Prior authorization requirements for UnitedHealthcare of the River Valley

Effective September 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 one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **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**.
- **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	25441	25442	25443
		25444	25446	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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		29806	29807	29819	29820
		29821	29822	29823	29824
		29825	29827	29828	29834
		29835	29836	29837	29838
		29844	29845	29846	29847
		29848	29861	29862	29863
Arthroscopy (cont.)		29870	29873	29874	29875

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	29891	29892	29893
		29894	29895	29897	29898
		29899	29914	29915	29916
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required. There is a Center of Excellence requirement for coverage of bariatric surgery and services. 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 **Contact us** page.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
		*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20-Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
Breast reconstruction (non-mastectomy)		**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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
(cont.)		C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1
Cancer supportive care	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis *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.	Q5136 Q5157 Q5158 Q5159 **<u>Anti-emetics that require prior authorization</u>** **Akynzeo® (palonosetron/fosnetupitant)** J1454 **Emend® (fosaprepitant)** J1453 **Sustol® (granisetron extended release)** J1627 J1456 **Palonosetron HCL** J2469 **<u>Bone-modifying agent that requires prior authorization:</u>** **Denosumab (Prolia®, Xgeva®)** J0897 **<u>Erythropoiesis-Stimulating Agents</u>** **Epoetin Alfa** J0885 **<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>** **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filigrastim-ayow (Releuko)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Filgrasatim-txid (Nypozi™)** Q5148 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)**
Cancer supportive care (cont.)		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Medical Benefit Therapeutic Equivalent Medications[1]** **Cinvanti™ (aprepitant)** J0185 **Focinvez (fosaprepitant)** J1434 **Posfrea (Palonosetron, avyxa)** J2468 For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** 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 **888-397-8129**. [1]Some members may not have coverage for these drugs.
Cardiology	Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance.	Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification** > Commercial.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cardiovascular	Prior authorization required. For Vascular codes, prior authorization required for lower extremity angiogram.	**Cardiology** 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 ** 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: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232 I70.233 I70.234 I70.235 I70.238 I70.239 I70.241 I70.242 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
Cardiovascular		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
(cont.)		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
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		173.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	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
		95720	95722	95724	95726

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
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:** • Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) • 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 HCPCS code • Medical Benefit Therapeutic Equivalent Medications[1] J9054 J9072 J9074 J9076 J9172 J9184 J9292 J9304 J9324 For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and Sign In at the top-right corner. Or, you can call **888-397-8129**. [1]Some members may not have coverage for these drugs.
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an institutional review board (IRB).	Prior authorization required.	S9988 S9990 S9991
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.	Prior authorization required.	69710 69714 69930 L8614 L8619 L8690 L8691 L8692
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation **Congenital heart disease (cont.)**	Advance notification required	For advance notification, please call **888-936-7246** or call the number on the back of the member's health plan ID card. **Congenital heart disease codes:** 93583 **In combination with the following ICD-10-CM codes:** I27.83 Q20.0 Q20.1 Q20.2

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		Q27.9	Q28.2	Q28.3	
		* See the cardiovascular section for information regarding patients ages 18 and older.			
Continuous Glucose Monitor	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
Continuous Glucose Monitor (cont.)		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14302
		15570	15572	15574	15730
		15733	15740	15756	15769
		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		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
		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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		17106	17107	17108	
		*Prior authorization not required when billed with the following diagnosis codes:			
Cosmetic and reconstructive procedures (cont.)		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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	
Durable medical equipment (DME) **Durable medical equipment (DME) (cont.)**	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than $1,000. Some home health care services may qualify under	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	the durable medical equipment requirement but are not subject to the $1,000 retail purchase or cumulative retail rental cost threshold — see Home health care. Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1018 E1236 E1238 E1399 E1830 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	Advance notification is required when members are referred to an out-of-network health care professional for dialysis services. Prior authorization is not required for ESRD when a member travels outside of the service area. Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call us at Optum representatives at 888-936-7246 to initiate case management and utilization management.
Foot surgery	Prior authorization required.	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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 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
Gastroenterology endoscopy (GI) **Gastroenterology endoscopy (GI) (cont.)**	Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies. Please note that screening colonoscopy procedures are not included in the Advance Notification process, however	**Capsule endoscopy** 91110 91111 91113 **Colonoscopy (lower gastrointestinal)** 44388* 44389* 44390 44391 44392* 44394* 44401 44402 44403 44404 44405 45378* 45379* 45380* 45381* 45382 45384* 45385* 45386* 45388 45389 45390* 45393 45398*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting.	**EGD (upper gastrointestinal)** 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* **Colonoscopy - Screening <u>only</u> (site of service (SOS) only applies)** **(lower gastrointestinal)** G0105 G0121 * 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 to get started. Then, select the appropriate category under **Prior Authorization and Notification**. Or, you can call **866-88 8054**. For more details and a list of the CPT codes that require prior authorization, please visit **Gastroenterology Endoscopy Advance Notification**
Gender dysphoria treatment	Prior authorization required.	**Prior authorization required for the following regardless of Dx code:** 55970 55980 **Prior authorization required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:** 14000 14001 14041 15734 15738 15750 15757 15758 19303 21899 31599 31899 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58262 58290 58291 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 Health care professionals requesting laboratory testing will be required to complete the prior authorization	81162 81163 81164 81228 81229 81277 81349 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81425 81426 81427 81431 81432 81435 81437 81439

United Healthcare®

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.)	process, which includes listing the laboratory and test name. Payment will be authorized for each specified genetic test for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization program. Prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
		87505	87506	0006M	0007M
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0055U	0060U	0087U	0088U
		0094U	0101U	0102U	0103U
		0111U	0118U	0129U	0154U
		0170U	0171U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0265U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U
		0319U	0320U	0323U	0326U
		0334U	0341U	0355U	0364U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
		0425U	0426U	0437U	0444U
		0449U	0465U	0471U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0495U	0499U
		0500U	0502U	0504U	0505U
		0506U	0523U	0529U	0530U
		0536U	0538U	0539U	0540U
		0543U	0552U	0554U	0562U
		0567U	0571U	0575U	0576U
		0585U	0588U	0605U	0616U
		0618U	0619U	0622U	0623U3
		0624U	0625U	0626U	0627U
		0628U	S3854	S3865	S3870
Home health care – non-nutritional	Prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150 58541 58550 58570	58152 58542 58552 58571	58180 58543 58553 58572	58292 58544 58554 58573
Infertility 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 S4030	58321 58752 58976 89253 89258 89264 89281 89337 89346 89356 S4015 S4025 S4031	58322 58760 76948 89254 89259 89268 89290 89342 89352 S4011 S4016 S4026 S4035	58323 58970 89250 89255 89260 89272 89291 89343 89353 S4013 S4022 S4028 S4037
Infertility (cont.)		**The following codes only require prior authorization if the DX code is also listed:** 52402 58140 58546 58672 89398 **DX codes:** E23.0 N46.023 N46.11 N46.124 N46.9 N97.8	54500 58145 58660 58673 N46.01 N46.024 N46.121 N46.125 N97.0 N97.8	54505 58146 58662 58740 N46.021 N46.025 N46.122 N46.129 N97.1 N97.9	55550 58545 58670 58770 N46.022 N46.029 N46.123 N46.8 N97.2 N98.1
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required. To submit a prior authorization request and, for UnitedHealthcare commercial plan out-of-network health care professionals, to submit a predetermination request,	**Alpha1- Proteinase inhibitors** J0256 **Anemia** J0896 **Asthma** J0517	J0257 J1437 J2182	 J1439 J2356	 J2357

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	the care provider must log in to the UnitedHealthcare Provider Portal at **UHCprovider.com**. Submit the request using **Clinical Pharmacy and Specialty Drugs**. For questions call us at **888-397-8129**.	J2786 **Blood modifying agents** J0223 J1299 J1302 J1303 J1307 J9376 Q5151 Q5152 **Botulinum Toxins A and B** J0587 **Cardiology** J1306 **Central nervous system agents** J0174 J0175 J0222 J0225 J1301 J1304 J1426 J1427 J1428 J1429 J2326 J3032 J9256 J9332 J9333 J9334 **Collagenase** J0775 **Complement inhibitors – Ophthalmologic use** J2781 J2782 **Dermatology** J7352 **Endocrine** J0224 J0801 J0802 J0584 J2507 J3241 **Enzyme replacement therapy - POS 19 and 22 only** J0180 J0217 J0218 J0219 J0221 J1322 J1458 J1743 J1931 J2840 J3397 **Enzyme replacement therapy** J0567 J1203 J1809 **Enzyme deficiency (Gaucher disease)** J1786 J3060 **Erythropoiesis-stimulating agents[3]** J0885 **Enzyme deficiency (Gaucher disease) - POS 19 and 22 only** J3385 **Gene therapy** J1411 J1412 J1413 J3398 J3399 J3401 J3403 J3404 J3405 **Hemophilia** J7170 J7172 J7173 J7174 J7175 J7177 J7178 J7179 J7180 J7181 J7182 J7183

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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		
		Hematologic			
		J0596	J0597	J0598	J1290
		J7171	J9038		
		Immune globulin			
		90283	90284	J1459	J1551
		J1553	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		Immune modulator			
		J0638	J0490	J0491	J1823
		J9210	J9301	J9312	J9381
		Q5115	Q5119	Q5123	
		Inflammatory conditions			
		J0129	J0717	J1602	J1628
		J1745	J1747	J2267	J2327
		J3245	J3247	J3262	J3357
		J3358	J3380	Q5098	Q5099
		Q5100	Q5103	Q5104	Q5121
		Q5133	Q5135	Q5137	Q5138
		Q5156	Q5164	Q9996	Q9997
		Q9998	Q9999		
		Medical benefit therapeutic equivalent medications[4]			
		J0589	J1072	J0179	J1552
		J1554	J1576	J2508	J7320
		J7321	J7322	J7324	J7325
		J7326	J7327	J7329	J7331
		J7332	Q5124	Q5136	
Injectable medications (cont.)		**Multiple sclerosis**			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323	Q5134		
		Neutropenia[2]			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Ophthalmologic VEGF Inhibitors			
		J2779			
		Rare conditions			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1305 J2998 **Sickle cell disease** J0791 **Unclassified and temporary codes[1]** C9399 J1599 J3490 J3590 Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch Medication List**. Predetermination is highly recommended for the medications on the list. [1] For unclassified and temporary codes C9399, J1599, J3490 and J3590 notification/prior authorization is only required for Rivfloza™ and Revcovi™ [2] 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 **UnitedHealthcare Provider Portal** or call **888-397-8129**. [3] For code J0885, prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis. [4] Some members may not have coverage for these medications.
Inpatient admissions-post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities	
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: A physician and/or facility must confirm coverage of the	0071T 0072T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	service for the member. A hospital and/or facility must be in-network. 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.				
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.	21050 21121 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21240 21242 21243 21244 21245 21246 21247 21248 21249 21255 21296			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21299			
Orthotics	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		
Out-of-network services A referral from a network physician or health care professional to a hospital, physician or other care provider who's out of network	Prior authorization required. Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	
Potentially unproven services (including experimental/ investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes. Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		A9274	C2624		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment: Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before giving birth. 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. We ask that you please notify us once during pregnancy. We're not requesting notification of ancillary services, such as ultrasound and lab work. After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (e.g., if a pregnancy is terminated).	**Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:** O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313 O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811 O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812 O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813 O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Pregnancy (cont.)					
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L5010 L5105 L5210 L5280 L5400	L5050 L5150 L5230 L5301 L5420	L5060 L5160 L5250 L5321 L5530	L5100 L5200 L5270 L5331 L5535

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L5540	L5585	L5590	L5616
		L5639	L5643	L5649	L5651
		L5657	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
		L6034	L6035	L6036	L6026
		L6039	L6050	L6055	L6038
		L6130	L6200	L6205	L6120
		L6320	L6350	L6360	L6310
		L6400	L6450	L6570	L6370
		L6582	L6584	L6586	L6580
		L6590	L6621	L6624	L6588
		L6648	L6693	L6696	L6638
		L6707	L6881	L6882	L6697
		L6885	L6900	L6905	L6884
		L6920	L6925	L6930	L6910
		L6940	L6945	L6950	L6935
		L6960	L6965	L6970	L6955
		L7007	L7008	L7009	L6975
		L7045	L7170	L7180	L7040
		L7185	L7186	L7190	L7181
		L7499	L8042	L8043	L7191
		L8049	V2629	L8044	
Radiation therapy **Radiation therapy (cont.)**	Prior authorization required.	**IGRT** 77387 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 G0339 G0340 **Standard radiation therapy (2D/3D)** Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77402 77407 77412 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal at **UHCprovider.com**.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans, nuclear medicine and nuclear cardiology procedures.	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 **UHCprovider.com** and click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **866-889-8054**. For more details and to see a list the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification** > 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
Site of service (SOS) – office-based program **Site of service (SOS) – office-based program (cont.)**	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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.	**Dermatologic** 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442 **General surgery** 19000 **Muscular/skeletal** 27096 64479 64490 64493 20552 20553 **Neurologic** 62270 62321 64633 64635 64766 **OB/GYN** 57460 **Respiratory** 31579
Site of service (SOS)– outpatient hospital	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, Illinois, Massachusetts, Puerto Rico,	**Auditory system** 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	**Cardiovascular system**			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765
		37766	37785		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		21552	21931		
		Digestive system			
		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
		Ear, nose and throat (ENT) procedures			
Site of service (SOS)– outpatient hospital (cont.)		21320	30140	30520	69436
		69631			
		Endocrine system			
		62281			
		Eye and ocular adnexa			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	65426	65730	65855
		66170	66761	67028	67036
		67040	67228	67311	67312
		Female genital system			
		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
Site of service (SOS)–outpatient hospital (cont.)		57530	57700	57720	57800
		58100	58120	58560	58561
		58562	57522	58353	58558
		58563	58565		
		Foot surgery			
		28295			
		Hemic and lymphatic systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	10180	11010	11012
		11440	11441	11443	11444
		11446	11450	11451	11462
		11463	11470	11471	11601
		11602	11603	11604	11620

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		11621	11622	11623	11624
		11640	11641	11642	11643
		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			
		Liver biopsy			
		47000			
		Male genital system			
		54001	54055	54057	54060
		54100	54110	54150	54162
		54163	54164	54300	54360
		54450	54512	54530	54600
		54620	54640	54700	54830
		54840	54860	55041	55060
		55100	55110	55120	55500
		55520	55540		
		Miscellaneous			
Site of service (SOS)– Outpatient hospital (cont.)		20680			
		Musculoskeletal system			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– Outpatient hospital (cont.)		24105	24110	24120	24130
		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	26542	26567
		26540	26541	26650	26665
		26608	26615	26727	26735
		26676	26715	26756	26765
		26742	26746	26850	26860
		26841	26842	26951	26952
		26862	26910	27047	27048
		27043	27045	27095	27310
		27062	27093	27327	27328
		27323	27324	27332	27334
		27329	27331	27339	27340
		27335	27337	27372	27403
		27345	27347	27570	27606
		27407	27418	27618	27619
		27613	27614	27632	27634
		27620	27626	27658	27659
		27638	27640	27685	27690
		27665	27680	27720	27756
		27696	27705	28010	28011

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		27788	28005	28035	28039
		28020	28022	28045	28047
		28041	28043	28080	28086
		28055	28060	28092	28100
		28088	28090	28108	28110
		28103	28104	28113	28118
		28111	28112	28122	28124
		28119	28120	28160	28190
		28126	28153	28200	28208
		28192	28193	28234	28238
		28225	28232	28280	28286
		28250	28272	28310	28312
		28288	28306	28322	28475
		28313	28315	28515	28525
		28476	28496	28675	28755
		28645	28666	28825	29902
		28760	28810	29900	29901
		29906	G0260		
		Nervous system			
		64425	64530	64585	64600
		64610	64642	64644	64646
		64647	64702	64718	64719
		64774	64776	64782	64784
Site of service (SOS)– Outpatient hospital (cont.)		64788	64795	64831	64835
		Respiratory system			
		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	
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		55040	50688	50430	50435
		50575	51715	51102	51702
		51710	51729	51720	51726
		51728	52265	52001	52007
		52214	52283	52275	52276
		52282	52315	52285	52287
		52300	52327	52317	52320
		52325	52354	52330	52341
		52344	52640	52450	52500
		52630	53265	53020	53230
		53260	53450	53270	53440
		53445	53605	53665	54065
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Also applies to surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. 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, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	Prior authorization required. Excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.	95805	95807	95808	95810
		95811			
Specific medications as indicated on the prescription drug list (PDL)	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 **Drug Lists and Pharmacy** > UnitedHealthcare Prescription Drug Lists (PDL)/Drug Formulary Please call 800-711-4555 when prescribing medications that				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	require prior authorization. You may also fax specialty medication requests to 877-342-4596.	
Spinal cord stimulators Spinal cord stimulators when implanted for pain management.	Prior authorization required.	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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 63661 63663
Spinal surgery **Spinal surgery (cont.)**	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 63075 63082 63085 63078 63081 63088 63090 63086 63087 63102 63103 63091 63101 63185 63190 63250 63267 63268 63270 63266 63272 63273 63275 63271

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		63277 63278 63280 63276 63282 63283 63285 63281 63287 63290 63295 63286 63301 63302 63303 63300 63305 63306 63307 63304 63308 0098T 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, Illinois, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 22513 22514
Stimulators – not related to spine Implantation of a device that sends electrical impulses. **Stimulators – not related to spine (cont.)**	Prior authorization required.	**Bone growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 43647 43648 43881 43882 61863 61864 61867 61868 61885 61886 64555 64561 64568 64581 64590* 64595 *No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed: 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
Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation.	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation. For drugs in the Optum Cell, Gene & Molecular Centers of Excellence, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel),	**Bone marrow harvest** 38240 38241 38242 S2150 **Evaluation for transplant** 99205 **Heart** 33940 33944 33945 **Heart/lung** 33930 33935 **Intestine** 44132 44133 44135 S2053 **Kidney** 50300 50320 50323 50340 50360 50365 50370 50547

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Transplant (cont.)	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), Waskyra™ (etuvetidigene autotemcel)Yartemlea® (narsoplimab-wuug) 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	**Kidney/pancreas** S2065 **Liver** 47135 47143 47147 **Lung** 32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554 **Services related to transplants** 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 **Cellular and gene therapy** C9399 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J3490 J3590 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an oncology diagnosis
Therapeutic radiopharmaceuticals	Prior authorization required. 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 UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and sign in.	A9513 A9590 A9606 A9607 A9615 A9699
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	36470 36471 36473 36474 36475 36476 36478 36479 36482 36483 36465 36466 37243 37700 37718 37722 37780

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 man process. 33927 33928 33929 33975 33976 33979 33981 33982 33983