

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective November 1, 2019

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd.)		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	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, intravesical and intrathecal for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442*			

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Cancer supportive care (cont'd)	<p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>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.</p>																																																																																
Cardiology	<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</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 > Cardiology > Commercial.</p>																																																																																
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p> <p>In Iowa, this change will be effective Dec. 1, 2019.</p>	<table border="0"> <tr> <td></td> <td colspan="4" style="text-align: center;">Cardiology</td> </tr> <tr> <td></td> <td style="text-align: center;">33285</td> <td colspan="3" style="text-align: center;">E0616</td> </tr> <tr> <td></td> <td></td> <td colspan="3" style="text-align: center;">Vascular</td> </tr> <tr> <td></td> <td style="text-align: center;">75710*</td> <td colspan="3" style="text-align: center;">75716*</td> </tr> <tr> <td></td> <td colspan="4">*Prior authorization required for the following diagnosis codes:</td> </tr> <tr> <td></td> <td style="text-align: center;">E08.51</td> <td style="text-align: center;">E08.52</td> <td style="text-align: center;">E08.59</td> <td style="text-align: center;">E08.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E09.51</td> <td style="text-align: center;">E09.52</td> <td style="text-align: center;">E09.59</td> <td style="text-align: center;">E09.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E10.51</td> <td style="text-align: center;">E10.52</td> <td style="text-align: center;">E10.59</td> <td style="text-align: center;">E10.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E11.51</td> <td style="text-align: center;">E11.52</td> <td style="text-align: center;">E11.59</td> <td style="text-align: center;">E11.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E13.51</td> <td style="text-align: center;">E13.52</td> <td style="text-align: center;">E13.59</td> <td style="text-align: center;">E13.621</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.201</td> <td style="text-align: center;">I70.202</td> <td style="text-align: center;">I70.203</td> <td style="text-align: center;">I70.208</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.209</td> <td style="text-align: center;">I70.211</td> <td style="text-align: center;">I70.212</td> <td style="text-align: center;">I70.213</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.218</td> <td style="text-align: center;">I70.219</td> <td style="text-align: center;">I70.221</td> <td style="text-align: center;">I70.222</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.223</td> <td style="text-align: center;">I70.228</td> <td style="text-align: center;">I70.229</td> <td style="text-align: center;">I70.231</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.232</td> <td style="text-align: center;">I70.233</td> <td style="text-align: center;">I70.234</td> <td style="text-align: center;">I70.235</td> </tr> <tr> <td></td> <td style="text-align: center;">I70.238</td> <td style="text-align: center;">I70.239</td> <td style="text-align: center;">I70.241</td> <td style="text-align: center;">I70.242</td> </tr> </table>		Cardiology					33285	E0616					Vascular				75710*	75716*				*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
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Cardiovascular (cont'd)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont'd)		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. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95951			
	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) • 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 .				

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont'd.)		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	
	Cosmetic and reconstructive procedures 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	Prior authorization required	11960	11971	15820
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21230	21235
		21256	21282	21740	21742
		21743	28344	30540	30560
		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	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 <i>Home health care</i> .	E0620	E0745	E0764	E0766
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E0770	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238
		E1399	E1802	E1805	E1825
		E1830	E1840	E2402	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	K0005
		K0012	K0014	K0812	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd.)		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040		
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	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58260	58661	58720	58940
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
	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.	81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	81203	81204	81205	81206
		81207	81208	81209	81210

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 (cont'd.)	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		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	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
		81425	81426	81427	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443

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 (cont'd.)		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
		0007M	0009M	0011M	0012M
		0012U	0013M	0013U	0014U
		0016U	0017U	0018U	0019U
		0022U	0023U	0026U	0027U
		0029U	0030U	0031U	0032U
		0033U	0034U	0036U	0037U
		0040U	0045U	0046U	0047U
		0048U	0049U	0050U	0055U
		0056U	0060U	0069U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0078U	0081U
		0084U	0087U	0088U	0089U
		0090U	0091U	0094U	0101U
		0102U	0103U	0111U	0113U
		0118U	0129U	0130U	0131U
	0132U	0133U	0134U	0135U	
	0136U	0137U	0138U	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. For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required. For claim purposes: Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870 58345 58974 89251 89257 89261 89280	58321 58752 58976 89253 89258 89264 89281	58322 58760 76948 89254 89259 89268 89290	58323 58970 89250 89255 89260 89272 89291

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Infertility (cont'd)		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	0357T
		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.

For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.

Alpha1-Proteinase

J0256 J0257

Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™

J0517 J2182 J2357 J2786

Blood modifier – Soliris® – POS 19 and 22 only
J1300

Enzyme deficiency – POS 19 and 22 only

J0180 J0221 J1322 J1458
J1743 J1931 J2504 J2840
J3397

Enzyme replacement therapy

J0567 J1786 J3060

Evenity™

J3111

Gamifant®

J9210

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

J1428 J2326 J3398

Hemophilia

J7170 J7175 J7177 J7178
J7179 J7180 J7181 J7182
J7183 J7185 J7186 J7187
J7188 J7189 J7190 J7191
J7192 J7193 J7194 J7195

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd.)		J7198	J7199	J7200	J7201
		J7202	J7203	J7205	J7207
		J7208	J7209	J7210	J7211
		H.P. Acthar®			
		J0800			
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Immuno modulator			
		J0638	J0490*		
		* POS 19 and 22 only			
		Inflammatory – All POS			
		Q5104			
		Inflammatory – POS 19 and 22 only			
		J0129	J1602	J1745	J3262
		J3380	Q5103		
		Miscellaneous			
		J0584	J1301	J1746	J3245
		Multiple sclerosis			
		J0202	J2350		
		Onpattro™			
		J0222			
		Opioid addiction			
		J0570	Q9991	Q9992	
		Parsabiv™			
	J0606				
	Sodium hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Therapeutic Radiopharmaceuticals⁴				
	A9513	A9606	A9699		
	Ultomiris™				
	J1303				
	Unclassified				
	J3490 ¹	J3590 ²	C9399 ³		
	White blood cell colony stimulating factors⁵				
	J1442	J1447	J2505	Q5101	
	Q5108	Q5110	Q5111		
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly 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.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd.)		<p>¹ For unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>² For unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>³ For unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ and Zolgensma®</p> <p>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.</p> <p>⁵ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your link dashboard or call 888-397-8129</p>			
Inpatient admissions-post acute services	<p><u>For dates of service on or after Dec. 1, 2019</u></p> <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 				
Intensity modulated radiation therapy (IMRT)	Prior authorization required.	77385	77386	G6015	G6016
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:</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. • A member must agree in writing to not hold UnitedHealthcare 	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 (cont'd.)	<p>responsible if they're not satisfied with the results.</p> <ul style="list-style-type: none"> 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
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
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	<p>Prior authorization required.</p> <p>Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area.</p> <p>Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
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</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 888-329-5182.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Physical Therapy/Occupational Therapy (PT/OT) (cont'd)	of initiating a plan member's treatment, and must be received within 10 days from the initial date of service listed on the form.				
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:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	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, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O21.0 O24.011 O24.112 O24.313	O21.1 O24.012 O24.113 O24.811	O21.8 O24.013 O24.311 O24.812	O21.9 O24.111 O24.312 O24.813
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)		UHC provider.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 Iowa and Utah.	Dermatologic 11402 11403 11406 11422 11426 11442 General surgery 19000 Musculoskeletal 27096 64479 64483 64490 64493 Neurologic 62270 62321 62323 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. For dates of service prior to Dec. 1, 2019 the following states will not require prior authorization: AK, CA, CO, CT, GA, IA, KS, KY, ME, MD, MA, NE, NH, NJ, NY, NC, RI, SC, TX, UT, VT, WI	Arthroscopy 28295 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 69801 69805 69806 Cardiovascular System 33215 33216 33241 35045 36000 36010 36012 36215 36246 36471 36556 36569 36571 36581 36582 36589 36590 36821 36901 36902 37242 37248 37607 37609 37761 37765 37766 37785 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive System 40520 40525 40530 40810			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd.)		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
		49082	49083	49180	49250
		49422	49521	49525	49550
		49553	49570	49572	49656
		49900	0249T		
			Endocrine System		
			62281		
			Ear, nose and throat (ENT)		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd.)		procedures			
		21320	30140	30520	69436
		69631			
		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	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
		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925	59150	59151	
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) –
Outpatient hospital (cont'd.)

Hernia repair				
	49505	49585	49587	49650
	49651	49652	49653	49654
	49655			
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
Liver biopsy				
	47000			
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		
Miscellaneous				
	20680			
Musculoskeletal System				
	20200	20205	20220	20225
	20240	20245	20520	20525
	20526	20551	20552	20553
	20600	20604	20605	20606
	20610	20611	20612	20693
	20694	20912	21011	21012
	21013	21014	21030	21031
	21040	21046	21048	21315
	21325	21330	21335	21336

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd.)		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
		26742	26746	26756	26765
	26841	26842	26850	26860	
	26862	26910	26951	26952	
	27006	27043	27045	27047	
	27048	27062	27093	27095	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd.)		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	64610
		64642	64644	64646	64647
		64702	64718	64719	64774
		64776	64782	64784	64788
		64795	64831	64835	
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30000	30020	30100	30110
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd.)		31574	31575	31576	31578
		31591	31611	31622	31623
		31624	31625	31628	31652
		32405	32555	32557	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
	Urinary System				
	50430	50435	50575	50590	
	50688	51102	51702	51710	
	51715	51720	51726	51728	
	51729	52000	52001	52005	
	52007	52204	52214	52224	
	52234	52235	52260	52265	
	52275	52276	52281	52282	
	52283	52285	52287	52300	
	52310	52315	52320	52325	
	52327	52330	52332	52341	
	52344	52351	52352	52353	
	52354	52356	52450	52500	
	52630	52640	53020	53230	
	53260	53265	53270	53440	
	53445	53450	53500	53605	
	53665	54161	55040	55700	
	57288	57522	58353	58558	
	58563	58565			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
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.				
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 <i>Sleep apnea procedures and surgeries</i> .	95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	Prior authorization required.	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64553	64570	L8682	L8685
		L8687	L8688		
Spinal surgery	Prior authorization required.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	
		0375T				
	Stimulators – not related to spine	Prior authorization required. Implantation of a device that sends electrical impulses	Bone growth stimulator			
			E0747	E0748	E0749	E0760
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.	Neurostimulator				
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595	0312T	0313T	
		0314T	0315T	0316T	0317T	
		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						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		0537T Q2041	0538T Q2042	0539T	0540T
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 37700	36473 37718	36475 37722	36478 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 management process, please call 877-842-3210 to start the case management and utilization management process.			
		33927 33976 33983	33928 33979	33929 33981	33975 33982