

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Mar. 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

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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont.)		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
Bariatric surgery	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*
		43865*	43886	43887	43888
	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 .	* 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	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	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			
Prior authorization not required for the following diagnosis codes:					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																													
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, and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>																																													
Cardiology	<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																																													
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p> <p>In Iowa, this change will be effective Dec. 1, 2019.</p>	<table border="0"> <tr> <td></td> <td colspan="4" style="text-align: center;">Cardiology</td> </tr> <tr> <td></td> <td style="text-align: center;">33285</td> <td style="text-align: center;">E0616</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Vascular</td> </tr> <tr> <td></td> <td style="text-align: center;">75710*</td> <td style="text-align: center;">75716*</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="4">*Prior authorization required for the following diagnosis codes:</td> </tr> <tr> <td></td> <td style="text-align: center;">E08.51</td> <td style="text-align: center;">E08.52</td> <td style="text-align: center;">E08.59</td> <td style="text-align: center;">E08.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E09.51</td> <td style="text-align: center;">E09.52</td> <td style="text-align: center;">E09.59</td> <td style="text-align: center;">E09.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E10.51</td> <td style="text-align: center;">E10.52</td> <td style="text-align: center;">E10.59</td> <td style="text-align: center;">E10.621</td> </tr> <tr> <td></td> <td style="text-align: center;">E11.51</td> <td style="text-align: center;">E11.52</td> <td style="text-align: center;">E11.59</td> <td style="text-align: center;">E11.621</td> </tr> </table>		Cardiology					33285	E0616				Vascular					75710*	75716*				*Prior authorization required for the following diagnosis codes:					E08.51	E08.52	E08.59	E08.621		E09.51	E09.52	E09.59	E09.621		E10.51	E10.52	E10.59	E10.621		E11.51	E11.52	E11.59	E11.621
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		E13.51	E13.52	E13.59	E13.621
		170.201	170.202	170.203	170.208
		170.209	170.211	170.212	170.213
		170.218	170.219	170.221	170.222
		170.223	170.228	170.229	170.231
		170.232	170.233	170.234	170.235
		170.238	170.239	170.241	170.242
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont.)		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	
		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 				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy services (cont.)		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 .			
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Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
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Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
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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.			
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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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Congenital heart disease (cont.)		In combination with the following				
		ICD-10-CM codes:				
			Q20.0	Q20.3	Q20.1	Q20.5
			Q20.2	Q20.3	Q20.8	Q21.3
			Q20.4	Q21.0	Q21.1	Q21.2
			Q21.8	Q21.2	Q21.2	Q20.8
			Q20.6	Q20.8	Q21.4	Q21.8
			Q21.9	Q21.9	Q22.3	Q22.0
			Q22.1	Q22.2	Q22.4	Q22.6
			Q22.8	Q22.9	Q22.5	Q23.0
			Q23.1	Q23.2	Q23.3	Q23.4
			Q24.4	Q24.2	Q24.3	Q24.8
			Q24.5	Q24.6	Q24.0	Q24.1
			Q24.8	Q23.8	Q23.9	Q24.8
			Q20.9	Q24.9	Q25.0	Q25.1
			Q25.2	Q25.4	Q25.4	Q25.2
			Q25.3	Q25.4	Q25.8	Q25.9
			Q25.5	Q25.71	Q25.72	Q25.6
			Q25.79	Q26.9	Q26.2	Q26.3
			Q26.4	Q26.0	Q26.1	Q26.8
			Q27.0	Q27.9	Q26.5	Q26.6
			Q27.33	Q27.8	Q27.1	Q27.2
			Q27.34	Q27.31	Q27.32	Q27.39
			Q27.8	Q28.2	Q28.3	
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821	
		15822	15823	15830	15847	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15877	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
		21181	21182	21230	21235	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21256	21282	21740	21742	
		21743	28344	30540	30560	
		30620	67900	67901	67902	
		21183	21184	21260	21261	
		21263	21267	21268	21275	
		21280	21295	30545	67903	
		67904	67906	67908	67909	
		67911	67912	67914	67915	
		67916	67917	67921	67922	
		67923	67924	67950	67961	
		67966	Q2026			
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265	
		E0266	E0277	E0296	E0297	
		E0300	E0302	E0304	E0328	
		E0329	E0466	E0471	E0483	
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care</i> .	E0620	E0745	E0764	E0766	
		E0770	E0784	E0984	E0986	
		E1002	E1003	E1004	E1005	
		E1006	E1007	E1008	E1010	
		E1016	E1018	E1236	E1238	
		E1399	E1802	E1805	E1825	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	Some payer groups may have different DME prior authorization requirements for their benefit plans.	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	<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>Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	Please call 888-936-7246 to initiate case management and utilization management.			
Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	Prior authorization required for the following regardless of diagnosis code:			
		55970	55980		
		Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58260	58661
		58720	58940	64856	64892
		64896			
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process,				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA gene testing (cont.)	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	81218	81219	81220	81221
		DNA sequencing is performed.	81222	81223	81224	81225
		The ordering care provider must	81226	81227	81228	81229
		notify the laboratory conducting the test	81230	81231	81232	81233
		and the laboratory will notify	81234	81235	81236	81237
		UnitedHealthcare.	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	81277
			81283	81284	81285	81286
			81287	81288	81289	81290
			81291	81292	81293	81294
			81295	81296	81297	81298
			81299	81300	81301	81302
			81303	81304	81305	81306
			81307	81308	81309	81310
			81311	81312	81313	81314
		81315	81316	81317	81318	
		81319	81320	81321	81322	
		81323	81324	81325	81326	
		81327	81328	81329	81330	
		81331	81332	81333	81334	
		81335	81336	81337	81340	
		81341	81342	81343	81344	
		81345	81346	81350	81355	
		81361	81362	81363	81364	
		81370	81371	81372	81373	
		81374	81375	81376	81377	
		81378	81379	81380	81381	
		81382	81383	81400	81401	
		81402	81403	81404	81405	
		81406	81407	81408	81410	
		81411	81412	81413	81414	
		81415	81416	81417	81420	
		81425	81426	81427	81430	
		81431	81432	81433	81434	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81522	81542
		81545	81552	81595	81599
		87480	87481	87482	87505
		87506	87507	87623	87652
		0001U	0004M	0006M	0007M
		0011M	0012M	0012U	0013M
		0013U	0014U	0016U	0017U
		0018U	0019U	0022U	0023U
		0026U	0027U	0029U	0030U
		0031U	0032U	0033U	0034U
		0036U	0037U	0040U	0045U
		0046U	0047U	0048U	0049U
		0050U	0055U	0056U	0060U
		0068U	0069U	0070U	0071U
		0072U	0073U	0074U	0075U
		0076U	0078U	0084U	0087U
		0088U	0089U	0090U	0091U
		0094U	0098U	0099U	0100U
		0101U	0102U	0103U	0111U
		0113U	0115U	0118U	0129U
		0130U	0131U	0132U	0133U
		0134U	0135U	0136U	0137U
		0138U	0152U	0153U	0154U
		0155U	0156U	0157U	0158U
		0159U	0160U	0161U	0162U
	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. <u>For claim purposes:</u> Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member’s benefit plan requires services to be medically necessary in order to be covered.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required. <u>For claim purposes:</u> Out-of-network claims without pre-determinations will be reviewed for medical necessity post	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Hysterectomy – Inpatient and outpatient procedures (cont'd)	service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.				
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Infertility	Prior authorization required.	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	S4011
		S4013	S4014	S4015	S4016
		S4022	S4023	S4025	S4026
		S4028	S4030	S4031	S4035
		S4037			

The following codes only require prior authorization if the DX code is also listed:

52402	54500	54505	55550
58140	58145	58146	58545
58546	58660	58662	58670
58672	58673	58740	58770
89398			

DX codes:

E23.0	N46.01	N46.021	N46.022
N46.023	N46.024	N46.025	N46.029
N46.11	N46.121	N46.122	N46.123
N46.124	N46.125	N46.129	N46.8
N46.9	N97.0	N97.1	N97.2
N97.8	N97.8	N97.9	N98.1

Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required. To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a 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. For questions about this online authorization process, the provider may call Optum: 888-397-8129 Hemophilia codes ONLY:	Alpha1-Proteinase J0256 J0257 Asthma – Nucala®/Xolair®/Cinqair®/Fasenra™ J0517 J2182 J2357 J2786 Blood modifier – Soliris® – POS 19 and 22 only J1300 Enzyme deficiency – POS 19 and 22 only J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397 Enzyme replacement therapy J0567 J1786 J3060 Erythropoiesis Stimulating Agents⁶ J0885 Evenity™
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont.)	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. For questions about this online authorization process, the provider may call Optum: 888-397-8129	J3111				
		Gamifant®				
		J9210				
		Gaucher's disease – POS 19 and 22 only				
		J3385				
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890				
		J1950	J3315	J9155	J9202	
		J9217	J9225	J9226	J3316	
		Gene therapy				
		J1428	J2326	J3398		
		Hemophilia				
		J7170	J7175	J7177	J7178	
		J7179	J7180	J7181	J7182	
		J7183	J7185	J7186	J7187	
		J7188	J7189	J7190	J7191	
		J7192	J7193	J7194	J7195	
		J7198	J7199	J7200	J7201	
		J7202	J7203	J7205	J7207	
		J7208	J7209	J7210	J7211	
		H.P. Acthar®				
		J0800				
		Immune globulin				
		90283	90284	J1459	J1555	
		J1556	J1557	J1559	J1561	
		J1566	J1568	J1569	J1572	
		J1575	J1599			
		Immuno modulator				
		J0638	J0490*			
		* POS 19 and 22 only				
		Inflammatory – All POS				
		Q5104				
		Inflammatory – POS 19 and 22 only				
		J0129	J1602	J1745	J3262	
J3380	Q5103					
Miscellaneous						
J0584	J1301	J1746	J3245			
Multiple sclerosis						
J0202	J2350					
Onpattro™						
J0222						
Opioid addiction						
J0570	Q9991	Q9992				
Parsabiv™						
J0606						
Sodium hyaluronate						
J7320	J7321	J7322	J7324			
J7325	J7326	J7327	J7329			
J7331	J7332					
Therapeutic Radiopharmaceuticals⁴						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont.)		A9513	A9590	A9606	A9699
		Ultomiris™			
		J1303			
		Unclassified			
		J3490 ¹	J3590 ²	C9399 ³	
		White blood cell colony stimulating factors⁵			
		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 & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p> <p>¹ For unclassified code J3490, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p> <p>² For unclassified code J3590, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p> <p>³ For unclassified code C9399, prior authorization is only required for Cutaquig®, Revcovi™, Spravato™ Xembify® and Zolgensma®</p> <p>⁴ For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Specialty Pharmacy Transactions tile on your Link dashboard. Or, call 888-397-8129.</p> <p>⁵ For codes J1442, J1447, J2505, Q5101, Q5108, Q5110 and Q5111, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com > Link > Specialty Pharmacy Transactions tile on your link dashboard or call 888-397-8129</p> <p>⁶ For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>			

Inpatient admissions-post acute services	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions-post acute services (cont'd)	<ul style="list-style-type: none"> Long-term acute care hospitals Skilled nursing facilities 				
Intensity modulated radiation therapy (IMRT)	Prior authorization required.	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	<p>Prior authorization required.</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> A physician and/or facility must confirm coverage of the service for the member. A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree in writing to not hold UnitedHealthcare 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
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0486 L1680 L1720 L2005 L2037	L0480 L0636 L1685 L1755 L2020 L2038	L0482 L0638 L1700 L1844 L2034 L2330	L0484 L1640 L1710 L1846 L2036 L3251

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (cont'd)		L3253 L3901 L3975	L3485 L3904 L3976	L3766 L3961 L3977	L3900 L3971
Out-of-network services A referral from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare of the River Valley	<p>Prior authorization required.</p> <p>Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area.</p> <p>Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
Physical Therapy/Occupational Therapy (PT/OT)	<p>Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through the OptumHealth Physical Health website at myoptumhealthphysicalhealth.com.</p> <p>PSFs should be sent within three days of initiating a plan member's treatment, and must be received within 10 days from the initial date of service listed on the form.</p>				For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182 .
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340 33364 33477	33361 33365 36514	33362 33366 64722	33363 33369 A9274
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their	O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Pregnancy (cont'd)	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.	O09.611	O09.612	O09.613	O09.619	
		O09.621	O09.622	O09.623	O09.629	
		O09.70	O09.71	O09.72	O09.73	
		O09.891	O09.892	O09.893	O09.899	
		O09.90	O09.91	O09.92	O09.93	
		O12.00	O12.01	O12.02	O12.03	
		O12.10	O12.11	O12.12	O12.13	
		O12.20	O12.21	O12.22	O12.23	
		O21.0	O21.1	O21.8	O21.9	
		O24.011	O24.012	O24.013	O24.111	
		O24.112	O24.113	O24.311	O24.312	
		O24.313	O24.811	O24.812	O24.813	
		O24.911	O24.912	O24.913	O26.00	
		O26.01	O26.02	O26.03	O26.831	
		O26.832	O26.833	O26.839	O30.001	
		O30.002	O30.003	O30.011	O30.012	
		O30.013	O30.031	O30.032	O30.033	
		O30.041	O30.042	O30.043	O30.091	
		O30.092	O30.093	O30.101	O30.102	
	O30.103	O30.111	O30.112	O30.113		
	O30.121	O30.122	O30.123	O30.191		
	O30.192	O30.193	O30.201	O30.202		
	O30.203	O30.211	O30.212	O30.213		
	O30.221	O30.222	O30.223	O30.291		
	O30.292	O30.293	O30.91	O30.92		
	O30.93	O47.00	O47.02	O47.03		
	O47.1	O47.9	O60.00	O60.02		
	O60.03	O99.011	O99.012	O99.013		
	O99.280	O99.89	Z32.01	Z33.1		
	Z34.00	Z34.01	Z34.02	Z34.03		
	Z34.80	Z34.81	Z34.82	Z34.83		
	Z34.90	Z34.91	Z34.92	Z34.93		
	Z36					
	Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
			L5100	L5105	L5150	L5160
			L5200	L5210	L5230	L5250
L5270			L5280	L5301	L5321	
L5331			L5400	L5420	L5530	
L5535			L5540	L5585	L5590	
L5616			L5639	L5643	L5649	
L5651			L5681	L5683	L5703	
L5707			L5724	L5726	L5728	
L5780			L5795	L5814	L5818	
L5822			L5824	L5826	L5828	
L5830			L5840	L5845	L5848	
L5856			L5858	L5930	L5960	
L5966			L5968	L5973	L5979	
L5980			L5981	L5987	L5988	
L5990			L6000	L6010	L6020	
L6026			L6050	L6055	L6120	
L6130	L6200	L6205	L6310			
L6320	L6350	L6360	L6370			
L6400	L6450	L6570	L6580			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Prosthetics (cont'd)		L6582	L6584	L6586	L6588	
		L6590	L6621	L6624	L6638	
		L6648	L6693	L6696	L6697	
		L6707	L6881	L6882	L6884	
		L6885	L6900	L6905	L6910	
		L6920	L6925	L6930	L6935	
		L6940	L6945	L6950	L6955	
		L6960	L6965	L6970	L6975	
		L7007	L7008	L7009	L7040	
		L7045	L7170	L7180	L7181	
		L7185	L7186	L7190	L7191	
		L7499	L8042	L8043	L8044	
		L8049	V2629			
	Proton beam therapy Focused radiation therapy using beams of protons	Prior authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
	Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit 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.	Dermatologic				
		11402	11403	11406	11422	
		11426	11442			
	Prior authorization not required if performed in an office.	General surgery				
		19000				
	Notification/prior authorization not required for care providers in Iowa and Utah.	Musculoskeletal				
		27096	64479	64490	64493	
		Neurologic				
		62270	62321	64633	64635	
		OB/GYN				
	57460					
	Respiratory					
	31579					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
42830					
Upper and lower gastrointestinal endoscopy					
43235	43239	43249	45378		
45380	45384	45385			
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		
52281	52310	52332	52351		
52352	52353	52356	54161		
55040	55700	57288			
Site of service (SOS) – Outpatient hospital expansion	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI *Codes 66987 and 66988, for dates of service prior to Apr. 1, 2020, prior authorization is not required for care providers in: CO	Auditory System			
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69666
		69801	69805	69806	
		Cardiovascular System			
		33215	33216	33241	35045
		36000	36010	36012	36215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		36246	36556	36569	36571
		36581	36582	36589	36590
		36821	36901	36902	37242
		37248	37607	37609	37761
		37765	37766	37785	
		Digestive System			
		40520	40525	40530	40810
		40812	40814	40816	41105
		41110	41112	41113	41116
		41520	41825	42100	42104
		42106	42107	42140	42330
		42335	42405	42408	42410
		42415	42420	42425	42440
		42450	42500	42650	42800
		42804	42808	42810	42831
		42870	43191	43195	43197
		43200	43202	43214	43220
		43226	43229	43233	43236
		43237	43238	43240	43241
		43242	43245	43246	43247
		43248	43250	43251	43253
		43254	43255	43259	43260
		43261	43265	43270	43274
		43275	43276	43450	43453
		44340	44360	44361	44364
		44369	44376	44377	44380
		44381	44382	44385	44386
		44388	44389	44392	44394
		44705	45100	45171	45172
		45190	45305	45334	45335
		45340	45341	45342	45346
		45349	45350	45379	45381
		45386	45389	45390	45398
		45505	45541	45560	45905
		45910	45915	45990	46020
		46030	46040	46045	46050
		46060	46080	46083	46200
		46220	46221	46230	46250
		46255	46257	46258	46261
		46262	46270	46275	46280
		46285	46288	46320	46505
		46606	46607	46610	46612
		46615	46706	46707	46750
		46910	46917	46924	46930
		46940	46945	46946	46947
		46948	49082	49083	49180
		49250	49422	49521	49525
		49550	49553	49570	49572
		49656	49900		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service– Outpatient hospital expansion (cont.)	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
			57520	57530	57700	57720
			57800	58100	58120	58263
			58560	58561	58562	58700
			58925	59150	59151	
		Foot Surgery	28295			
		Hemic and Lymphatic Systems				

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		22901	22902	22903	23071
		23075	23076	23140	23150
		23405	23415	23430	23480
		23615	23630	23700	24000
		24006	24065	24066	24071
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24357
		24358	24366	24515	24516
		24586	24615	24665	24666
		25000	25071	25073	25075
		25076	25085	25105	25107
		25109	25110	25111	25112
		25118	25120	25130	25151
		25210	25215	25230	25240
		25260	25270	25275	25280
		25290	25295	25350	25445
		25545	25605	25606	25607
		25608	25609	25624	25628
		25645	25652	25810	25825
		26011	26020	26045	26055
		26070	26075	26080	26105
		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26215
		26236	26320	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27006	27043	27045	27047
		27048	27062	27093	27095
	27310	27323	27324	27327	
	27328	27329	27331	27332	
	27334	27335	27337	27339	
	27340	27345	27347	27372	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service – Outpatient hospital expansion (cont.)		27403	27407	27418	27570	
		27613	27614	27618	27619	
		27620	27626	27632	27634	
		27638	27640	27658	27665	
		27685	27705	27720	27756	
		27788	28005	28010	28011	
		28020	28022	28035	28039	
		28041	28043	28045	28047	
		28055	28060	28080	28086	
		28088	28090	28092	28100	
		28103	28104	28108	28110	
		28111	28112	28113	28118	
		28119	28120	28124	28126	
		28153	28160	28190	28192	
		28193	28208	28225	28234	
		28250	28272	28280	28286	
		28288	28306	28310	28312	
		28313	28315	28475	28476	
		28496	28515	28525	28645	
		28666	28675	28755	28760	
		28825	29800	29804	29906	
		G0289				
		Nervous System				
			64561	64585	64600	64610
			64642	64644	64646	64647
			64702	64718	64719	64774
			64776	64782	64784	64788
			64795	64831	64835	
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service – Outpatient hospital expansion (cont.)		52001	52007	52214	52265
		52275	52276	52282	52283
		52285	52287	52300	52315
		52320	52325	52327	52330
		52341	52344	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53500
		53605	53665		
Site of service – Outpatient hospital expansion Phase II	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69637			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Digestive System			
		46260	47562	47563	49320
	Prior authorization not required for care providers in AK, KY, MA, TX, UT, WI	49321	49322	49520	49560
		49565			
	For dates of service prior to Apr. 1, 2020 prior authorization is not required for care providers in: CO	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		

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.)		27625	27630	27635	27650
		27652	27654	27656	27659
		27664	27675	27676	27680
		27681	27687	27690	27691
		27695	27696	27698	27870
		28062	28122	28200	28202
		28210	28220	28230	28232
		28238	28270	28300	28304
		28305	28308	28309	28320
		28322	28705	28715	28725
		28730	28735	28737	28740
		28750	28810	28820	
		Nervous System			
			60280	60281	61070
		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 <i>Sleep apnea procedures and surgeries</i> .	95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Specific medications as indicated on the prescription drug list (PDL)	<p>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.</p> <p>Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to: 877-342-4596</p>				
Spinal cord stimulators	Prior authorization required.	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64553	64570	L8682	L8685
		L8687	L8688		
Spinal surgery	Prior authorization required.	20930*	22100	22101	22102
		22110	22112	22114	22206
		22207	22210	22212	22214
		22220	22224	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	22899	27279	27280
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63090	63091	63101	63102
		63103	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	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
			*For dates of service Prior to Apr. 1, 2020 no prior authorization is required for care providers in CA, CO, CT, IA, KA, KY, NE, NJ, NY, OH		
Stimulators – not related to spine	Prior authorization required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses		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	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.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont.)		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 management 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			