

# Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective March 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare River Valley health care professionals providing inpatient and outpatient services.

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care.

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
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27446	27447
		27486	27487	27702	
Arthroscopy	Prior authorization required.	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Arthroscopy (cont.)</b>		29860	29861	29862	29863
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916
<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*
		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 connect with us through chat 24/7 using our <b>Contact us</b> page.	*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.	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required.	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		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>Anti-emetics that require prior authorization</u></b>			
			Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
			*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	J1454			
	<b>Cinvanti™ (aprepitant)</b>						
	J0185						
	<b>Emend® (fosaprepitant)</b>						
	J1453						
	<b>Sustol® (granisetron extended release)</b>						
	J1627						
	J1456						
	J1434						
	J2468						
	<b>Palonosetron HCL</b>						
	J2469						
	<b><u>Bone-modifying agent that requires prior authorization:</u></b>						
	<b>Denosumab (Prolia®, Xgeva®)</b>						
	J0897						
	<b><u>Erythropoiesis-Stimulating Agents</u></b>						
	<b>Epoetin Alfa</b>						
	J0885						
	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>						
	<b>Eflapegrastim-xnst (Rolvedon®)</b>						
	J1449						
	<b>Filgrastim (Neupogen®)</b>						
	J1442*						
	<b>Filgrastim-aafi (Nivestym™)</b>						
	Q5110*						
	<b>Filgrastim-ayow (Releuko)</b>						
	Q5125*						
	<b>Filgrastim-sndz (Zarxio®)</b>						
	Q5101*						
	<b>Filgrasatim-txid (Nypozi™)</b>						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																															
Cancer supportive care (cont.)		<p>Q5148  <b>Pegfilgrastim (Neulasta®)</b>  J2506*  <b>Pegfilgrastim-apgf (Nyvepria™)</b>  Q5122*  <b>Pegfilgrastim-bmez (Ziextenzo®)</b>  Q5120*  <b>Pegfilgrastim-cbqv (UDENYCA™)</b>  Q5111*  <b>Pegfilgrastim-jmdb (Fulphila™)</b>  Q5108*  <b>Sargramostim (Leukine®)</b>  J2820  <b>Tbo-filgrastim (Granix®)</b>  J1447*  <b>Trilaciclib (Cosela™)</b>  J1448</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button dashboard. Or, call <b>888-397-8129</b>.</p>																																															
Cardiology	<p>Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.</p>	<p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>Cardiology Prior Authorization and Notification &gt; Commercial</b>.</p>																																															
Cardiovascular	<p>Prior authorization required.</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram.</p>	<p><b>Cardiology</b></p> <table border="0"> <tr> <td>33285</td> <td>37254</td> <td>37256 *</td> <td>37258 *</td> </tr> <tr> <td>37260 *</td> <td>37263 *</td> <td>37265 *</td> <td>37267 *</td> </tr> <tr> <td>37269 *</td> <td>37271 *</td> <td>37273 *</td> <td>37275 *</td> </tr> <tr> <td>37277 *</td> <td>37280 *</td> <td>37282 *</td> <td>37284 *</td> </tr> <tr> <td>37286 *</td> <td>37288 *</td> <td>37290 *</td> <td>37292 *</td> </tr> <tr> <td>37294 *</td> <td>37296 *</td> <td>37298 *</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td>0569T</td> </tr> <tr> <td>0570T</td> <td></td> <td></td> <td></td> </tr> </table> <p>** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.  *Prior authorization not required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> </table>				33285	37254	37256 *	37258 *	37260 *	37263 *	37265 *	37267 *	37269 *	37271 *	37273 *	37275 *	37277 *	37280 *	37282 *	37284 *	37286 *	37288 *	37290 *	37292 *	37294 *	37296 *	37298 *	93580**	93653	93656	E0616	0569T	0570T				E08.52	E09.52	E10.52	E11.52	E13.52	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232
33285	37254	37256 *	37258 *																																														
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A	
	M86.051	M86.052	M86.059	M86.061	
	M86.062	M86.069	M86.071	M86.072	
	M86.079	M86.08	M86.09	M86.1	
	M86.10	M86.151	M86.152	M86.159	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.161 M86.172 M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A 173.81	M86.162 M86.179 M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.169 M86.18 M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.171 M86.19 M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
<b>Cartilage implants</b>	Prior authorization required.	27412 29867	27415 29868	27416 J7330	29866 S2112
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.  Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
<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, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932)</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 HCPCS code</li> </ul> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and Sign In at the top-right corner. Or, you can 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 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Advance notification required	For advance notification, please call <b>888-936-7246</b> or call the number on the back of the member's health plan ID card. <b>Congenital heart disease codes:</b> 93583 <b>In combination with the following ICD-10-CM codes:</b> I27.83                      Q20.0                      Q20.1                      Q20.2 Q20.3                      Q20.3                      Q20.4                      Q20.5 Q20.6                      Q20.8                      Q20.8                      Q20.8 Q20.9                      Q21.0                      Q21.1                      Q21.2 Q21.2                      Q21.2                      Q21.3                      Q21.4 Q21.8                      Q21.8                      Q21.9                      Q21.9 Q22.0                      Q22.1                      Q22.2                      Q22.3 Q22.4                      Q22.5                      Q22.6                      Q22.8 Q22.9                      Q23.0                      Q23.1                      Q23.2 Q23.3                      Q23.4                      Q23.8                      Q23.9 Q24.0                      Q24.1                      Q24.2                      Q24.3 Q24.4                      Q24.5                      Q24.6                      Q24.8 Q24.8                      Q24.8                      Q24.9                      Q25.0 Q25.1                      Q25.2                      Q25.2                      Q25.21 Q25.29                      Q25.3                      Q25.4                      Q25.4 Q25.4                      Q25.41                      Q25.42                      Q25.43 Q25.44                      Q25.45                      Q25.46                      Q25.47 Q25.48                      Q25.49                      Q25.5                      Q25.6 Q25.71                      Q25.72                      Q25.79                      Q25.8 Q25.9                      Q26.0                      Q26.1                      Q26.2 Q26.3                      Q26.4                      Q26.5                      Q26.6 Q26.8                      Q26.9                      Q27.0                      Q27.1 Q27.2                      Q27.31                      Q27.32                      Q27.33 Q27.34                      Q27.39                      Q27.8                      Q27.8			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		Q27.9	Q28.2	Q28.3	
		* See the cardiovascular section for information regarding patients ages 18 and older.			
<b>Continuous Glucose Monitor</b>	Prior authorization required with type 2 and gestational diabetes diagnosis.	Prior authorization not required for Type 1 diabetes			
		A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
		Prior authorization is required with the following Type 1 and gestational diabetes DX codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	024.111	024.112
		024.113	024.119	024.12	024.13
		024.410	024.415	024.419	024.430
		024.435	024.439		
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
Cosmetic procedures that change or improve physical appearance without significantly		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17999	21137
		21138	21139	21172	21175

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
improving or restoring physiological function		21179	21180	21181	21182	
		21183	21184	21230	21235	
		21256	21260	21261	21263	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21267	21268	21275	21280
			21282	21295	28344	30540
			30545	30620	38999	54400
			54401	54405	67900	67901
			67902	67903	67904	67906
			67908	67909	67911	67912
			67914	67915	67916	67917
	67921	67922	67923	67924		
	67950	67961	67966	14020*		
	14021*	14061*	14301*	Q2026		
<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.</p>						
		17106	17107	17108		
<p>*Prior authorization not required when billed with the following diagnosis codes:</p>						
		C43.0	C43.10	C43.111	C43.112	
		C43.121	C43.122	C43.20	C43.21	
		C43.22	C43.30	C43.31	C43.39	
		C43.4	C43.51	C43.52	C43.59	
		C43.60	C43.61	C43.62	C43.70	
		C43.71	C43.72	C43.8	C43.9	
		C44.01	C44.02	C44.09	C44.101	
		C44.1021	C44.1022	C44.1091	C44.1092	
		C44.111	C44.1121	C44.1122	C44.1191	
		C44.1192	C44.121	C44.1221	C44.1222	
		C44.1291	C44.1292	C44.131	C44.1321	
		C44.1322	C44.1391	C44.1392	C44.191	
		C44.1921	C44.1922	C44.1991	C44.1992	
		C44.201	C44.202	C44.209	C44.211	
		C44.212	C44.219	C44.221	C44.222	
		C44.229	C44.291	C44.292	C44.299	
		C44.300	C44.301	C44.309	C44.310	
		C44.311	C44.319	C44.320	C44.321	
		C44.329	C44.390	C44.391	C44.399	
		C44.40	C44.41	C44.42	C44.49	
		C44.500	C44.501	C44.509	C44.510	
		C44.511	C44.519	C44.520	C44.521	
		C44.529	C44.590	C44.591	C44.599	
		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
		<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
E0266	E0277			E0296	E0297
E0300	E0302			E0304	E0328
E0329	E0466			E0471	E0483
E0745	E0764			E0766	E0770
E0784	E0984			E0986	E1002
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 rental rental cost threshold — see Home health care.	E1003		E1004	E1005	E1006
	E1007		E1008	E1010	E1016
	E1018		E1236	E1238	E1399
	E1830		E2402	E2502	E2504
	E2506		E2508	E2510	E2511
	E2512		E2599	K0005	K0012
Some payer groups may have different DME prior authorization requirements for their benefit plans.	K0014		K0812	K0848	K0849
	K0850		K0851	K0852	K0853
	K0854		K0855	K0856	K0857
	K0858		K0859	K0860	K0861
	K0862		K0863	K0864	K0868
	K0869		K0870	K0871	K0877
<b>End-stage renal disease (ESRD) dialysis services</b>	Advance notification is required when members are referred to an out-of-network health care professional for dialysis services.	K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
Services for treating end-stage renal disease, including outpatient dialysis services		Please call us at Optum representatives at 888-936-7246 to initiate case management and utilization management.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																					
	<p>Prior authorization is not required for ESRD when a member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>																																																																						
<b>Foot surgery</b>	Prior authorization required.	<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.</p> <table border="1"> <tr> <td>28285</td> <td>28289</td> <td>28291</td> <td>28292</td> </tr> <tr> <td>28296</td> <td>28297</td> <td>28298</td> <td>28299</td> </tr> </table>				28285	28289	28291	28292	28296	28297	28298	28299																																																										
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>Gastroenterology endoscopy (GI)</b>	<p>Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.</p> <p>Please note that screening colonoscopy procedures are not included in the Advance Notification process, however a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting.</p>	<p><b>Capsule endoscopy</b></p> <table border="1"> <tr> <td>91110</td> <td>91111</td> <td>91113</td> <td></td> </tr> </table> <p><b>Colonoscopy (lower gastrointestinal)</b></p> <table border="1"> <tr> <td>44388*</td> <td>44389*</td> <td>44390</td> <td>44391</td> </tr> <tr> <td>44392*</td> <td>44394*</td> <td>44401</td> <td>44402</td> </tr> <tr> <td>44403</td> <td>44404</td> <td>44405</td> <td>45378*</td> </tr> <tr> <td>45379*</td> <td>45380*</td> <td>45381*</td> <td>45382</td> </tr> <tr> <td>45384*</td> <td>45385*</td> <td>45386*</td> <td>45388</td> </tr> <tr> <td>45389</td> <td>45390*</td> <td>45393</td> <td>45398*</td> </tr> </table> <p><b>EGD (upper gastrointestinal)</b></p> <table border="1"> <tr> <td>43200*</td> <td>43201</td> <td>43202*</td> <td>43204</td> </tr> <tr> <td>43205</td> <td>43211</td> <td>43212</td> <td>43213</td> </tr> <tr> <td>43214</td> <td>43215</td> <td>43216</td> <td>43217</td> </tr> <tr> <td>43220*</td> <td>43226*</td> <td>43227</td> <td>43229*</td> </tr> <tr> <td>43233</td> <td>43235*</td> <td>43236*</td> <td>43239*</td> </tr> <tr> <td>43241</td> <td>43243</td> <td>43244</td> <td>43245</td> </tr> <tr> <td>43246</td> <td>43247*</td> <td>43248*</td> <td>43249*</td> </tr> <tr> <td>43250*</td> <td>43251*</td> <td>43254*</td> <td>43255*</td> </tr> <tr> <td>43266</td> <td>43270*</td> <td></td> <td></td> </tr> </table> <p><b>Colonoscopy - Screening <u>only</u> (site of service (SOS) only applies) (lower gastrointestinal)</b></p> <table border="1"> <tr> <td>G0105</td> <td>G0121</td> </tr> </table>				91110	91111	91113		44388*	44389*	44390	44391	44392*	44394*	44401	44402	44403	44404	44405	45378*	45379*	45380*	45381*	45382	45384*	45385*	45386*	45388	45389	45390*	45393	45398*	43200*	43201	43202*	43204	43205	43211	43212	43213	43214	43215	43216	43217	43220*	43226*	43227	43229*	43233	43235*	43236*	43239*	43241	43243	43244	43245	43246	43247*	43248*	43249*	43250*	43251*	43254*	43255*	43266	43270*			G0105	G0121
91110	91111	91113																																																																					
44388*	44389*	44390	44391																																																																				
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\* Site of Service (SOS) also may apply.  
For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In at the top-right corner



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.)</b>		0274U 0282U 0290U 0294U 0319U 0334U 0379U 0395U 0425U 0449U 0474U 0481U 0487U 0500U 0506U 0529U 0539U 0552U 0571U	0276U 0285U 0291U 0306U 0320U 0341U 0388U 0398U 0426U 0465U 0475U 0483U 0493U 0502U 0508U 0530U 0540U 0554U S3854	0277U 0288U 0292U 0307U 0323U 0355U 0389U 0409U 0437U 0471U 0478U 0484U 0495U 0504U 0509U 0536U 0543U 0562U S3865	0278U 0289U 0293U 0318U 0326U 0364U 0391U 0417U 0444U 0473U 0480U 0485U 0499U 0505U 0523U 0538U 0544U 0567U S3870
<b>Home health care – non-nutritional</b>	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.	58267	58270	58294	
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required.	58150 58541 58550 58570	58152 58542 58552 58571	58180 58543 58553 58572	58292 58544 58554 58573
<b>Infertility</b>  Diagnostic and treatment services related to the inability to achieve pregnancy.	Prior authorization required.	55870 58345 58974 89251 89257 89261 89280 89335 89344 89354 S4014 S4023	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																											
<b>Infertility (cont.)</b>		S4030	S4031	S4035	S4037																								
<b>The following codes only require prior authorization if the DX code is also listed:</b>																													
<table border="0"> <tr> <td>52402</td> <td>54500</td> <td>54505</td> <td>55550</td> </tr> <tr> <td>58140</td> <td>58145</td> <td>58146</td> <td>58545</td> </tr> <tr> <td>58546</td> <td>58660</td> <td>58662</td> <td>58670</td> </tr> <tr> <td>58672</td> <td>58673</td> <td>58740</td> <td>58770</td> </tr> <tr> <td>89398</td> <td></td> <td></td> <td></td> </tr> </table>						52402	54500	54505	55550	58140	58145	58146	58545	58546	58660	58662	58670	58672	58673	58740	58770	89398							
52402	54500	54505	55550																										
58140	58145	58146	58545																										
58546	58660	58662	58670																										
58672	58673	58740	58770																										
89398																													
<b>DX codes:</b>																													
<table border="0"> <tr> <td>E23.0</td> <td>N46.01</td> <td>N46.021</td> <td>N46.022</td> </tr> <tr> <td>N46.023</td> <td>N46.024</td> <td>N46.025</td> <td>N46.029</td> </tr> <tr> <td>N46.11</td> <td>N46.121</td> <td>N46.122</td> <td>N46.123</td> </tr> <tr> <td>N46.124</td> <td>N46.125</td> <td>N46.129</td> <td>N46.8</td> </tr> <tr> <td>N46.9</td> <td>N97.0</td> <td>N97.1</td> <td>N97.2</td> </tr> <tr> <td>N97.8</td> <td>N97.8</td> <td>N97.9</td> <td>N98.1</td> </tr> </table>						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
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																										
<b>Injectable medications</b>	<p>Prior authorization required.</p> <p>To submit a prior authorization request and, for UnitedHealthcare commercial plan out-of-network health care professionals, to submit a predetermination request, the care provider must log in to the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b>. Submit the request using <b>Clinical Pharmacy and Specialty Drugs</b>. For questions call us at <b>888-397-8129</b>.</p>	<b>Alpha1- Proteinase inhibitors</b>																											
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly		J0256	J0257																										
		<b>Anemia</b>																											
		J0896	J1437	J1439	Q0138																								
		<b>Asthma</b>																											
		J0517	J2182	J2356	J2357																								
		J2786																											
		<b>Blood modifying agents</b>																											
		J0223	J1299	J1302	J1303																								
		J1307	J9376	Q5151	Q5152																								
		<b>Botulinum Toxins A and B</b>																											
		J0587																											
		<b>Cardiology</b>																											
		J1306																											
		<b>Central nervous system agents</b>																											
		J0174	J0175	J0222	J0225																								
		J1301	J1304	J1426	J1427																								
		J1428	J1429	J2326	J3032																								
		J9332	J9333	J9334																									
		<b>Collagenase</b>																											
		J0775																											
		<b>Complement inhibitors – Ophthalmologic use</b>																											
		J2781	J2782																										
		<b>Dermatology</b>																											
		J7352																											
		<b>Endocrine</b>																											
		J0224	J0801	J0802	J0584																								
		J2507	J3241																										

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<b>Enzyme replacement therapy - POS 19 and 22 only</b>			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	
		<b>Enzyme replacement therapy</b>			
		J0567	J1203	J1809	
		<b>Enzyme deficiency (Gaucher disease)</b>			
		J1786	J3060		
		<b>Erythropoiesis-stimulating agents<sup>3</sup></b>			
		J0885			
		<b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b>			
		J3385			
		<b>Gene therapy</b>			
		J1411	J1412	J1413	J1414
		J3398	J3399	J3401	J3403
		<b>Hemophilia</b>			
		J7170	J7172	J7173	J7174
		J7175	J7177	J7178	J7179
		J7180	J7181	J7182	J7183
		J7185	J7186	J7187	J7188
		J7189	J7190	J7192	J7193
		J7194	J7195	J7198	J7199
		J7200	J7201	J7202	J7203
		J7204	J7205	J7207	J7208
		J7209	J7210	J7211	J7212
		J7213	J7214		
		<b>Hematologic</b>			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		<b>Immune globulin</b>			
		90283	90284	J1459	J1551
		J1556	J1555	J1557	J1558
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575		
	<b>Immune modulator</b>				
	J0638	J0490	J0491	J1823	
	J9210	J9312	J9381	Q5115	
	Q5119	Q5123			
	<b>Inflammatory conditions</b>				
	J0129	J0717	J1602	J1628	
	J1745	J1747	J2267	J2327	
	J3245	J3247	J3262	J3357	
	J3358	J3380	J7211	J7212	
	J7213	J7214	Q5098	Q5099	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q9996	Q9997	Q9998	Q9999
		<b>Medical benefit therapeutic equivalent medications<sup>4</sup></b>			
		J0589	J1072	J0179	J1552
		J1554	J1576	J2508	J7320
		J7321	J7322	J7324	J7325
		J7326	J7327	J7329	J7331
		J7332	Q5124	Q5136	
		<b>Multiple sclerosis</b>			
		J0202	J2329	J2350	J2351
		<b>Multiple sclerosis - POS 19 and 22 only</b>			
		J2323	Q5134		
		<b>Neutropenia<sup>2</sup></b>			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		<b>Ophthalmologic VEGF Inhibitors</b>			
		J2779			
		<b>Rare conditions</b>			
		J1305	J2998		
		<b>RSV prophylaxis</b>			
	90378				
	<b>Sickle cell disease</b>				
	J0791				
	<b>Unclassified and temporary codes<sup>1</sup></b>				
	C9399	J1599	J3490	J3590	
	Please check our <b>Review at Launch for New to Market Medications</b> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our <b>Review at Launch Medication List</b> . Predetermination is highly recommended for the medications on the list.				
	<sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Rivfloza™, Revcovi™, Starjemza and Yimmugo				
	<sup>2</sup> For some codes, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see cancer supportive care section. For non-oncology Dx submit online using the <b>UnitedHealthcare Provider Portal</b> or call <b>888-397-8129</b> .				
	<sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis.				
	<sup>4</sup> Some members may not have coverage for these medications.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
<b>Inpatient admissions-post acute services</b>	<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>		
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b> 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> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be in-network. Members have no out-of-network benefits for MRgFUS.</p> <p>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.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p>	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.)</b>	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.				
<b>Non-emergency air transport</b>	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Non-urgent ambulance transportation by air between specified locations.					
<b>Orthognathic surgery</b>	Prior authorization required.	21050	21060	21121	21123
Treatment of maxillofacial functional impairment.		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<b>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0482	L0484	L0486
		L0636	L0638	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
		L3976	L3977		
<b>Out-of-network services</b>	Prior authorization required.				
A referral from a network physician or health care professional to a hospital, physician or other care provider who's out of network	Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	pocket expenses or no coverage.				
<b>Pain management and injection</b>	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
<b>Pain management and injection (cont.)</b>		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
	A9274		C2624		
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.</p>					
<p>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</p>					
<b>Pregnancy</b>	Voluntary notification for case and disease management enrollment:	009.00	009.01	009.02	009.03
		009.10	009.11	009.12	009.13
	Please provide us with voluntary notification of a pregnancy diagnosis.	009.211	009.212	009.213	009.219
		009.291	009.292	009.293	009.299
		009.30	009.31	009.32	009.33
		009.40	009.41	009.42	009.43
	Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before giving birth. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources.	009.511	009.512	009.513	009.519
		009.521	009.522	009.523	009.529
		009.611	009.612	009.613	009.619
		009.621	009.622	009.623	009.629
		009.70	009.71	009.72	009.73
		009.891	009.892	009.893	009.899
		009.90	009.91	009.92	009.93
		012.00	012.01	012.02	012.03
		012.10	012.11	012.12	012.13
		012.20	012.21	012.22	012.23
		021.0	021.1	021.8	021.9
	Voluntary notification doesn't indicate or	024.011	024.012	024.013	024.111
		024.112	024.113	024.311	024.312
		024.313	024.811	024.812	024.813

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Pregnancy (cont.)</b>	imply coverage, which is determined according to the member's benefit plan.	024.911	024.912	024.913	026.00
		026.01	026.02	026.03	026.831
		026.832	026.833	026.839	030.001
		030.002	030.003	030.011	030.012
	We ask that you please notify us once during pregnancy. We're not requesting notification of ancillary services, such as ultrasound and lab work.	030.013	030.031	030.032	030.033
		030.041	030.042	030.043	030.091
		030.092	030.093	030.101	030.102
		030.103	030.111	030.112	030.113
		030.121	030.122	030.123	030.191
		030.192	030.193	030.201	030.202
		030.203	030.211	030.212	030.213
		030.221	030.222	030.223	030.291
	After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (e.g., if a pregnancy is terminated).	030.292	030.293	030.91	030.92
		030.93	047.00	047.02	047.03
		047.1	047.9	060.00	060.02
		060.03	099.011	099.012	099.013
		099.280	099.89	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>Prostate procedures</b>	Prior authorization required.	52441	52442	53850	
<b>Prosthetics</b>	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5105	L5050	L5060
		L5100	L5210	L5150	L5160
		L5200	L5280	L5230	L5250
		L5270	L5400	L5301	L5321
		L5331	L5540	L5420	L5530
		L5535	L5639	L5585	L5590
		L5616	L5681	L5643	L5649
		L5651	L5724	L5683	L5703
		L5707	L5795	L5726	L5728
		L5780	L5824	L5814	L5818
		L5822	L5840	L5826	L5828
		L5830	L5858	L5845	L5848
		L5856	L5968	L5930	L5960
		L5966	L5981	L5973	L5979
		L5980	L6010	L5987	L5988
		L6000	L6055	L6020	L6026
		L6050	L6205	L6120	L6130
		L6200	L6360	L6310	L6320
		L6350	L6570	L6370	L6400
		L6450	L6586	L6580	L6582
L6584	L6624	L6588	L6590		
L6621	L6696	L6638	L6648		
L6693	L6882	L6697	L6707		
L6881	L6905	L6884	L6885		
L6900	L6930	L6910	L6920		
L6925	L6950	L6935	L6940		
L6945	L6970	L6955	L6960		
L6965	L7009	L6975	L7007		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Prosthetics (cont.)</b>		L7008 L7170 L7186 L8042	L7180 L7190 L8043 L8044	L7040 L7181 L7191 L8049	L7045 L7185 L7499 V2629
<b>Radiation therapy</b>	Prior authorization required.	<p><b>IGRT</b> 77387</p> <p><b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520                      77522                      77523                      77525</p> <p><b>Special/associated services</b> 77331                      77370                      77399                      77470</p> <p><b>SRS/SBRT</b> 77371                      77372                      77373</p> <p><b>Standard radiation therapy (2D/3D)</b> 77402*                      77407                      77412</p> <p>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:</p> <p>Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p> <p>Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92</p> <p><b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095                      79445</p> <p>To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a>.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans, nuclear medicine and nuclear cardiology procedures.	Health care professionals 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 using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b> . For more details and to see a list the CPT codes that require prior authorization, please visit <b>Radiology Prior Authorization and Notification &gt; Commercial</b> .			
<b>Rhinoplasty</b>	Prior authorization required.	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required.	31295	31296	31297	
<b>Site of service (SOS) – office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ASC.  Prior authorization not required if performed in an office.  Prior authorization not required for health care professionals in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.	<b>Dermatologic</b>			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
		<b>General surgery</b>			
		19000			
		<b>Muscular/skeletal</b>			
		27096	64479	64490	64493
		20552	20553		
		<b>Neurologic</b>			
		62270	62321	64633	64635
		64766			
		<b>OB/GYN</b>			
		57460			
		<b>Respiratory</b>			
		31579			
<b>Site of service (SOS)–outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC. Prior authorization is not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	<b>Auditory system</b>			
		69100	69110	69140	69145
		69205	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
		69801	69805	69806	
		<b>Cardiovascular system</b>			
		33215	33216	33241	36000

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)- outpatient hospital (cont.)		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		21552	21931		
		<b>Digestive system</b>			
		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
		42440	42800	42810	42831
		45172	45990	46080	46200
	46220	46221	46250	46255	
	46257	46261	46270	46505	
	46612	46910	46946	49550	
	<b>Ear, nose and throat (ENT) procedures</b>				
	21320	30140	30520	69436	
	69631				
	<b>Endocrine system</b>				
	62281				
	<b>Eye and ocular adnexa</b>				
	65400	65420	65435	65436	
	65710	65750	65755	65756	
	65772	65778	65779	65780	
	65800	65815	65820	65850	
	65865	65875	65920	66172	
	66185	66250	66682	66710	
	66711	66825	66840	66850	
	66852	66983	66985	66986	
	66987	66988	67005	67010	
	67025	67039	67041	67042	
	67043	67101	67105	67107	
	67108	67110	67113	67120	
	67121	67145	67210	67218	
	67220	67221	67314	67316	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS)- outpatient hospital (cont.)</b>		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	65426	65730	65855
		66170	66761	67028	67036
		67040	67228	67311	67312
		<b>Female genital system</b>			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	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	58560	58561
		58562	57522	58353	58558
		58563	58565		
		<b>Foot surgery</b>			
	28295				
	<b>Hemic and lymphatic systems</b>				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Hernia repair</b>				
	49505	49650	49651		
	<b>Integumentary system</b>				
	10121	10180	11010	11012	
	11440	11441	11443	11444	
	11446	11450	11451	11462	
	11463	11470	11471	11601	
	11602	11603	11604	11620	
	11621	11622	11623	11624	
	11640	11641	11642	11643	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)- outpatient hospital (cont.)		11644	11750	11755	11760
		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576
		15760	15770	17000	17004
		17110	17111	17311	17313
		19101	19110	19112	19120
		19125			
		<b>Liver biopsy</b>			
		47000			
		<b>Male genital system</b>			
		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			
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal system</b>				
	20200	20205	20220	20225	
	20240	20245	20520	20525	
	20526	20551	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	
	21550	21555	21556	21557	
	21920	21930	21932	21933	
	22900	22901	22902	22903	
	23071	23075	23076	23120	
	23140	23150	23405	23415	
	23430	23440	23480	23615	
	23630	23700	24000	24006	
	24065	24066	24071	24073	
	24075	24076	24101	24102	
	24105	24110	24120	24130	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)- Outpatient hospital (cont.)		24147	24200	24201	24300
		24310	24340	24341	24342
		24343	24357	24358	24366
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25280	25290
		25295	25350	25445	25545
		25605	25606	25607	25608
		25609	25624	25628	25645
		25652	25810	25825	26011
		26020	26045	26055	26070
		26075	26080	26105	26110
		26111	26113	26115	26116
		26121	26123	26160	26180
		26200	26210	26215	26236
		26320	26350	26356	26357
		26392	26410	26418	26420
		26426	26432	26433	26437
		26440	26442	26445	26455
		26480	26500	26502	26516
		26520	26525	26530	26535
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27327	27328
		27329	27331	27332	27334
		27335	27337	27339	27340
		27345	27347	27372	27403
		27407	27418	27570	27606
		27613	27614	27618	27619
		27620	27626	27632	27634
		27638	27640	27658	27659
		27665	27680	27685	27690

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Site of service (SOS)- Outpatient hospital (cont.)</b>		27696	27705	27720	27756	
		27788	28005	28010	28011	
		28020	28022	28035	28039	
		28041	28043	28045	28047	
		28055	28060	28080	28086	
		28088	28090	28092	28100	
		28103	28104	28108	28110	
		28111	28112	28113	28118	
		28119	28120	28122	28124	
		28126	28153	28160	28190	
		28192	28193	28200	28208	
		28225	28232	28234	28238	
		28250	28272	28280	28286	
		28288	28306	28310	28312	
		28313	28315	28322	28475	
		28476	28496	28515	28525	
		28645	28666	28675	28755	
		28760	28810	28825	29800	
		29804	29900	29901	29902	
		29906				
		<b>Nervous system</b>				
			64425	64530	64585	64600
			64610	64642	64644	64646
			64647	64702	64718	64719
			64774	64776	64782	64784
		64788	64795	64831	64835	
	<b>Respiratory system</b>					
		30000	30020	30100	30110	
		30115	30118	30130	30220	
		30310	30580	30630	30801	
		30802	30930	31020	31030	
		31032	31200	31205	31525	
		31526	31528	31529	31530	
		31535	31536	31540	31541	
		31545	31570	31571	31574	
		31575	31576	31578	31591	
		31611	31622	31623	31624	
		31625	31628	31652	32408	
		32555	32557	31298		
	<b>Tonsillectomy and adenoidectomy</b>					
		42821	42826			
	<b>Urologic procedures</b>					
		50590	52000	52005	52204	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS)– Outpatient hospital (cont.)</b>		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	50430	50435
		50575	50688	51102	51702
		51710	51715	51720	51726
		51728	51729	52001	52007
		52214	52265	52275	52276
		52282	52283	52285	52287
		52300	52315	52317	52320
		52325	52327	52330	52341
		52344	52354	52450	52500
		52630	52640	53020	53230
		53260	53265	53270	53440
		53445	53450	53605	53665
		54065			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required.	Prior authorization is required for all states.			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	21685	41599	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.	
	Also applies to surgical sleep apnea procedures and not sleep studies.	42145			
<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. It's not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95811			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Prior authorization is required for certain medications to make sure they're a covered benefit as prescribed. For a list of medications requiring prior authorization, please refer to <b>Drug Lists and Pharmacy &gt; UnitedHealthcare</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Prescription Drug Lists (PDL)/Drug Formulary  Please call 800-711-4555 when prescribing medications that require prior authorization. You may also fax specialty medication requests to 877-342-4596.				
<b>Spinal cord stimulators</b>  Spinal cord stimulators when implanted for pain management.	Prior authorization required.	Prior authorization is required for all states. 63650          63655          63662          63664 63685          63688          64553          64570 L8679          L8680          L8682          L8683 L8685          L8686          L8687          L8688  Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 63661          63663			
<b>Spinal surgery</b>	Prior authorization required.	Prior authorization is required for all states. 20930          20931          20939          22100 22101          22102          22103          22110 22112          22114          22116          22206 22207          22208          22210          22212 22214          22216          22220          22222 22224          22226          22510          22511 22512          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          27279          27280          22899 63001          63011          63012          63003 63005          63017          63020          63015 63016          63040          63042          63030 63035          63045          63046          63043 63044          63050          63051          63047 63048          63057          63064          63055 63056          63076          63077          63066			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Spinal surgery (cont.)		63075	63082	63085	63078		
		63081	63088	63090	63086		
		63087	63102	63103	63091		
		63101	63173	63185	63170		
		63172	63197	63200	63190		
		63191	63252	63265	63250		
		63251	63268	63270	63266		
		63267	63273	63275	63271		
		63272	63278	63280	63276		
		63277	63283	63285	63281		
		63282	63290	63295	63286		
		63287	63302	63303	63300		
		63301	63306	63307	63304		
		63305	63308	0098T			
		<p>Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.</p>					
				22513	22514		
<b>Stimulators - not related to spine</b>	Prior authorization required.	<b>Bone growth stimulator</b>					
		E0747	E0748	E0749	E0760		
Implantation of a device that sends electrical impulses.		<b>Neurostimulator</b>					
		43647	43648	43881	43882		
		61863	61864	61867	61868		
		61885	61886	64555	64561		
		64568	64581	64590*	64595		
<p>*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:</p>							
		N32.81	N32.9	N39.3	N39.41		
		N39.42	N39.46	N39.490	N39.498		
		R15.0	R15.1	R15.2	R15.9		
		R30.0	R30.1	R30.9	R32		
		R33.0	R33.8	R33.9	R35.0		
		R35.1	R35.81	R35.89	R39.11		
		R39.12	R39.13	R39.14	R39.15		
		R39.16	R39.191	R39.192	R39.198		
		R39.81	R39.89	R39.9			
<b>Transplant</b>	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	<b>Bone marrow harvest</b>					
Organ or tissue transplant or transplant related		38240	38241	38242	S2150		
		<b>Evaluation for transplant</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
services before pre-treatment or evaluation.	For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptogene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kebilidi (eldocagene exuparvovec-tneq), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Yescarta™ (axicabtagene ciloleucel, Zevaskyn™ (prademagene zamikeracel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card	99205				
		<b>Heart</b>				
		33940	33944	33945		
		<b>Heart/lung</b>				
		33930	33935			
		<b>Intestine</b>				
		44132	44133	44135		S2053
		<b>Kidney</b>				
		50300	50320	50323		50340
		50360	50365	50370		50547
		<b>Kidney/pancreas</b>				
		S2065				
		<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	38206		38208
		38209	38210	38212		38213
		38214	38215	38232*		44137
		44715	44720	44721		47133
		47140	47141	47142		47144
		47145	47146	50325		S2054
		S2140	S2142	S2152		
		<b>Cellular and gene therapy</b>				
		C9399	J3387	J3389		J3391
		J3392	J3393	J3394		J3490
		J3590	Q2041	Q2042		Q2053
		Q2054	Q2055	Q2056		Q2057

\*Code 38232 will only require prior authorization for an oncology diagnosis

<b>Therapeutic radiopharmaceuticals</b>	Prior authorization required.	A9513	A9590	A9606	A9607
	To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan, out-of-network care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider must log in to the	A9615	A9699		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and sign in.

**Vein procedures**

Prior authorization required.

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	36470	36471	36473	36474
	36475	36476	36478	36479
	36482	36483	36465	36466
	37243	37700	37718	37722
	37780			

**Ventricular assist devices (VAD)**

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

To start the case management and utilization management process, please connect with us through chat 24/7 using our **Contact us** page to start the case management and utilization management process.

**Ventricular assist devices (VAD) (cont.)**

	33927	33928	33929	33975
	33976	33979	33981	33982
	33983			

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its 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 the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

