	O09.212	O09.213	O09.219
	O09.291	O09.292	O09.293	O09.299
	O09.30	O09.31	O09.32	O09.33
	O09.40	O09.41	O09.42	O09.43
	O09.511	O09.512	O09.513	O09.519
	O09.521	O09.522	O09.523	O09.529
	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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (continued)	imply coverage, which is determined according to the member's benefit plan.	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
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work.	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
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	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		
L6320	L6350	L6360	L6370		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		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		
	Radiation Therapy	Prior authorization required.	IGRT		
77014			77387	G6001	G6002
G6017					
IMRT					
Intensity-Modulated Radiation Therapy					
77385			77386	G6015	G6016
Proton Beam					
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)					
77520			77522	77523	77525
Special/Associated Services					
77331			77370	77399	77470
SRS/SBRT					
77371			77372	77373	G0339
G0340					
Standard Radiation Therapy (2D/3D)					
Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92					
77401	77402	77407	77412		
G6003	G6004	G6005	G6006		
G6007	G6008	G6009	G6010		
G6011	G6012	G6013	G6014		
Y90					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					
S2095	79445				
To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box.					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation Therapy (continued)		After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	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. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, KY, MA, PR, TX, UT, VI, AND WI.	Dermatologic 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442 General Surgery 19000 Muscular/Skeletal 27096 64479 64490 64493 20552 20553 Neurologic 62270 62321 64633 64635 OB/GYN 57460 Respiratory 31579			
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, PR, TX, UT, VI, AND WI.	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			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital (continued)		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	Auditory System			
		69100	69110	69140	69145
		69205	69222	69310	69320
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69421	69424	69433	69440
		69450	69505	69550	69602
		69610	69620	69632	69633
	Prior authorization not required for care providers in AK, KY, MA, PR, RI, TX, UT, VI, AND WI.	69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69666	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		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		
46910	46917	46924	46930		
46940	46945	46946	46947		
46948	49082	49083	49180		
49250	49422	49520	49521		
49525	49550	49553	49570		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		49572	49656	49900	G0105
		G0121			
		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
		67010	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	
	57520	57530	57700	57720	
	57800	58100	58120	58263	
	58560	58561	58562	58700	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		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	19020
		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	20600	20604
		20605	20606	20610	20611
	20612	20693	20694	20912	
	21011	21012	21013	21014	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		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
		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
		24366	24515	24516	24586
		24615	24665	24666	25000
		25071	25073	25075	25076
		25085	25105	25107	25109
		25110	25111	25112	25115
		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	26350	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		26735	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	27606	27613	27614
		27618	27619	27620	27626
		27632	27634	27638	27640
		27658	27659	27665	27680
		27685	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	28315
		28322	28475	28476	28496
		28515	28525	28645	28666
		28675	28755	28760	28810
	28825	29800	29804	29900	
	29901	29902	29906		
	Nervous System				
		64425	64435	64530	64561
		64581	64585	64600	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	64910
	Respiratory System				
		30000	30020	30100	30110

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS)– Outpatient hospital expansion (continued)		30115	30117	30118	30130	
		30220	30310	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		
		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	
		52317	52320	52325	52327	
		52330	52341	52344	52354	
		52450	52500	52630	52640	
		53020	53230	53260	53265	
		53270	53440	53445	53450	
		53500	53605	53665	54065	
Sleep apnea procedures and surgeries	Prior authorization required	Prior authorization is required for all states.				
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, PR, TX, UT, VI, and WI.		
		42145				
Sleep studies	Prior authorization required	95805	95807	95808	95810	
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95811				
Specific medications as indicated on the	Notification/prior authorization required for certain medications to					

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

Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, KY, MA, PR, TX, UT, VI, and WI.

22513 22514

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 Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) 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

Transplant (continued)

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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
		C9081**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		Q2054			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For temporary and unclassified codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®			

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	Prior authorization required.	36468	36473	36475	36478
		37700	37718	37722	37780

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities					
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 management 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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