

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective November 1, 2022

General Information

This list comprises prior authorization review requirements for care providers who participate with UnitedHealthcare of the River Valley for in-network services. Updates to the list are announced routinely in the UnitedHealthcare [Network News](#). For more information, please call Provider Services at **877-842-3210**.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on 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.
- **Phone: 877-842-3210**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

The following procedures and services and listed CPT® codes require prior authorization for all UnitedHealthcare of the River Valley plan members in both outpatient and inpatient settings, unless otherwise noted.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--|-------|-------|-------|
| Arthroplasty | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24365 | 24370 | 24371 | 25441 |
| | | 25442 | 25443 | 25444 | 25446 |
| | | 25449 | 27120 | 27125 | 27130 |
| | | 27132 | 27134 | 27137 | 27138 |
| | | 27437 | 27438 | 27440 | 27441 |
| | | 27442 | 27443 | 27445 | 27446 |
| | | 27447 | 27486 | 27487 | 27700 |
| | | 27702 | 27703 | | |
| 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 AK, MA, PR, TX, UT, VI, and WI. | | | |
| | | 29805 | 29806 | 29807 | 29819 |
| | | 29820 | 29821 | 29822 | 29823 |
| | | 29824 | 29825 | 29827 | 29828 |
| | | 29830 | 29834 | 29835 | 29836 |
| | | 29837 | 29838 | 29840 | 29844 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---------|---------|--------|
| Arthroscopy (continued) | | 29845 | 29846 | 29847 | 29848 |
| | | 29860 | 29861 | 29862 | 29863 |
| | | 29870 | 29873 | 29874 | 29875 |
| | | 29876 | 29877 | 29879 | 29880 |
| | | 29881 | 29882 | 29883 | 29884 |
| | | 29885 | 29886 | 29887 | 29888 |
| | | 29889 | 29891 | 29892 | 29893 |
| | | 29894 | 29895 | 29897 | 29898 |
| | | 29899 | 29914 | 29915 | 29916 |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | There is a Center of Excellence requirement for coverage of bariatric surgery and services. | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210. | 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 stimulatc 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 | 19380 | 19396 |
| | L8600 | | | | |
| Prior authorization not required for the following diagnosis codes: | | | | | |
| | C50.019 | C50.011 | C50.012 | C50.111 | |
| | C50.112 | C50.119 | C50.211 | C50.212 | |
| | C50.219 | C50.311 | C50.312 | C50.319 | |
| | C50.411 | C50.412 | C50.419 | C50.511 | |
| | C50.512 | C50.519 | C50.611 | C50.612 | |
| | C50.619 | C50.811 | C50.812 | C50.819 | |
| | C50.911 | C50.912 | C50.919 | C50.029 | |
| | C50.021 | C50.022 | C50.121 | C50.122 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|-------------------------------|--|---|---------|---------|--|
| Breast reconstruction (non-mastectomy) (continued) | | C50.129 | C50.221 | C50.222 | C50.229 | |
| | | C50.321 | C50.322 | C50.329 | C50.421 | |
| | | C50.422 | C50.429 | C50.521 | C50.522 | |
| | | C50.529 | C50.621 | C50.622 | C50.629 | |
| | | C50.821 | C50.822 | C50.829 | C50.921 | |
| | | C50.922 | C50.929 | C79.81 | D05.90 | |
| | | D05.00 | D05.01 | D05.02 | D05.10 | |
| | | D05.11 | D05.12 | D05.80 | D05.81 | |
| | | D05.82 | D05.91 | D05.92 | Z85.3 | |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 | |
| | | Z42.1 | | | | |
| | Cancer supportive care | <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <u>Anti-Emetics that require prior authorization</u> | | | |
| | | | Akynzeo® (palonosetron/fosnetupitant) | | | |
| J1454 | | | | | | |
| Cinvanti™ (aprepitant) | | | | | | |
| J0185 | | | | | | |
| Emend® (fosaprepitant) | | | | | | |
| J1453 | | | | | | |
| Sustol® (granisetron extended release) | | | | | | |
| J1627 | | | | | | |
| <u>Bone-modifying agent that requires prior authorization:</u> | | | | | | |
| Denosumab (Prolia®, Xgeva®) | | | | | | |
| J0897* | | | | | | |
| <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | | | | |
| Filgrastim (Neupogen®) | | | | | | |
| J1442* | | | | | | |
| Filgrastim-aafi (Nivestym™) | | | | | | |
| Q5110* | | | | | | |
| Filgrastim-sndz (Zarxio®) | | | | | | |
| Q5101* | | | | | | |
| Pegfilgrastim (Neulasta®) | | | | | | |
| J2506* | | | | | | |
| Pegfilgrastim-apgf (Nyvepria™) | | | | | | |
| Q5122* | | | | | | |
| Pegfilgrastim-bmez (Ziextenzo®) | | | | | | |
| Q5120* | | | | | | |
| Pegfilgrastim-cbqv (UDENYCA™) | | | | | | |
| Q5111* | | | | | | |
| Pegfilgrastim-jmdb (Fulphila™) | | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|--|--|---------|---------|---------|
| Cancer supportive care (continued) | | Q5108* | | | |
| | | Sargramostim (Leukine®) J2820 | | | |
| | | Tbo-filgrastim (Granix®) J1447* | | | |
| | | Trilaciclib (Cosela™) J1448 | | | |
| | | 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 . | | | |
| Cardiology | Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance | For prior authorization, 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 866-889-8054 . | | | |
| | | For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial. | | | |
| Cardiovascular | Prior authorization required | Cardiology | | | |
| | For Vascular codes, prior authorization required for lower extremity angiogram | 33285 | 37220 | 37221 | 37224 |
| | | 37225 | 37226 | 37227 | 37228 |
| | | 37229 | 93580** | 93653 | 93656 |
| | | E0616 | | | |
| | | Vascular | | | |
| | | 75710* | 75716* | | |
| | | **Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18. | | | |
| | | *Prior authorization required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | I70.221 | I70.222 |
| | | I70.223 | I70.228 | I70.229 | I70.231 |
| | | I70.232 | I70.233 | I70.234 | I70.235 |
| | | I70.238 | I70.239 | I70.241 | I70.242 |
| | | I70.243 | I70.244 | I70.245 | I70.248 |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------|----------|----------|
| Cardiovascular (continued) | | 170.713 | 170.718 | 170.719 | 170.721 |
| | | 170.722 | 170.723 | 170.728 | 170.729 |
| | | 170.731 | 170.732 | 170.733 | 170.734 |
| | | 170.735 | 170.738 | 170.739 | 170.741 |
| | | 170.742 | 170.743 | 170.744 | 170.745 |
| | | 170.748 | 170.749 | 170.761 | 170.762 |
| | | 170.763 | 170.768 | 170.769 | 170.791 |
| | | 170.792 | 170.793 | 170.798 | 170.799 |
| | | 170.8 | 170.90 | 170.91 | 170.92 |
| | | 172.3 | 172.4 | 172.8 | 172.9 |
| | | 173.89 | 173.9 | 174.3 | 174.4 |
| | | 174.5 | 174.8 | 174.9 | 175.021 |
| | | 175.022 | 175.023 | 175.029 | 175.89 |
| | | 177.1 | 177.2 | 177.70 | 177.72 |
| | | 177.77 | 177.79 | 196 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | T82.319A | T82.338A | T82.392A | T82.398A | |
| | T82.399A | T82.818A | T82.856A | T82.858A | |
| | T82.868A | T82.898A | Z95.820 | Z98.62 | |
| Cartilage implants | Prior authorization required. | 27412 | 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 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95720 | 95722 | 95724 | 95726 |
| Chemotherapy services | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, | Injectable chemotherapy drugs that require prior authorization: | | | |
| | | <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) | | | |

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|--|---|---|----------------|----------------|----------------|
| Chemotherapy services (continued) | intravesical and intrathecal for a cancer diagnosis | <ul style="list-style-type: none"> Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 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 . | | | |
| 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 L8619 | 69714 L8690 | 69930 L8691 | L8614 L8692 |
| Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | For notification/prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 33251 | 33254 | 33255 | 33256 |
| | | 33257 | 33258 | 33259 | 33261 |
| | | 33404 | 33414 | 33415 | 33416 |
| | | 33417 | 33476 | 33478 | 33500 |
| | | 33501 | 33502 | 33503 | 33504 |
| | | 33505 | 33506 | 33507 | 33600 |
| | | 33602 | 33606 | 33608 | 33610 |
| | | 33611 | 33612 | 33615 | 33617 |
| | | 33619 | 33641 | 33645 | 33647 |
| | | 33660 | 33665 | 33670 | 33675 |
| | | 33676 | 33677 | 33681 | 33684 |
| | | 33688 | 33690 | 33692 | 33694 |
| | | 33697 | 33702 | 33710 | 33720 |
| | | 33724 | 33726 | 33730 | 33732 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|----------------|----------------|----------------|
| Congenital heart disease (continued) | | 33735 | 33736 | 33737 | 33750 |
| | | 33755 | 33762 | 33764 | 33766 |
| | | 33767 | 33768 | 33770 | 33771 |
| | | 33774 | 33775 | 33776 | 33777 |
| | | 33778 | 33779 | 33780 | 33781 |
| | | 33786 | 33788 | 33802 | 33803 |
| | | 33820 | 33822 | 33840 | 33845 |
| | | 33851 | 33852 | 33853 | 33917 |
| | | 33920 | 33924 | 93580 | 93581 |
| | | Congenital heart disease codes: In combination with the following ICD-10-CM codes: | | | |
| | | Q20.0 | Q20.3 | Q20.1 | Q20.5 |
| | | Q20.2 | Q20.3 | Q20.8 | Q21.3 |
| | | Q20.4 | Q21.0 | Q21.1 | Q21.2 |
| | | Q21.8 | Q21.2 | Q21.2 | Q20.8 |
| | | Q20.6 | Q20.8 | Q21.4 | Q21.8 |
| | Q21.9 | Q21.9 | Q22.3 | Q22.0 | |
| | Q22.1 | Q22.2 | Q22.4 | Q22.6 | |
| | Q22.8 | Q22.9 | Q22.5 | Q23.0 | |
| | Q23.1 | Q23.2 | Q23.3 | Q23.4 | |
| | Q24.4 | Q24.2 | Q24.3 | Q24.8 | |
| | Q24.5 | Q24.6 | Q24.0 | Q24.1 | |
| | Q24.8 | Q23.8 | Q23.9 | Q24.8 | |
| | Q20.9 | Q24.9 | Q25.0 | Q25.1 | |
| | Q25.2 | Q25.4 | Q25.4 | Q25.2 | |
| | Q25.3 | Q25.4 | Q25.8 | Q25.9 | |
| | Q25.5 | Q25.71 | Q25.72 | Q25.6 | |
| | Q25.79 | Q26.9 | Q26.2 | Q26.3 | |
| | Q26.4 | Q26.0 | Q26.1 | Q26.8 | |
| | Q27.0 | Q27.9 | Q26.5 | Q26.6 | |
| | Q27.33 | Q27.8 | Q27.1 | Q27.2 | |
| | Q27.34 | Q27.31 | Q27.32 | Q27.39 | |
| | Q27.8 | Q28.2 | Q28.3 | | |
| | *See the Cardiovascular section of this document for patients ages 18 and older, | | | | |
| Continuous Glucose Monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 E0787 | A9276 K0553 | A9277 K0554 | A9278 |
| Cosmetic and reconstructive procedures | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 11960 14021 | 11970 14061 | 11971 14302 | 14020 15570 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| | | | | | |
| Cosmetic and reconstructive procedures (continued) 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 | | 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 | 21740 | 21742 | 21743 |
| | | 28344 | 30540 | 30545 | 30560 |
| | | 30620 | 54400 | 54401 | 54405 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |
| | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| | 67923 | 67924 | 67950 | 67961 | |
| | 67966 | 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 AK, MA, PR, TX, UT, VI, and WI. | | | |
| | | 17106 | 17107 | 17108 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | | E0329 | E0466 | E0471 | E0483 |
| | | E0745 | E0764 | E0766 | E0770 |
| | 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. | E0784 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1010 | E1016 |
| | | E1018 | E1236 | E1238 | E1399 |
| | | E1802 | E1805 | E1825 | E1830 |
| | | E1840 | E2402 | E2502 | E2504 |
| | | E2506 | E2508 | E2510 | E2511 |
| | Some payer groups may have different DME prior authorization requirements for their benefit plans. | 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 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---|---|---|
| Durable medical equipment (DME) (continued) | | K0885 S1040 | K0886 | K0890 | K0891 |
| End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services | Prior authorization required when members are referred to an out-of-network care provider for dialysis services. Prior authorization not required for ESRD when a member travels outside of the service area. Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | Please call 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 AK, MA, PR, TX, UT, VI, and WI. 28285 28289 28291 28292 28296 28297 28298 28299 | | | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 31256 31276 | 31253 31257 31287 | 31254 31259 31288 | 31255 31267 |
| Gender dysphoria treatment | Prior authorization required | Prior authorization required for the following regardless of diagnosis code: 55970 55980 Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734 15738 15750 15757 15758 19303 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58661 58720 58940 64856 64892 64896 | | | |
| Genetic and molecular testing to include BRCA gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test | 81105 81109 81121 81164 81168 81173 81177 81181 81185 | 81106 81110 81161 81165 81170 81174 81178 81182 81186 | 81107 81111 81162 81166 81171 81175 81179 81183 81187 | 81108 81120 81163 81167 81172 81176 81180 81184 81188 |

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| 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 (continued) | name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/ Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81189 | 81190 | 81191 | 81192 |
| | | 81193 | 81194 | 81200 | 81201 |
| | | 81203 | 81204 | 81205 | 81208 |
| | | 81209 | 81216 | 81218 | 81220 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | 81234 | 81236 | 81237 | 81238 |
| | | 81239 | 81240 | 81241 | 81242 |
| | | 81243 | 81244 | 81245 | 81246 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| | | 81255 | 81256 | 81257 | 81258 |
| | | 81259 | 81260 | 81261 | 81262 |
| | | 81263 | 81264 | 81265 | 81266 |
| | | 81267 | 81268 | 81269 | 81271 |
| | | 81272 | 81273 | 81274 | 81276 |
| | | 81277 | 81278 | 81279 | 81283 |
| | | 81284 | 81285 | 81286 | 81287 |
| | | 81288 | 81289 | 81290 | 81291 |
| | | 81292 | 81294 | 81295 | 81297 |
| | | 81298 | 81300 | 81302 | 81303 |
| | | 81304 | 81305 | 81306 | 81307 |
| | | 81309 | 81310 | 81312 | 81313 |
| | | 81314 | 81315 | 81316 | 81317 |
| | | 81318 | 81319 | 81320 | 81321 |
| | | 81322 | 81323 | 81324 | 81325 |
| | | 81326 | 81327 | 81328 | 81329 |
| | | 81330 | 81331 | 81332 | 81333 |
| | | 81334 | 81335 | 81336 | 81337 |
| 81338 | 81339 | 81340 | 81341 | | |
| 81342 | 81343 | 81344 | 81345 | | |
| 81346 | 81347 | 81348 | 81350 | | |
| 81351 | 81352 | 81353 | 81355 | | |
| 81357 | 81360 | 81361 | 81362 | | |
| 81363 | 81364 | 81370 | 81371 | | |
| 81372 | 81373 | 81375 | 81376 | | |
| 81377 | 81378 | 81379 | 81380 | | |
| 81381 | 81382 | 81383 | 81400 | | |
| 81401 | 81402 | 81403 | 81404 | | |
| 81405 | 81406 | 81407 | 81408 | | |
| 81410 | 81411 | 81412 | 81413 | | |
| 81414 | 81415 | 81416 | 81417 | | |

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| 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 (continued) | | 81419 | 81420 | 81430 | 81431 |
| | | 81432 | 81433 | 81434 | 81435 |
| | | 81436 | 81437 | 81438 | 81439 |
| | | 81440 | 81442 | 81443 | 81445 |
| | | 81448 | 81460 | 81465 | 81470 |
| | | 81471 | 81479 | 81507 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81546 | 81554 | 81595 | 81599 |
| | | 87481 | 87482 | 87505 | 87506 |
| | | 87507 | 87510 | 87511 | 87512 |
| | | 87623 | 87797 | 87798 | 87799 |
| | | 87800 | 87801 | 0001U | 0004M |
| | | 0006M | 0007M | 0012U | 0013U |
| | | 0014U | 0016U | 0017U | 0018U |
| | | 0022U | 0023U | 0026U | 0027U |
| | | 0030U | 0031U | 0032U | 0033U |
| | | 0034U | 0040U | 0046U | 0049U |
| | | 0055U | 0060U | 0068U | 0070U |
| | | 0071U | 0072U | 0073U | 0074U |
| | | 0075U | 0076U | 0084U | 0087U |
| | | 0088U | 0097U | 0111U | 0129U |
| | | 0136U | 0137U | 0154U | 0155U |
| | | 0157U | 0158U | 0159U | 0160U |
| | | 0161U | 0168U | 0169U | 0170U |
| | | 0171U | 0172U | 0173U | 0175U |
| | | 0177U | 0179U | 0180U | 0181U |
| | | 0182U | 0183U | 0184U | 0185U |
| | | 0186U | 0187U | 0188U | 0189U |
| | | 0190U | 0191U | 0192U | 0193U |
| | | 0194U | 0195U | 0196U | 0197U |
| | | 0198U | 0199U | 0200U | 0201U |
| | | 0203U | 0205U | 0209U | 0214U |
| | | 0215U | 0216U | 0217U | 0218U |
| | 0221U | 0222U | 0229U | 0230U | |
| | 0231U | 0232U | 0234U | 0235U | |
| | 0236U | 0237U | 0238U | 0245U | |
| | 0246U | S3870 | | | |
| Home health care – Non-nutritional | Notification/prior authorization required only in outpatient settings, to include member's home. | T1000 | T1002 | T1003 | |

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| 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. | 58267 | 58270 | 58275 | 58280 |
| | Prior authorization not required for outpatient vaginal hysterectomies. | 58294 | | | |
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required. | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required. | 55870 | 58321 | 58322 | 58323 |
| | | 58345 | 58752 | 58760 | 58970 |
| | | 58974 | 58976 | 76948 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89291 |
| | | 89335 | 89337 | 89342 | 89343 |
| | | 89344 | 89346 | 89352 | 89353 |
| | | 89354 | 89356 | S4011 | S4013 |
| | | S4014 | S4015 | S4016 | S4022 |
| | | S4023 | S4025 | S4026 | S4028 |
| | | S4030 | S4031 | S4035 | S4037 |
| | | The following codes only require prior authorization if the DX code is also listed: | | | |
| | 52402 | 54500 | 54505 | 55550 | |
| | 58140 | 58145 | 58146 | 58545 | |
| | 58546 | 58660 | 58662 | 58670 | |
| | 58672 | 58673 | 58740 | 58770 | |
| | 89398 | | | | |
| DX codes: | | | | | |
| | E23.0 | N46.01 | N46.021 | N46.022 | |
| | N46.023 | N46.024 | N46.025 | N46.029 | |
| | N46.11 | N46.121 | N46.122 | N46.123 | |
| | N46.124 | N46.125 | N46.129 | N46.8 | |
| | N46.9 | N97.0 | N97.1 | N97.2 | |
| | N97.8 | N97.8 | N97.9 | N98.1 | |

| | | | | | |
|--|--|-------------------------------------|-------|-------|-------|
| Injectable medications A drug capable of being injected intravenously through an intravenous infusion, | Prior authorization required. | Alpha1-Proteinase Inhibitors | | | |
| | To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click | J0256 | J0257 | | |
| | | Anemia | J0896 | J1437 | J1439 |
| | | Asthma | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| subcutaneously or intra-muscularly | <p>on the UnitedHealthcare Provider Portal in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129.</p> <p>Hemophilia codes ONLY: Follow normal UHC intake process.</p> | J0517 | J2182 | J2357 | J2786 |
| | | Blood Modifying Agents | | | |
| | | J0223 | J1300 | J1302 | J1303 |
| | | Botulinum Toxins | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Cardiology | | | |
| | | J1306 | | | |
| | | Carvykti | | | |
| | | J2056 | | | |
| | | Central Nervous System Agents | | | |
| | | J0172 | J0222 | J1301 | J1426 |
| | | J1427 | J1428 | J1429 | J2326 |
| | | J3032 | J9332 | | |
| | | Collagenase | | | |
| | | J0775 | | | |
| | | Dermatology | | | |
| | | J7352 | | | |
| | | Endocrine | | | |
| | | J0224 | J0800 | J0584 | J2507 |
| | | J3241 | | | |
| | | Enzyme Replacement Therapy - POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | J1743 | J1931 | J2504 | J2840 |
| J3397 | | | | | |
| Enzyme Deficiency (Gaucher Disease) | | | | | |
| J1786 | J3060 | | | | |
| Erythropoiesis-Stimulating Agents⁴ | | | | | |
| J0885 | | | | | |
| Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only | | | | | |
| J3385 | | | | | |
| Gene Therapy | | | | | |
| J3398 | J3399 | | | | |
| Hemophilia | | | | | |
| J7170 | J7175 | J7177 | J7178 | | |
| J7179 | J7180 | J7181 | J7182 | | |
| J7183 | J7185 | J7186 | J7187 | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Injectable medications (continued) | | J7188 | J7189 | J7190 | J7191 |
| | | J7192 | J7193 | J7194 | J7195 |
| | | J7198 | J7199 | J7200 | J7201 |
| | | J7202 | J7203 | J7204 | J7205 |
| | | J7207 | J7208 | J7209 | J7210 |
| | | J7211 | J7212 | | |
| | Hematologic | | | | |
| | J0596 | J0597 | J0598 | J1290 | |
| | HIV | | | | |
| | J0739 | J0741 | J1746 | | |
| | Immune Globulin | | | | |
| | 90283 | 90284 | J1459 | J1555 | |
| | J1556 | J1557 | J1558 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | | | |
| | Immune Modulator | | | | |
| | C9086 | J0638 | J0490 | J0491 | |
| | J1823 | J9210 | Q5115 | Q5119 | |
| | Q5123 | | | | |
| | Inflammatory Conditions | | | | |
| | J0491 | J0129 | J0717 | J1602 | |
| | J1745 | J3262 | J3358 | J3380 | |
| | Q5103 | Q5104 | Q5121 | | |
| | Medical Benefit Therapeutic Equivalent Medications⁶ | | | | |
| | Immune Globulin | | | | |
| | J1551 | J1554 | J1599 | | |
| | Sodium hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Miscellaneous | | | | |
| | J0584 | J1301 | J1746 | J2507 | |
| | J3111 | J3245 | J0741 | | |
| | Multiple sclerosis | | | | |
| | J0202 | J2323 | J2350 | | |
| | Multiple Sclerosis - POS 19 and 22 only | | | | |
| | J2323 | | | | |
| | Neutropenia³ | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (continued) | | J1442 | J1447 | J2506 | Q5101 |
| | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | Q5125 | | |
| | | Osteoporosis | | | |
| | | J0897 ³ | J3111 | | |
| | | Rare Conditions | | | |
| | | J1305 | J2998 | | |
| | | Releuko® | | | |
| | | Q5125 | | | |
| | | RSV Prophylaxis | | | |
| | | 90378 | | | |
| | | Sickle Cell disease | | | |
| | | J0791 | | | |
| | | Unclassified and temporary codes¹ | | | |
| | | C9399 | 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 & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.

¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Fylnetra™, Nulibry™, Revcovi™ Skyrizi®-IV Formulation, Skysona™ and Tezspire™

³ For codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology DX.

For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call **888-397-8129**.

⁴ For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

5 As stated in the UHC medical drug policy, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.

⁶ Some members may not have coverage for these drugs

| | |
|---|--|
| Inpatient admissions-post acute services | Prior authorization and notification of admission date required for these facilities |
|---|--|

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------------|-------|-------|
| | providing post-acute inpatient services: <ul style="list-style-type: none"> • 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 contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. A physician and facility must follow FDA-labeled indications for use. | 0071T | 0072T | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | Prior authorization required. | A0430 S9960 | A0431 S9961 | A0435 | A0436 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|---|--|--|---|---|-------|--|--|
| Orthognathic surgery Treatment of maxillofacial functional impairment | Prior authorization required. | 21050 | 21060 | 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 | | |
| Orthotics | Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L0220 | L0480 | 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 | | |
| Out-of-network services A referral from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare of the River Valley | 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 non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. | L3975 | L3976 | L3977 | | | |
| | | 62320 | 62322 | 62324 | 62325 | | |
| | | 62326 | 62327 | 62350 | 62351 | | |
| | | 62360 | 62361 | 64451 | 64484 | | |
| | | 64520 | 64620 | 64640 | E0782 | | |
| | | E0783 | E0785 | E0786 | G0260 | | |
| | | Physical Therapy/Occupational Therapy (PT/OT) | Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182. | | | |

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

(PSF) through the OptumHealth Physical Health website at myoptumhealthphysicalhealth.com.
 PSFs should be sent within three days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| 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 the prevailing published, peer-reviewed medical literature | Prior authorization required | 26340 | 33361 | 33362 | 33363 |
| | | 33364 | 33365 | 33366 | 33369 |
| | | 33477 | 36514 | 64722 | 0376T |
| | | A9274 | | | |

| | | | | | |
|------------------|---|--|---------|---------|---------|
| 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 their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan. | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | | O09.00 | O09.01 | O09.02 | O09.03 |
| | | O09.10 | O09.11 | O09.12 | O09.13 |
| | | O09.211 | O09.212 | O09.213 | O09.219 |
| | | O09.291 | O09.292 | O09.293 | O09.299 |
| | | O09.30 | O09.31 | O09.32 | O09.33 |
| | | O09.40 | O09.41 | O09.42 | O09.43 |
| | | O09.511 | O09.512 | O09.513 | O09.519 |
| | | O09.521 | O09.522 | O09.523 | O09.529 |
| | | O09.611 | O09.612 | O09.613 | O09.619 |
| | | O09.621 | O09.622 | O09.623 | O09.629 |
| | | O09.70 | O09.71 | O09.72 | O09.73 |
| | | O09.891 | O09.892 | O09.893 | O09.899 |
| | | O09.90 | O09.91 | O09.92 | O09.93 |
| | | O12.00 | O12.01 | O12.02 | O12.03 |
| | | O12.10 | O12.11 | O12.12 | O12.13 |
| | | O12.20 | O12.21 | O12.22 | O12.23 |
| | | O21.0 | O21.1 | O21.8 | O21.9 |
| | | O24.011 | O24.012 | O24.013 | O24.111 |
| | | O24.112 | O24.113 | O24.311 | O24.312 |
| O24.313 | O24.811 | O24.812 | O24.813 | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------|---|--|---------|---------|---------|
| Pregnancy (continued) | Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. | O24.911 | O24.912 | O24.913 | O26.00 |
| | | O26.01 | O26.02 | O26.03 | O26.831 |
| | | O26.832 | O26.833 | O26.839 | O30.001 |
| | | O30.002 | O30.003 | O30.011 | O30.012 |
| | | O30.013 | O30.031 | O30.032 | O30.033 |
| | | O30.041 | O30.042 | O30.043 | O30.091 |
| | | O30.092 | O30.093 | O30.101 | O30.102 |
| | | O30.103 | O30.111 | O30.112 | O30.113 |
| | | O30.121 | O30.122 | O30.123 | O30.191 |
| | | O30.192 | O30.193 | O30.201 | O30.202 |
| | After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated. | O30.203 | O30.211 | O30.212 | O30.213 |
| | | O30.221 | O30.222 | O30.223 | O30.291 |
| | | O30.292 | O30.293 | O30.91 | O30.92 |
| | | O30.93 | O47.00 | O47.02 | O47.03 |
| | | O47.1 | O47.9 | O60.00 | O60.02 |
| | | O60.03 | O99.011 | O99.012 | O99.013 |
| | | O99.280 | O99.89 | Z32.01 | Z33.1 |
| | | Z34.00 | Z34.01 | Z34.02 | Z34.03 |
| | | Z34.80 | Z34.81 | Z34.82 | Z34.83 |
| | | Z34.90 | Z34.91 | Z34.92 | Z34.93 |
| Prostate procedures | Prior authorization required | 52441 | 52442 | 53850 | 55866 |
| | | 55874 | | | |
| Prosthetics | Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L5010 | L5020 | L5050 | L5060 |
| | | L5100 | L5105 | L5150 | L5160 |
| | | L5200 | L5210 | L5230 | L5250 |
| | | L5270 | L5280 | L5301 | L5321 |
| | | L5331 | L5400 | L5420 | L5530 |
| | | L5535 | L5540 | L5585 | L5590 |
| | | L5616 | L5639 | L5643 | L5649 |
| | | L5651 | L5681 | L5683 | L5703 |
| | | L5707 | L5724 | L5726 | L5728 |
| | | L5780 | L5795 | L5814 | L5818 |
| | | L5822 | L5824 | L5826 | L5828 |
| | | L5830 | L5840 | L5845 | L5848 |
| | | L5856 | L5858 | L5930 | L5960 |
| | | L5966 | L5968 | L5973 | L5979 |
| | | L5980 | L5981 | L5987 | L5988 |
| | | L6000 | L6010 | L6020 | L6026 |
| | | L6050 | L6055 | L6120 | L6130 |
| | | L6200 | L6205 | L6310 | L6320 |
| | | L6350 | L6360 | L6370 | L6400 |
| | | L6450 | L6570 | L6580 | L6582 |
| L6584 | L6586 | L6588 | L6590 | | |
| L6621 | L6624 | L6638 | L6648 | | |
| L6693 | L6696 | L6697 | L6707 | | |
| L6881 | L6882 | L6884 | L6885 | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------------|-------|-------|
| Prosthetics (continued) | | L6900 | L6905 | L6910 | L6920 |
| | | L6925 | L6930 | L6935 | L6940 |
| | | L6945 | L6950 | L6955 | L6960 |
| | | L6965 | L6970 | L6975 | L7007 |
| | | L7008 | L7009 | L7040 | L7045 |
| | | L7170 | L7180 | L7181 | L7185 |
| | | L7186 | L7190 | L7191 | L7499 |
| | | L8042 | L8043 | L8044 | L8049 |
| | | V2629 | | | |
| | Radiation Therapy | Prior authorization required. | IGRT | | |
| 77014 | | | 77387 | G6001 | G6002 |
| G6017 | | | | | |
| IMRT | | | | | |
| Intensity-Modulated Radiation Therapy | | | | | |
| 77385 | | | 77386 | G6015 | G6016 |
| 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 | | | | | |
| 77401 | | | 77402 | 77407 | 77412 |
| G6003 | | | G6004 | G6005 | G6006 |
| G6007 | | | G6008 | G6009 | G6010 |
| G6011 | G6012 | G6013 | G6014 | | |
| Y90 | | | | | |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | | | |
| S2095 | 79445 | | | | |
| To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. | | | | | |
| After selecting Commercial as the product type, you will be directed to another website to process the authorization requests | | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans | Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|----------------|----------------|----------------|
| | Nuclear medicine and nuclear cardiology procedures | 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 dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial. | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – Office-based program | Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center. | Dermatologic | | | |
| | | 11402 | 11403 | 11406 | 11422 |
| | | 11404 | 11420 | 11421 | 11423 |
| | | 11424 | 11426 | 11442 | |
| | Prior authorization not required if performed in an office. | General Surgery | | | |
| | | 19000 | | | |
| | Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, AND WI. | Muscular/Skeletal | | | |
| | | 27096 | 64479 | 64490 | 64493 |
| | | 20552 | 20553 | | |
| | | Neurologic | | | |
| | | 62270 | 62321 | 64633 | 64635 |
| | | OB/GYN | | | |
| | | 57460 | | | |
| | | Respiratory | | | |
| | | 31579 | | | |
| Site of service (SOS)– Outpatient hospital | Notification/prior authorization only required when requesting service in an outpatient hospital setting. | Carpal tunnel surgery | | | |
| | Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC). | 64721 | | | |
| | Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, AND WI. | Cataract surgery | | | |
| | | 66821 | 66982 | 66984 | |
| | | Cosmetic and reconstructive | | | |
| | | 13101 | 13132 | 14040 | 14060 |
| | | 14301 | 21552 | 21931 | |
| | | Ear, nose and throat (ENT) procedures | | | |
| | | 21320 | 30140 | 30520 | 69436 |
| | | 69631 | | | |
| | | Gynecologic procedures | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | | Hernia repair | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Liver biopsy | | | |
| | | 47000 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital (continued) | | Miscellaneous | | | |
| | | 20680 | | | |
| | | Ophthalmologic | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | | Tonsillectomy and adenoidectomy | | | |
| | | 42821 | 42826 | | |
| | | Upper and lower gastrointestinal endoscopy | | | |
| | | 43235 | 43239 | 43249 | 45378 |
| | | 45380 | 45384 | 45385 | |
| | | Urologic procedures | | | |
| | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | | 52281 | 52310 | 52332 | 52351 |
| | | 52352 | 52353 | 52356 | 54161 |
| | | 55040 | 55700 | | |
| Site of service (SOS)– Outpatient hospital expansion | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | | 69100 | 69110 | 69140 | 69145 |
| | | 69205 | 69222 | 69310 | 69320 |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69421 | 69424 | 69433 | 69440 |
| | | 69450 | 69505 | 69550 | 69602 |
| | | 69610 | 69620 | 69632 | 69633 |
| | | 69635 | 69636 | 69641 | 69642 |
| | Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI. | 69643 | 69644 | 69645 | 69646 |
| | | 69650 | 69660 | 69661 | 69662 |
| | | 69801 | 69805 | 69806 | |
| | | Cardiovascular System | | | |
| | | 33215 | 33216 | 33241 | 35045 |
| | | 36000 | 36010 | 36012 | 36215 |
| | | 36246 | 36556 | 36569 | 36571 |
| | | 36581 | 36582 | 36589 | 36590 |
| | | 36821 | 36901 | 36902 | 37242 |
| | | 37248 | 37607 | 37609 | 37761 |
| | | 37765 | 37766 | 37785 | |
| | | Digestive System | | | |
| | | 40520 | 40525 | 40810 | 40812 |
| | | 40814 | 40816 | 41110 | 41112 |
| | | 41113 | 41520 | 41825 | 42100 |
| | | 42104 | 42106 | 42107 | 42140 |
| | 42330 | 42335 | 42405 | 42408 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 42410 | 42415 | 42420 | 42425 |
| | | 42440 | 42450 | 42500 | 42650 |
| | | 42800 | 42804 | 42808 | 42810 |
| | | 42831 | 42870 | 43191 | 43195 |
| | | 43197 | 43200 | 43202 | 43214 |
| | | 43220 | 43226 | 43229 | 43233 |
| | | 43236 | 43237 | 43238 | 43241 |
| | | 43242 | 43245 | 43246 | 43247 |
| | | 43248 | 43250 | 43251 | 43253 |
| | | 43254 | 43255 | 43259 | 43260 |
| | | 43261 | 43270 | 43450 | 43453 |
| | | 44340 | 44360 | 44361 | 44364 |
| | | 44369 | 44376 | 44377 | 44380 |
| | | 44381 | 44382 | 44385 | 44386 |
| | | 44388 | 44389 | 44392 | 44394 |
| | | 44705 | 45100 | 45171 | 45172 |
| | | 45190 | 45305 | 45334 | 45335 |
| | | 45340 | 45341 | 45342 | 45346 |
| | | 45349 | 45350 | 45379 | 45381 |
| | | 45386 | 45390 | 45398 | 45505 |
| | | 45541 | 45560 | 45905 | 45910 |
| | | 45915 | 45990 | 46020 | 46030 |
| | | 46080 | 46083 | 46200 | 46220 |
| | | 46221 | 46230 | 46250 | 46255 |
| | | 46257 | 46258 | 46261 | 46262 |
| | | 46270 | 46275 | 46280 | 46285 |
| | | 46288 | 46320 | 46505 | 46606 |
| | | 46607 | 46610 | 46612 | 46615 |
| | | 46706 | 46707 | 46750 | 46910 |
| | | 46917 | 46924 | 46930 | 46940 |
| | | 46945 | 46946 | 46947 | 46948 |
| | | 49082 | 49083 | 49180 | 49250 |
| | 49422 | 49520 | 49521 | 49525 | |
| | 49550 | 49553 | 49570 | 49572 | |
| | 49656 | G0105 | G0121 | | |
| | | Endocrine System | | | |
| | | 62281 | | | |
| | | Eye and Ocular Adnexa | | | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 65400 | 65420 | 65435 | 65436 |
| | | 65710 | 65750 | 65755 | 65756 |
| | | 65772 | 65778 | 65779 | 65780 |
| | | 65800 | 65815 | 65820 | 65850 |
| | | 65865 | 65875 | 65920 | 66172 |
| | | 66185 | 66250 | 66682 | 66710 |
| | | 66711 | 66825 | 66840 | 66850 |
| | | 66852 | 66983 | 66985 | 66986 |
| | | 66987 | 66988 | 67005 | 67010 |
| | | 67025 | 67039 | 67041 | 67042 |
| | | 67043 | 67101 | 67105 | 67107 |
| | | 67108 | 67110 | 67113 | 67120 |
| | | 67121 | 67145 | 67210 | 67218 |
| | | 67220 | 67221 | 67314 | 67316 |
| | | 67318 | 67345 | 67400 | 67412 |
| | | 67414 | 67420 | 67445 | 67550 |
| | | 67560 | 67700 | 67800 | 67801 |
| | | 67805 | 67808 | 67840 | 67875 |
| | | 67880 | 67935 | 67938 | 67971 |
| | | 67973 | 67975 | 68100 | 68110 |
| | 68115 | 68135 | 68320 | 68440 | |
| | 68700 | 68720 | 68750 | 68811 | |
| | 68815 | | | | |
| | Female Genital System | | | | |
| | | 56405 | 56420 | 56440 | 56441 |
| | | 56442 | 56501 | 56515 | 56605 |
| | | 56620 | 56700 | 56740 | 56810 |
| | | 56821 | 57000 | 57061 | 57065 |
| | | 57100 | 57105 | 57106 | 57130 |
| | | 57135 | 57240 | 57250 | 57260 |
| | | 57268 | 57282 | 57283 | 57287 |
| | | 57295 | 57300 | 57410 | 57415 |
| | | 57420 | 57421 | 57425 | 57452 |
| | | 57454 | 57456 | 57461 | 57500 |
| | | 57505 | 57510 | 57511 | 57513 |
| | | 57520 | 57530 | 57700 | 57720 |
| | | 57800 | 58100 | 58120 | 58263 |
| | | 58560 | 58561 | 58562 | 58700 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|-------------------------------|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 58925 | | | |
| | | Foot Surgery | | | |
| | | 28295 | | | |
| | | Hemic and Lymphatic Systems | | | |
| | | 38221 | 38222 | 38500 | 38505 |
| | | 38510 | 38520 | 38525 | 38740 |
| | | 38760 | | | |
| | | Integumentary System | | | |
| | | 10121 | 10180 | 11010 | 11012 |
| | | 11440 | 11441 | 11443 | 11444 |
| | | 11446 | 11450 | 11451 | 11462 |
| | | 11463 | 11470 | 11471 | 11601 |
| | | 11602 | 11603 | 11604 | 11620 |
| | | 11621 | 11622 | 11623 | 11624 |
| | | 11640 | 11641 | 11642 | 11643 |
| | | 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 | 15850 | 17000 |
| | | 17004 | 17110 | 17111 | 17311 |
| | | 17313 | 19101 | 19110 | 19112 |
| | | 19120 | 19125 | | |
| | | Male Genital System | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54150 | 54162 |
| | | 54163 | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54840 | 54860 | 55041 | 55060 |
| | | 55100 | 55110 | 55120 | 55500 |
| | 55520 | 55540 | | | |
| | Musculoskeletal System | | | | |
| | 20200 | 20205 | 20220 | 20225 | |
| | 20240 | 20245 | 20520 | 20525 | |
| | 20526 | 20551 | 20600 | 20604 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 20605 | 20606 | 20610 | 20611 |
| | | 20612 | 20693 | 20694 | 20912 |
| | | 21011 | 21012 | 21013 | 21014 |
| | | 21030 | 21031 | 21040 | 21046 |
| | | 21048 | 21315 | 21325 | 21330 |
| | | 21335 | 21336 | 21337 | 21356 |
| | | 21550 | 21555 | 21556 | 21557 |
| | | 21920 | 21930 | 21932 | 21933 |
| | | 22900 | 22901 | 22902 | 22903 |
| | | 23071 | 23075 | 23076 | 23120 |
| | | 23140 | 23150 | 23405 | 23415 |
| | | 23430 | 23440 | 23480 | 23615 |
| | | 23630 | 23700 | 24000 | 24006 |
| | | 24065 | 24066 | 24071 | 24073 |
| | | 24075 | 24076 | 24101 | 24102 |
| | | 24105 | 24110 | 24120 | 24130 |
| | | 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 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 26426 | 26432 | 26433 | 26437 |
| | | 26440 | 26442 | 26445 | 26455 |
| | | 26480 | 26500 | 26502 | 26516 |
| | | 26520 | 26525 | 26530 | 26535 |
| | | 26540 | 26541 | 26542 | 26567 |
| | | 26608 | 26615 | 26650 | 26665 |
| | | 26676 | 26715 | 26727 | 26735 |
| | | 26742 | 26746 | 26756 | 26765 |
| | | 26841 | 26842 | 26850 | 26860 |
| | | 26862 | 26910 | 26951 | 26952 |
| | | 27006 | 27043 | 27045 | 27047 |
| | | 27048 | 27062 | 27093 | 27095 |
| | | 27310 | 27323 | 27324 | 27327 |
| | | 27328 | 27329 | 27331 | 27332 |
| | | 27334 | 27335 | 27337 | 27339 |
| | | 27340 | 27345 | 27347 | 27372 |
| | | 27403 | 27407 | 27418 | 27570 |
| | | 27606 | 27613 | 27614 | 27618 |
| | | 27619 | 27620 | 27626 | 27632 |
| | | 27634 | 27638 | 27640 | 27658 |
| | | 27659 | 27665 | 27680 | 27685 |
| | | 27690 | 27696 | 27705 | 27720 |
| | | 27756 | 27788 | 28005 | 28010 |
| | | 28011 | 28020 | 28022 | 28035 |
| | | 28039 | 28041 | 28043 | 28045 |
| | | 28047 | 28055 | 28060 | 28080 |
| | | 28086 | 28088 | 28090 | 28092 |
| | | 28100 | 28103 | 28104 | 28108 |
| | | 28110 | 28111 | 28112 | 28113 |
| | | 28118 | 28119 | 28120 | 28122 |
| | 28124 | 28126 | 28153 | 28160 | |
| | 28190 | 28192 | 28193 | 28200 | |
| | 28208 | 28225 | 28232 | 28234 | |
| | 28238 | 28250 | 28272 | 28280 | |
| | 28286 | 28288 | 28306 | 28310 | |
| | 28312 | 28313 | 28315 | 28322 | |
| | 28475 | 28476 | 28496 | 28515 | |
| | 28525 | 28645 | 28666 | 28675 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Site of service (SOS)– | | 28755 | 28760 | 28810 | 28825 |
| Outpatient hospital expansion (continued) | | 29800 | 29804 | 29900 | 29901 |
| | | 29902 | 29906 | | |
| | | Nervous System | | | |
| | | 64425 | 64530 | 64561 | 64581 |
| | | 64585 | 64600 | 64610 | 64642 |
| | | 64644 | 64646 | 64647 | 64702 |
| | | 64718 | 64719 | 64774 | 64776 |
| | | 64782 | 64784 | 64788 | 64795 |
| | | 64831 | 64835 | | |
| | | Respiratory System | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 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 | | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| | | 52001 | 52007 | 52214 | 52265 |
| | | 52275 | 52276 | 52282 | 52283 |
| | | 52285 | 52287 | 52300 | 52315 |
| | | 52317 | 52320 | 52325 | 52327 |
| | | 52330 | 52341 | 52344 | 52354 |
| | | 52450 | 52500 | 52630 | 52640 |
| | | 53020 | 53230 | 53260 | 53265 |
| | | 53270 | 53440 | 53445 | 53450 |
| | | 53500 | 53605 | 53665 | 54065 |
| Sleep apnea procedures and surgeries | Prior authorization required Applies to inpatient or outpatient procedures and surgeries | Prior authorization is required for all states. 21685 41599 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies. | 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 AK, PR, TX, UT, VI, and WI. 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. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries. | 95805 95811 | 95807 | 95808 | 95810 |
| Specific medications as indicated on the prescription drug list (PDL) | Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/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 AK, MA, PR, TX, UT, VI, and WI. 63661 63663 | | | |
| Spinal surgery | 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 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|-------------------------------|--|-------|-------|-------|
| Spinal surgery (continued) | | 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 | 22864 | 22865 | 22899 |
| | | 27279 | 27280 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63035 | 63040 | 63042 | 63043 |
| | | 63044 | 63045 | 63046 | 63047 |
| | | 63048 | 63050 | 63051 | 63055 |
| | | 63056 | 63057 | 63064 | 63066 |
| | | 63075 | 63076 | 63077 | 63078 |
| | | 63081 | 63082 | 63085 | 63086 |
| | | 63087 | 63088 | 63090 | 63091 |
| | | 63101 | 63102 | 63103 | 63170 |
| | | 63172 | 63173 | 63185 | 63190 |
| | | 63191 | 63197 | 63200 | 63250 |
| | | 63251 | 63252 | 63265 | 63266 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63273 | 63275 | 63276 |
| | | 63277 | 63278 | 63280 | 63281 |
| | | 63282 | 63283 | 63285 | 63286 |
| | 63287 | 63290 | 63295 | 63300 | |
| | 63301 | 63302 | 63303 | 63304 | |
| | 63305 | 63306 | 63307 | 63308 | |
| | 0095T | 0098T | 0164T | 0309T | |
| 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 AK, MA, PR, TX, UT, VI, and WI. | | | | | |
| | | 22513 | 22514 | | |
| Stimulators – not related to spine | Prior authorization required. | Bone growth stimulator | | E0749 | E0760 |
| | | E0747 | E0748 | | |
| | | Neurostimulator | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|-------|--------|-------|
| Implantation of a device that sends electrical impulses Stimulators (continued) | | 43647 | 43648 | 43881 | 43882 |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 64555 | 64568 |
| | | 64590 | 64595 | 0312T | 0313T |
| | | 0314T | 0315T | 0316T | 0317T |
| 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 transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 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 |
| | | 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 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--|-------|-------|-------|
| Transplant (continued) | | 47145 | 47146 | 50325 | S2054 |
| | | S2140 | S2142 | S2152 | |
| | | CAR T-Cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | Q2053 | Q2054 |

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

| | | | | | |
|--|-------------------------------|-------|-------|--|--|
| Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves | Prior authorization required. | L8680 | L8686 | | |
|--|-------------------------------|-------|-------|--|--|

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|---|--|-------|-------|-------|-------|
| Therapeutic Radiopharmaceuticals | Prior authorization required. | A9513 | A9599 | A9606 | A9699 |
| | To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions | | | | |

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|--|-------------------------------|-------|-------|-------|-------|
| 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. | 36468 | 36470 | 36471 | 36473 |
| | | 36474 | 36475 | 36476 | 36478 |
| | | 36479 | 37243 | 37700 | 37718 |
| | | 37722 | 37780 | | |

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|--|--|--|-------|-------|-------|
| 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 call 877-842-3210 to start the case management and utilization management process. | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |

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