

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Nov. 1, 2020

General Information

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

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

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

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876
		29877	29879	29880	29881
		29882	29883	29884	29885

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		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
		43771	43772	43773	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		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>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>Injectable colony-stimulating factor drugs that require prior authorization:</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-bmez (Ziextenzo®) Q5120*</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>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Clinical trials	Prior authorization required	S9988	S9990	S9991	
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)					

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For notification/prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Congenital heart disease codes:			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		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		

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Congenital heart disease (continued)		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	A9276	A9277	A9278
		E0787	K0553	K0554	
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21230	21235
		21256	21282	21740	21742
		21743	28344	30540	30560
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		30620	67900	67901	67902
		21183	21184	21260	21261
		21263	21267	21268	21275
		21280	21295	30545	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

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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 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. Some payer groups may have different DME prior authorization requirements for their benefit plans.	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0620	E0745	E0764	E0766
		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
		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			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Gender dysphoria treatment (continued)	Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:	14000	14001	14041	15734		
		15738	15750	15757	15758		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58260	58661		
		58720	58940	64856	64892		
		64896					
		Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108
				81109	81110	81111	81120
81121	81161			81162	81163		
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		
	81203		81204	81205	81206		
	81207		81208	81209	81210		
	81212		81215	81216	81217		
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.	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			

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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)		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81307
		81308	81309	81310	81311
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81340	81341
		81342	81343	81344	81345
		81346	81350	81355	81361
		81362	81363	81364	81370
		81371	81372	81373	81374
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81545	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	0101U	0102U	0103U	

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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)		0111U	0129U	0130U	0131U
		0132U	0133U	0134U	0135U
		0136U	0137U	0138U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0162U	0168U
		0169U	0170U	0171U	0172U
		0173U	0175U	0177U	0179U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0214U	0215U	0216U
		0217U	0218U	0221U	0222U
	S3870				
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	S4011
		S4013	S4014	S4015	S4016
		S4022	S4023	S4025	S4026
		S4028	S4030	S4031	S4035
	S4037				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																															
Infertility (continued)		<p>The following codes only require prior authorization if the DX code is also listed:</p> <table border="1"> <tr><td>52402</td><td>54500</td><td>54505</td><td>55550</td></tr> <tr><td>58140</td><td>58145</td><td>58146</td><td>58545</td></tr> <tr><td>58546</td><td>58660</td><td>58662</td><td>58670</td></tr> <tr><td>58672</td><td>58673</td><td>58740</td><td>58770</td></tr> <tr><td>89398</td><td></td><td></td><td></td></tr> </table> <p>DX codes:</p> <table border="1"> <tr><td>E23.0</td><td>N46.01</td><td>N46.021</td><td>N46.022</td></tr> <tr><td>N46.023</td><td>N46.024</td><td>N46.025</td><td>N46.029</td></tr> <tr><td>N46.11</td><td>N46.121</td><td>N46.122</td><td>N46.123</td></tr> <tr><td>N46.124</td><td>N46.125</td><td>N46.129</td><td>N46.8</td></tr> <tr><td>N46.9</td><td>N97.0</td><td>N97.1</td><td>N97.2</td></tr> <tr><td>N97.8</td><td>N97.8</td><td>N97.9</td><td>N98.1</td></tr> </table>				52402	54500	54505	55550	58140	58145	58146	58545	58546	58660	58662	58670	58672	58673	58740	58770	89398				E23.0	N46.01	N46.021	N46.022	N46.023	N46.024	N46.025	N46.029	N46.11	N46.121	N46.122	N46.123	N46.124	N46.125	N46.129	N46.8	N46.9	N97.0	N97.1	N97.2	N97.8	N97.8	N97.9	N98.1
52402	54500	54505	55550																																														
58140	58145	58146	58545																																														
58546	58660	58662	58670																																														
58672	58673	58740	58770																																														
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N46.124	N46.125	N46.129	N46.8																																														
N46.9	N97.0	N97.1	N97.2																																														
N97.8	N97.8	N97.9	N98.1																																														
<p>Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly</p>	<p>Prior authorization required.</p> <p>To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the Link button in the upper right-hand corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p> <p>Hemophilia codes ONLY:</p> <p>To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the Link button in the upper right-hand corner.</p> <p>Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p>	<p>Alpha1-Proteinase</p> <table border="1"> <tr><td>J0256</td><td>J0257</td><td></td><td></td></tr> </table> <p>Anemia</p> <table border="1"> <tr><td>J0896</td><td>J1437</td><td>J1439</td><td>Q0138</td></tr> </table> <p>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™</p> <table border="1"> <tr><td>J0517</td><td>J2182</td><td>J2357</td><td>J2786</td></tr> </table> <p>Blood-modifying agents</p> <table border="1"> <tr><td>J0223</td><td>J1300</td><td>J1303</td><td></td></tr> </table> <p>Central Nervous System Agents</p> <table border="1"> <tr><td>J0222</td><td>J1428</td><td>J1429</td><td>J2326</td></tr> </table> <p>J3032</p> <p>Endocrine</p> <table border="1"> <tr><td>J0800</td><td>J3241</td><td></td><td></td></tr> </table> <p>Enzyme deficiency – POS 19 and 22 only</p> <table border="1"> <tr><td>J0180</td><td>J0221</td><td>J1322</td><td>J1458</td></tr> <tr><td>J1743</td><td>J1931</td><td>J2504</td><td>J2840</td></tr> </table> <p>J3397</p> <p>Enzyme replacement therapy</p> <table border="1"> <tr><td>J0567</td><td>J1786</td><td>J3060</td><td></td></tr> </table> <p>Erythropoiesis-Stimulating Agents⁶</p> <p>J0885</p> <p>Gaucher’s disease – POS 19 and 22 only</p> <p>J3385</p>				J0256	J0257			J0896	J1437	J1439	Q0138	J0517	J2182	J2357	J2786	J0223	J1300	J1303		J0222	J1428	J1429	J2326	J0800	J3241			J0180	J0221	J1322	J1458	J1743	J1931	J2504	J2840	J0567	J1786	J3060									
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890			
		J1950	J3315	J9155	J9202
		J9217	J9225	J9226	J3316
		Gene therapy			
		J3398	J3399		
		Hemophilia			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7191
		J7192	J7193	J7194	J7195
		J7198	J7199	J7200	J7201
		J7202	J7203	J7204	J7205
		J7207	J7208	J7209	J7210
		J7211			
		Hereditary Angioedema (HAE)			
		J0596	J0597	J0598	J1290
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Immunomodulator			
		J0638	J0490	J9210	
		Inflammatory – All POS			
		J0129	J0717	J1602	J1745
		J3262	J3358	J3380	Q5103
		Q5104	Q5121		
		Miscellaneous			
		J0584	J1301	J1746	J2507
		J3111	J3245		
		Multiple sclerosis			
		J0202	J2323	J2350	
	Opioid addiction				
	J0570	Q9991	Q9992		
	Rituximab				

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

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

- ¹ For unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™
- ² For unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™
- ³ For unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™ and Spravato™
- ⁴ For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call **888-397-8129**.
- ⁵ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your link dashboard or call **888-397-8129**.
- ⁶ For code J0885, prior authorization is required for both oncology and non-oncology DX.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Prior authorization is not required for ESRD diagnosis.			
Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: 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	Prior authorization required. 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 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.	0071T	0072T		
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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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
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
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 professionals or facilities may have increased out-of-pocket expenses or no coverage.	L3975	L3976	L3977	
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 .			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	64722	A9274
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	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	
	O12.00	O12.01	O12.02	O12.03	
	O12.10	O12.11	O12.12	O12.13	
	O12.20	O12.21	O12.22	O12.23	
	O21.0	O21.1	O21.8	O21.9	
	O24.011	O24.012	O24.013	O24.111	
	O24.112	O24.113	O24.311	O24.312	
	O24.313	O24.811	O24.812	O24.813	
	O24.911	O24.912	O24.913	O26.00	
	O26.01	O26.02	O26.03	O26.831	
	O26.832	O26.833	O26.839	O30.001	
	O30.002	O30.003	O30.011	O30.012	
	O30.013	O30.031	O30.032	O30.033	
	O30.041	O30.042	O30.043	O30.091	
	O30.092	O30.093	O30.101	O30.102	
	O30.103	O30.111	O30.112	O30.113	
	O30.121	O30.122	O30.123	O30.191	
	O30.192	O30.193	O30.201	O30.202	
	O30.203	O30.211	O30.212	O30.213	
	O30.221	O30.222	O30.223	O30.291	
	O30.292	O30.293	O30.91	O30.92	

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

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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 Clinical trials.	77520	77522	77523	77525
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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial .			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	Dermatologic 11402 11403 11406 11422 11426 11442 General surgery 19000 Musculoskeletal 27096 64479 64490 64493 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, TX, UT, 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 57522 58353 58558 58563			

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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)		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	
		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		
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	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		
		Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI				

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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
 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	49521	49525
49550	49553	49570	49572

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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)		49656	49900		
		Endocrine System			
		62281			
		Eye and Ocular Adnexa			
		65275	65400	65420	65435
		65436	65710	65750	65755
		65756	65772	65778	65779
		65780	65800	65815	65820
		65850	65865	65875	65920
		66172	66185	66250	66682
		66710	66711	66825	66840
		66850	66852	66983	66985
		66986	66987	66988	67005
		67015	67025	67039	67041
		67042	67043	67101	67105
		67107	67108	67110	67113
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67840
		67875	67880	67935	67938
		67971	67973	67975	68100
		68110	68115	68135	68320
		68440	68700	68720	68750
		68811	68815		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
	56821	57000	57061	57065	
	57100	57105	57106	57130	
	57135	57240	57250	57260	
	57268	57282	57283	57287	
	57295	57300	57410	57415	
	57420	57421	57425	57452	
	57454	57456	57461	57500	
	57505	57510	57511	57513	

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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)		57520	57530	57700	57720
		57800	58100	58120	58263
		58560	58561	58562	58700
		58925	59150	59151	
		Foot Surgery			
		28295			
		Hemic and Lymphatic Systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		Integumentary System			
		10121	10180	11000	11010
		11012	11440	11441	11443
		11444	11446	11450	11451
		11462	11463	11470	11471
		11601	11602	11603	11604
		11620	11621	11622	11623
		11624	11626	11640	11641
		11642	11643	11644	11646
		11750	11755	11760	11770
		11772	12031	12032	12034
		12035	12037	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	13152
		15100	15120	15220	15240
		15260	15576	15760	15770
		15850	17000	17004	17110
		17111	17311	17313	19101
		19110	19112	19120	19125
		Male Genital System			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
		Musculoskeletal System			

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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)		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
		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	

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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)		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
		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	

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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)		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	
		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	
	31574	31575	31576	31578	
	31591	31611	31622	31623	
	31624	31625	31628	31652	
	32405	32555	32557		
	Urinary System				
	50430	50435	50575	50688	
	51102	51702	51710	51715	
	51720	51726	51728	51729	
	52001	52007	52214	52265	
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52320	52325	52327	52330	
	52341	52344	52354	52450	
	52500	52630	52640	53020	
	53230	53260	53265	53270	
	53440	53445	53450	53500	
	53605	53665			
Site of service – Outpatient hospital expansion Phase II	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69637			
		Digestive System			
		46260	47562	47563	49320

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (continued)	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	49321	49322	49520	49560
		49565			
	Prior authorization not required for care providers in AK, KY, MA, RI, TX, UT, WI	Integumentary System			
		11771	15731	15736	
		Male Genital System			
		54065	55706	55873	55875
		55876			
		Musculoskeletal System			
		20650	20670	20690	20692
		20900	20902	20924	21010
		21070	23120	23130	23410
		23412	23420	23440	23450
		23455	23460	23462	23465
		23466	23550	23552	24149
		24305	24341	24342	24343
		24344	24345	24346	24359
		24400	24430	24435	24605
		25101	25115	25116	25310
		25312	25320	25332	25337
		25360	25365	25390	25391
		25392	25400	25405	25415
		25431	25440	25447	25800
		25805	25820	25830	26350
		26370	26531	26536	26591
		27306	27350	27380	27381
		27385	27386	27405	27420
		27422	27427	27428	27429
		27606	27610	27612	27615
		27625	27630	27635	27650
		27652	27654	27656	27659
		27664	27675	27676	27680
		27681	27687	27690	27691
		27695	27696	27698	27870
		28062	28122	28200	28202
		28210	28220	28230	28232

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion Phase II (continued)		28238	28270	28300	28304
		28305	28308	28309	28320
		28322	28705	28715	28725
		28730	28735	28737	28740
		28750	28810	28820	
		Nervous System			
		60280	60281	61070	62290
		62291	62362	62365	64400
		64402	64405	64408	64413
		64415	64416	64417	64418
	64420	64421	64425	64430	
	64435	64445	64446	64447	
	64448	64449	64450	64455	
	64505	64510	64517	64530	
	64581	64605	64704	64708	
	64712	64714	64726	64772	
	64790	64857	64910		
	Respiratory System				
		31572			
	Urinary System				
		52317	52318	52601	52648
		52649	53852		
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 Sleep apnea procedures and surgeries.	95811			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Specific medications as indicated on the prescription drug list (PDL)

Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.

Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to: 877-342-4596.

Spinal cord stimulators Spinal cord stimulators when implanted for pain management	Prior authorization required.	63650	63655	63661	63662
		63663	63664	63685	63688
		64553	64570	L8682	L8685
		L8687	L8688		
Spinal surgery	Prior authorization required.	20930	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	22899	27279	27280
			63001	63003	63005
	63012	63015	63016	63017	
	63020	63030	63035	63040	
	63042	63043	63044	63045	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (continued)		63046	63047	63048	63050		
		63051	63055	63056	63057		
		63064	63066	63075	63076		
		63077	63078	63081	63082		
		63085	63086	63087	63088		
		63090	63091	63101	63102		
		63103	63170	63172	63173		
		63180	63182	63185	63190		
		63191	63194	63195	63196		
		63197	63198	63199	63200		
		63250	63251	63252	63265		
		63266	63267	63268	63270		
		63271	63272	63273	63275		
		63276	63277	63278	63280		
		63281	63282	63283	63285		
		63286	63287	63290	63295		
		63300	63301	63302	63303		
		63304	63305	63306	63307		
		63308	0095T	0098T	0164T		
			0309T				
Stimulators – not related to spine Implantation of a device that sends electrical impulses	Prior authorization required.	Bone growth stimulator					
		E0747	E0748	E0749	E0760		
		Neurostimulator					
		43647	43648	43881	43882		
		61863	61864	61867	61868		
		61885	61886	64555	64568		
		64590	64595	0312T	0313T		
		0314T	0315T	0316T	0317T		
		Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant and CAR T-Cell therapy services, including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
				Bone marrow harvest			
38240	38241				38242		
Evaluation for transplant							
99205							
Heart							
33940	33944				33945		
Heart/lung							
33930	33935						
Intestine							

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (continued)		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vagus nerve stimulation	Prior authorization required.	L8680	L8686		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	Prior authorization required.	36468	36473	36475	36478
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		37700	37718	37722	37780
Ventricular assist devices (VAD)		To start the case management and utilization manage process, please call 877-842-3210 to start the case management and utilization management process.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

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