

# Prior Authorization Requirements for UnitedHealthcare of the River Valley

## Effective February 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

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.

CPT® is a registered trademark of the American Medical Association.

Doc#: PCA-1-016368-07012019\_07172019

© 2020 United HealthCare Services, Inc.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (cont'd.)</b>		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services	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 <b>877-842-3210</b> .	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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		<b>Prior authorization not required for the following diagnosis codes:</b>			
		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			
<b>Cancer supportive care</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																
<b>Cancer supportive care (cont'd)</b>	<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><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>																																																																																
<b>Cardiology</b>	<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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology &gt; Commercial</b>.</p>																																																																																
<b>Cardiovascular</b>	<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;"><b>Cardiology</b></td> </tr> <tr> <td>33285</td> <td colspan="4" style="text-align: center;">E0616</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;"><b>Vascular</b></td> </tr> <tr> <td>75710*</td> <td colspan="4" style="text-align: center;">75716*</td> </tr> <tr> <td colspan="5">*Prior authorization required for the following diagnosis codes:</td> </tr> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td colspan="2">E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td colspan="2">E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td colspan="2">E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td colspan="2">E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td colspan="2">E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td colspan="2">I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td colspan="2">I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td colspan="2">I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td colspan="2">I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td colspan="2">I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td colspan="2">I70.242</td> </tr> </table>		<b>Cardiology</b>				33285	E0616					<b>Vascular</b>				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	
	<b>Cardiology</b>																																																																																	
33285	E0616																																																																																	
	<b>Vascular</b>																																																																																	
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																																																																															

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
	170.735	170.738	170.739	170.741	
	170.742	170.743	170.744	170.745	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (cont'd)</b>		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	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	
	<b>Cartilage implants</b>	Prior authorization required.	27412	29866	29867	29868
			J7330	S2112		
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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		
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>				
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000-J9999)*, Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul>				
		<p>Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Clinical trials</b> 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	
<b>Cochlear and other auditory implants</b> 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
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For notification/prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		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
		<b>In combination with the following ICD-10-CM codes:</b>			
		Q20.0	Q20.3	Q20.1	Q20.5
		Q20.2	Q20.3	Q20.8	Q21.3
		Q20.4	Q21.0	Q21.1	Q21.2
		Q21.8	Q21.2	Q21.2	Q20.8
		Q20.6	Q20.8	Q21.4	Q21.8
		Q21.9	Q21.9	Q22.3	Q22.0
		Q22.1	Q22.2	Q22.4	Q22.6

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital heart disease (cont'd.)</b>		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	
	<b>Cosmetic and reconstructive procedures</b> 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			
<b>Durable medical equipment (DME)</b>	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
	K0857	K0858	K0859	K0860	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd.)</b>		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040		
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	<p>Prior authorization required when members are referred to an out-of-network care provider for dialysis services.</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area.</p> <p><b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	Please call <b>888-936-7246</b> to initiate case management and utilization management.			
<b>Foot surgery</b>	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970 55980			
		<b>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:</b>			
		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
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
	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.	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	81218	81219	81220	81221	
	81222	81223	81224	81225	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont'd.)</b>	test and the laboratory will notify UnitedHealthcare.	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		
81445	81448	81450	81455		
81460	81465	81470	81471		
81479	81507	81518	81519		
81520	81521	81545	81552		
81595	81599	0001U	0004M		
0006M	0007M	0011M	0012M		
0012U	0013M	0013U	0014U		
0016U	0017U	0018U	0019U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont'd.)</b>		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	0084U
		0087U	0088U	0089U	0090U
		0091U	0094U	0101U	0102U
		0103U	0111U	0113U	0118U
		0129U	0130U	0131U	0132U
		0133U	0134U	0135U	0136U
		0137U	0138U	0153U	0154U
		0155U	0156U	0157U	0158U
	0159U	0160U	0161U	0162U	
	S3870				
<b>Home health care – Non-nutritional</b>	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies.  Prior authorization not required for outpatient vaginal hysterectomies. <b>For claim purposes:</b>  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
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58541
	<b>For claim purposes:</b>	58542	58543	58544	58550
	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.	58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b> 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

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

<b>Infertility (cont'd)</b>		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

<p><b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly</p>	<p>Prior authorization required.</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must Log into UHCProvider.com and click on the Link button in the upper right hand corner Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b></p> <p>Hemophilia codes ONLY: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must Log into UHCProvider.com and click on the Link button in the upper right hand corner Submit the request using the Specialty Pharmacy Transactions tile on the Link Dashboard.</p> <p>For questions about this online authorization process, the provider may call <b>Optum: 888-397-8129</b></p>	<p><b>Alpha1-Proteinase</b> J0256 J0257</p> <p><b>Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™</b> J0517 J2182 J2357 J2786</p> <p><b>Blood modifier – Soliris® – POS 19 and 22 only</b> J1300</p> <p><b>Enzyme deficiency – POS 19 and 22 only</b> J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397</p> <p><b>Enzyme replacement therapy</b> J0567 J1786 J3060</p> <p><b>Erythropoiesis Stimulating Agents<sup>6</sup></b> J0885</p> <p><b>Evenity™</b> J3111</p> <p><b>Gamifant®</b> J9210</p> <p><b>Gaucher’s disease – POS 19 and 22 only</b> J3385</p> <p><b>Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b> J1950 J3315 J9155 J9202 J9217 J9225 J9226 J3316</p> <p><b>Gene therapy</b> J1428 J2326 J3398</p> <p><b>Hemophilia</b> 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 J7205 J7207</p>
---	---	---

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont'd.)		J7208	J7209	J7210	J7211	
	<b>H.P. Acthar®</b>	J0800				
	<b>Immune globulin</b>	90283	90284	J1459	J1555	
		J1556	J1557	J1559	J1561	
		J1566	J1568	J1569	J1572	
		J1575	J1599			
	<b>Immuno modulator</b>	J0638	J0490*			
	<b>* POS 19 and 22 only</b>					
	<b>Inflammatory – All POS</b>	Q5104				
	<b>Inflammatory – POS 19 and 22 only</b>	J0129	J1602	J1745	J3262	
		J3380	Q5103			
	<b>Miscellaneous</b>	J0584	J1301	J1746	J3245	
	<b>Multiple sclerosis</b>	J0202	J2350			
	<b>Onpattro™</b>	J0222				
	<b>Opioid addiction</b>	J0570	Q9991	Q9992		
	<b>Parsabiv™</b>	J0606				
	<b>Sodium hyaluronate</b>	J7320	J7321	J7322	J7324	
		J7325	J7326	J7327	J7329	
		J7331	J7332			
	<b>Therapeutic Radiopharmaceuticals<sup>4</sup></b>	A9513	A9606	A9699		
	<b>Ultomiris™</b>	J1303				
	<b>Unclassified</b>	J3490 <sup>1</sup>	J3590 <sup>2</sup>	C9399 <sup>3</sup>		
	<b>White blood cell colony stimulating factors<sup>5</sup></b>	J1442	J1447	J2505	Q5101	
		Q5108	Q5110	Q5111		
	<p>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 &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Commercial Policies &gt; Medical &amp; Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p>					
	<p><sup>1</sup> For unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd.)		<p><sup>2</sup> For unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p> <p><sup>3</sup> For unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p> <p><sup>4</sup> For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p> <p><sup>5</sup> 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 <b>UHCProvider.com</b> &gt; Link &gt; Specialty Pharmacy Transactions tile on your link dashboard or call <b>888-397-8129</b></p> <p><sup>6</sup> For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>			
Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
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"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> </ul>	0071T	0072T		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd)</b>	<ul style="list-style-type: none"> <li>A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>A physician and facility must follow FDA-labeled indications for use.</li> </ul>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> 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
<b>Orthotics</b>	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
<b>Out-of-network services</b> 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>				
<b>Physical Therapy/Occupational Therapy (PT/OT)</b>	<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 <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a>.</p> <p>PSFs should be sent within three days of initiating a plan member's treatment, and must be received</p>	<p>For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> &gt; Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health <b>888-329-5182</b>.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Physical Therapy/Occupational Therapy (PT/OT) (cont'd)</b>	within 10 days from the initial date of service listed on the form.				
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	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					
<b>Pregnancy</b>	<b>Voluntary notification for case and disease management enrollment:</b>	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
		O09.00	O09.01	O09.02	O09.03
	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.	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
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
	After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont'd)</b>	purchase or cumulative rental cost of more than \$1,000.	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		
<b>Proton beam therapy</b> 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
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	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.	<b>Dermatologic</b> 11402 11403 11406 11422 11426 11442  <b>General surgery</b> 19000  <b>Musculoskeletal</b> 27096 64479 64490 64493  <b>Neurologic</b> 62270 62321 64633 64635  <b>OB/GYN</b> 57460  <b>Respiratory</b> 31579			
<b>Site of service (SOS) – Outpatient hospital</b>	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	<b>Carpal tunnel surgery</b> 64721  <b>Cataract surgery</b> 66821 66982 66984  <b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931  <b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631  <b>Gynecologic procedures</b> 57522 58353 58558 58563 58565  <b>Hernia repair</b> 49505 49585 49587 49650 49651 49652 49653 49654 49655  <b>Liver biopsy</b> 47000  <b>Miscellaneous</b> 20680  <b>Ophthalmologic</b> 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312  <b>Tonsillectomy and adenoidectomy</b> 42820 42821 42825 42826 42830  <b>Upper and lower gastrointestinal endoscopy</b> 43235 43239 43249 45378 45380 45384 45385  <b>Urologic procedures</b> 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital (cont'd.)		55040	55700	57288	
Site of service (SOS) – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69100	69110	69140	69145
		69222	69310	69320	69421
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
	<b>For dates of service prior to Mar. 1, 2020</b> prior authorization is not required for care providers in: GA, IA, KS, ME, NE, NH, NC, SC, VT	69801	69805	69806	
		<b>Cardiovascular System</b>			
		33215	33216	33241	35045
		36000	36010	36012	36215
	*Codes 66987 and 66988, for dates of service prior to Mar. 1, 2020, prior authorization is not required for care providers in:	36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		<b>Digestive System</b>			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont'd.)		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		
			<b>Endocrine System</b>		
			62281		
		<b>Eye and Ocular Adnexa</b>			
		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		
		<b>Female Genital System</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service– Outpatient hospital expansion (cont'd)</b>		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	
		<b>Foot Surgery</b>			
		28295			
		<b>Hemic and Lymphatic Systems</b>			
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Integumentary System</b>				
	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	
	<b>Male Genital System</b>				
	54001	54055	54057	54060	
	54100	54110	54150	54162	
	54163	54164	54300	54360	
	54450	54512	54530	54600	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service– Outpatient hospital expansion (cont'd)		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
		<b>Musculoskeletal System</b>			
		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
		26180	26200	26210	26215
		26236	26320	26356	26357

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (cont'd)		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	
		28666	28675	28755	28760	
		28825	29800	29804	29906	
		G0289				
		<b>Nervous System</b>				
			64561	64585	64600	64610
			64642	64644	64646	64647
			64702	64718	64719	64774
			64776	64782	64784	64788
			64795	64831	64835	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (cont'd)		<b>Respiratory System</b>				
		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		
			<b>Urinary System</b>			
			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	<b>Auditory System</b>			
69637						
Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)		<b>Digestive System</b>				
		46260	47562	47563	49320	
		49321	49322	49520	49560	
Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI		49565				
		<b>Integumentary System</b>				
For dates of service prior to <b>Mar. 1, 2020</b> prior authorization is not required for care providers in: CO, GA, IA, KS, ME, NE, NH, NC, SC,VT		11771	15731	15736		
		<b>Male Genital System</b>				
		54065	55706	55873	55875	
		55876				
		<b>Musculoskeletal System</b>				
		20650	20670	20690	20692	
		20900	20902	20924	21010	
		21070	23120	23130	23410	
		23412	23420	23440	23450	
		23455	23460	23462	23465	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion Phase II (cont'd)		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	
		28238	28270	28300	28304	
		28305	28308	28309	28320	
		28322	28705	28715	28725	
		28730	28735	28737	28740	
		28750	28810	28820		
		<b>Nervous System</b>				
			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		
	<b>Respiratory System</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service – Outpatient hospital expansion Phase II (cont'd)</b>		31572			
		<b>Urinary System</b>			
		52317	52318	52601	52648
		52649	53852		
<b>Sleep apnea procedures and surgeries</b>	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.				
<b>Sleep studies</b>	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			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.  Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to: <b>877-342-4596</b>				
<b>Spinal cord stimulators</b>	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		
<b>Spinal surgery</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (cont'd)</b>		22830	22840	22841	22842	
		22843	22844	22845	22846	
		22847	22848	22849	22850	
		22852	22853	22854	22855	
		22856	22857	22858	22859	
		22861	22862	22864	22865	
		22899	27279	27280	63001	
		63003	63005	63011	63012	
		63015	63016	63017	63020	
		63030	63035	63040	63042	
		63043	63044	63045	63046	
		63047	63048	63050	63051	
		63055	63056	63057	63064	
		63066	63075	63076	63077	
		63078	63081	63082	63085	
		63086	63087	63088	63090	
		63091	63101	63102	63103	
		63170	63172	63173	63180	
		63182	63185	63190	63191	
		63194	63195	63196	63197	
		63198	63199	63200	63250	
		63251	63252	63265	63266	
		63267	63268	63270	63271	
		63272	63273	63275	63276	
		63277	63278	63280	63281	
		63282	63283	63285	63286	
		63287	63290	63295	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		0095T	0098T	0164T	0309T	
	<b>Stimulators – not related to spine</b>	Prior authorization required.	<b>Bone growth stimulator</b>			
	Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
			<b>Neurostimulator</b>			
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595	0312T	0313T	
		0314T	0315T	0316T	0317T	
<b>Transplant</b>	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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.				
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		<b>Bone marrow harvest</b>				
		38240	38241	38242		
		<b>Evaluation for transplant</b>				
		99205				
		<b>Heart</b>				
		33940	33944	33945		
		<b>Heart/lung</b>				
		33930	33935			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont'd)</b>		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
	*Code 38232 will only require prior authorization for an oncology diagnosis				
<b>Vagus nerve stimulation</b>	Prior authorization required.	L8680	L8686		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
<b>Vein procedures</b>	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
<b>Ventricular assist devices (VAD)</b>		To start the case management and utilization management process, please call <b>877-842-3210</b> 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			