

Prior authorization requirements for UnitedHealthcare of the River Valley

Effective October 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
		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	29863	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	29844
		29845	29846	29847	29848
		29861	29862	29870	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
		29887	29888	29889	29891
		29892	29893	29894	29895



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29897	29898	29899	29914
		29915	29916		
Bariatric surgery	Prior authorization required.	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43771	43772	43773	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43775	43842	43843	43845
		43846	43847	43848	43860*
		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 Contact us 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			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required.	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required.	15771	19300	19316	19318
		19325	19328	19330	19340
Reconstruction of the breast, except when following mastectomy		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
Prior authorization not required for the following diagnosis codes:					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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	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*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Filgrasatim-txid (Nypozi™)			
		Q5148			
		Pegfilgrastim (Neulasta®)			
		J2506*			
		Pegfilgrastim-apgf (Nyvepria™)			
		Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®)			
		Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																			
Cancer supportive care (cont.)		Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 <u>Medical Benefit Therapeutic Equivalent Medications¹</u> 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. ¹Some 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.																																																			
Cardiovascular	Prior authorization required.	Cardiology <table><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> ** 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: <table><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><tr><td>I70.233</td><td>I70.234</td><td>I70.235</td><td>I70.238</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	I70.233	I70.234	I70.235	I70.238
33285	37254	37256 *	37258 *																																																		
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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																																																		
	For Vascular codes, prior authorization required for lower extremity angiogram.																																																				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		I73.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
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 Medications¹			
		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	Prior authorization required.	S9988	S9990	S9991	

A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
to oversight by an institutional review board (IRB).					
Cochlear and other auditory implants	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.					
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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures	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 improving or restoring physiological function		15773	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		17106	17107	17108	
*Prior authorization not required when billed with the following diagnosis codes:					
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	E0194	E0277	E0328	E0329
		E0466	E0471	E0483	E0745
		E0764	E0766	E0770	E0784
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1236	E1238	E1399	E2402
	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 cost threshold — see Home health care.	E2510	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
	Some payer groups may have different DME prior authorization requirements for their benefit plans.				
End-stage renal disease (ESRD) dialysis services	Advance notification is required when members are referred to	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			
Services for treating end-stage renal disease, including outpatient dialysis services	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.				
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	
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 Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893: 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	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
	Health care professionals requesting laboratory testing will be required to complete the prior authorization process, which includes listing the laboratory and test name. Payment will be authorized for each specified genetic test for those CPT	81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518

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.)	codes registered with the Genetic and Molecular Testing Prior Authorization program.	81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
	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.	87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0060U	0087U
		0088U	0094U	0101U	0102U
		0103U	0118U	0129U	0171U
		0179U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0265U	0268U	0271U	0272U
		0273U	0274U	0276U	0288U
		0289U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0355U	0364U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0425U	0426U	0444U
		0449U	0465U	0473U	0474U
		0475U	0478U	0481U	0483U
		0484U	0485U	0487U	0493U
		0495U	0499U	0500U	0502U
		0504U	0505U	0523U	0529U
		0530U	0536U	0538U	0539U
		0540U	0543U	0552U	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	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies.	58267	58270	58294	
	Prior authorization not required for outpatient vaginal hysterectomies.				
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility	Prior authorization required.	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy.		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	S4011	S4013
		S4014	S4015	S4016	S4022
		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		The following codes only require prior authorization if the DX code is also listed:			
		52402	54500	54505	55550
		58140	58145	58146	58545
58546	58660	58662	58670		
58672	58673	58740	58770		
89398					
DX codes:					
E23.0	N46.01	N46.021	N46.022		
N46.023	N46.024	N46.025	N46.029		
N46.11	N46.121	N46.122	N46.123		
N46.124	N46.125	N46.129	N46.8		
N46.9	N97.0	N97.1	N97.2		
N97.8	N97.8	N97.9	N98.1		
Injectable medications	Prior authorization required.	Alpha ₁ - Proteinase inhibitors			
A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	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 UHCprovider.com. Submit the request using Clinical Pharmacy and Specialty Drugs. For questions call us at 888-397-8129.	J0256	J0257		
		Anemia			
		J0896	J1437	J1439	
		Asthma			
		J0517	J2182	J2356	J2357
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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
		J1757	J1818	J1931	J2840
		J3397			
		Enzyme replacement therapy			
		J0567	J1203	J1809	
		Enzyme deficiency (Gaucher disease)			
		J1786	J3060		
		Erythropoiesis-stimulating agents³			
		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
		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			
		Immune globulin			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		90283	90284	J1459	J1551
		J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	
	Immune modulator				
		J0638	J0490	J0491	J1823
		J9038	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 medications⁴				
		J0179	J0589	J1072	J1552
		J1553	J1554	J1576	J1577
		J2361	J2508	J7320	J7321
		J7322	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Q5124	Q5136	Q5158	Q5159
		Q5161			
	Multiple sclerosis				
		J0202	J2329	J2350	J2351
	Multiple sclerosis - POS 19 and 22 only				
		J2323	Q5134		
	Neutropenia²				
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
	Ophthalmologic VEGF Inhibitors				
		J2779			
	Rare conditions				
		J1305	J2998		
	Sickle cell disease				
		J0791			
	Unclassified and temporary codes¹				
		C9399	J1599	J3490	J3590

Please view the [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). Pre-determination is

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
		strongly encouraged for medications on our Review at Launch Medication List .	
		¹ For unclassified and temporary codes J3490, J3590, J1599, C9399 - prior authorization/notification is required for X, X, and X. ² Some codes may require prior authorization for both oncology and non-oncology diagnoses. For oncology diagnoses, refer to the Cancer Supportive Care section. For non-oncology diagnoses, submit prior authorization through the UnitedHealthcare Provider Portal or call 888-397-8129 . ³ Prior authorization is required for J0885 for both oncology and non-oncology diagnoses. 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 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	0071T	0072T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Non-urgent ambulance transportation by air between specified locations.					
Orthognathic surgery	Prior authorization required.	21050	21121	21123	21125
		21127	21141	21142	21143
Treatment of maxillofacial functional impairment.		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			
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	L1680	L1685
		L1700	L1710	L1720	L1755
		L1844	L1846	L2005	L2020
		L2034	L2036	L2037	L2038
		L2330	L3253	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services	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-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		E0786	
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		A9274	C2624		
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.					
Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		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
		009.511	009.512	009.513	009.519

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pregnancy (cont.)	Notification allows	009.521	009.522	009.523	009.529
	UnitedHealthcare of the River	009.611	009.612	009.613	009.619
	Valley to enroll a pregnant	009.621	009.622	009.623	009.629
	member in the Healthy	009.70	009.71	009.72	009.73
	Pregnancy Program, our case	009.891	009.892	009.893	009.899
	and disease management	009.90	009.91	009.92	009.93
	program, before giving birth.	012.00	012.01	012.02	012.03
	As part of these programs,	012.10	012.11	012.12	012.13
	members will have access to	012.20	012.21	012.22	012.23
	the Healthy Pregnancy app	021.0	021.1	021.8	021.9
	and other available resources.	024.011	024.012	024.013	024.111
	Voluntary notification doesn't	024.112	024.113	024.311	024.312
	indicate or	024.313	024.811	024.812	024.813
	imply coverage, which is	024.911	024.912	024.913	026.00
	determined according to the	026.01	026.02	026.03	026.831
	member's benefit plan.	026.832	026.833	026.839	030.001
		030.002	030.003	030.011	030.012
	We ask that you please notify	030.013	030.031	030.032	030.033
	us once during pregnancy.	030.041	030.042	030.043	030.091
	We're not requesting	030.092	030.093	030.101	030.102
	notification of ancillary	030.103	030.111	030.112	030.113
	services, such as ultrasound	030.121	030.122	030.123	030.191
	and lab work.	030.192	030.193	030.201	030.202
		030.203	030.211	030.212	030.213
	After notification, please	030.221	030.222	030.223	030.291
	contact	030.292	030.293	030.91	030.92
	us if the member no longer	030.93	047.00	047.02	047.03
	qualifies for the Healthy	047.1	047.9	060.00	060.02
	Pregnancy Program (e.g.,	060.03	099.011	099.012	099.013
	if a pregnancy is terminated).	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			
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required	L5331	L5657	L5828	L5848
	only for prosthetic codes	L5856	L5858	L5968	L5973
	listed with a retail purchase	L5980	L5981	L5987	L6034
	or cumulative rental cost	L6035	L6036	L6038	L6039
	of more than \$1,000.	L6200	L6881	L6882	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
Radiation therapy	Prior authorization required.	L7191	L7499		
		IGRT			
		77387			
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		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 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	Prior authorization required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Treatment of nasal functional impairment and septal deviation					
Sinuplasty	Prior authorization required.	31295	31296	31297	
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, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Auditory system 69140 69145 69205 69310 69320 69424 69440 69641 69643 69644 69645 69646 69660 69661 69662 Cardiovascular system 36581 36582 36901 36902 37242 37609 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 Digestive system			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of Service (SOS) – Outpatient Hospital (cont.)		40812	41110	41112	41113
		42440	42800	42810	46220
		46221	46250	46255	46257
		46261	46270	46505	46612
		46946			
		Ear, nose and throat (ENT) procedures			
		30140	30520		
		Eye and ocular adnexa			
		65400	65420	65426	65435
		65436	65710	65730	65750
		65755	65756	65778	65779
		65780	65815	65855	65875
		65920	66170	66172	66185
		66682	66710	66711	66761
		66840	66988	67010	67036
		67039	67040	67041	67042
		67043	67400	67412	67445
		67840	67875	67935	67971
		67973	68100	68110	68115
		68135	68440	68700	68720
		68750	68815		
		Female genital system			
		56442	56620	56740	57000
		57295	57461	57513	57700
		58560	58561	58565	
		Foot surgery			
		28295			
		Integumentary system			
		11440	11441	11443	11444
		11446	11462	11470	11620
		11621	11623	11640	11642
		11643	11755	11760	12041
		12042	13100	13131	15220
		15760	15770		
		Male genital system			
		54001	54055	54060	54110
		54164	54300	54360	54530
		54700	54840	54860	55041
		55110	55120	55500	
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20605	20610	20912	21011
		21012	21013	21014	23120
		23140	23405	23430	23440
		24006	24071	24073	24075
		24076	24101	24102	24105

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of Service (SOS) – Outpatient Hospital (cont.)		24120	24300	24341	24342
		24343	24357	24358	25071
		25073	25075	25076	25085
		25109	25111	25112	25130
		25210	25230	25240	25275
		25295	25608	26045	26055
		26075	26080	26110	26111
		26113	26121	26123	26160
		26180	26215	26236	26320
		26350	26356	26357	26426
		26432	26433	26437	26480
		26525	26540	26541	26842
		26850	26860	26951	26952
		27048	27062	27324	27327
		27328	27332	27339	27340
		27347	27372	27620	27632
		27638	27685	27690	27696
		28022	28035	28041	28043
		28045	28047	28060	28086
		28088	28090	28092	28103
		28104	28108	28110	28111
		28112	28113	28118	28119
		28120	28122	28124	28126
		28153	28160	28208	28250
		28288	28306	28312	28315
		28322	28755	G0260	
		Nervous system			
		64585	64610	64702	64718
		64719	64776	64782	64788
		64831	64835		
		Respiratory system			
		30115	30130	30220	30580
		30802	30930	31030	31200
		31298	31528	31535	31536
		31540	31541		
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urologic procedures			
		52000	52005	52204	52234
		52235	52260	52265	52275
		52276	52281	52283	52285
		52287	52300	52310	52315
		52332	52352	52356	52500
		53260	53270	54161	55040
Sleep apnea procedures and surgeries	Prior authorization required.	Prior authorization is required for all states.			
		21685	41599		
Maxillomandibular advancement or oral	Applies to inpatient or outpatient procedures and	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
pharyngeal tissue reduction for treatment of obstructive sleep apnea.	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.	following codes except in Alaska, Illinois, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 42145			
Sleep studies	Prior authorization required.	95805 95811	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.				
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 require prior authorization. You may also fax specialty medication requests to 877-342-4596.				
Spinal cord stimulators	Prior authorization required.	Prior authorization is required for all states. 63650 63655 63664 63685 63688 64553 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. 63663			
Spinal cord stimulators when implanted for pain management.					
Spinal surgery	Prior authorization required.	Prior authorization is required for all states. 20930 20931 20939 22206 22207 22208 22210 22212			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22836	22837
		22838	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22852
		22853	22854	22856	22857
		22858	22859	22861	22862
		22899	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63185	63190	63266	63267
		63268	63270	63271	63272
		63275	63276	63277	63280
		63282	63285	63287	63290
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	0656T	0657T
		0790T			

Stimulators – not related to spine	Prior authorization required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43647	43648	43881	61863
Implantation of a device that sends electrical impulses.		61867	61885	61886	64555
		64561	64568	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators – not related to spine (cont.)		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	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.		38240	38241	38242	\$2150
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	\$2053
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Kidney/pancreas			
		\$2065			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	\$2060	\$2061
		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	\$2054
		\$2140	\$2142	\$2152	
		Cellular and gene therapy			
		C9399	J1289	J3386	J3387
		J3389	J3391	J3392	J3393
		J3394	J3402	J3490	J3590
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant (cont.)		*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 A9615	A9590 A9699	A9606	A9607
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 36476 36483 37700	36471 36478 36465 37718	36473 36479 36466 37722	36475 36482 37243 37780
Ventricular assist devices (VAD)		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.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979	33929 33981	33975 33982