

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Dec. 1, 2023

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 (cont.)		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
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
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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Breast reconstruction (non-mastectomy) (cont.)		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						
Palonosetron HCL						
J2469						
Sustol® (granisetron extended release)						
J1627						
J1456						
<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®)						

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Cancer supportive care (cont.)		<p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p>Trilaciclib (Cosela™)</p> <p>J1448</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to 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.</p>																																
Cardiology	Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance	<p>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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>																																
Cardiovascular	<p>Prior authorization required</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram</p>	<p>Cardiology</p> <table border="1"> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </table> <p>**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.</p> <p>*Prior authorization not required for the following diagnosis codes:</p> <table border="1"> <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	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616		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	37220*	37221*	37224*																															
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	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	170.421	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	170.521	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	170.621	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	170.721	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	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), 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 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			

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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	69714	69930	L8614
		L8619	L8690	L8691	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.			
		Congenital heart disease codes:			
		33250	33251	33254	33255
		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851

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Congenital heart disease (cont.)		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598
		In combination with the following ICD-10-CM codes:			
		I27.83	Q20.0	Q20.1	Q20.2
		Q20.3	Q20.3	Q20.4	Q20.5
		Q20.6	Q20.8	Q20.8	Q20.8
		Q20.9	Q21.0	Q21.1	Q21.2
		Q21.2	Q21.2	Q21.3	Q21.4
		Q21.8	Q21.8	Q21.9	Q21.9
		Q22.0	Q22.1	Q22.2	Q22.3
		Q22.4	Q22.5	Q22.6	Q22.8
		Q22.9	Q23.0	Q23.1	Q23.2
		Q23.3	Q23.4	Q23.8	Q23.9
		Q24.0	Q24.1	Q24.2	Q24.3
		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
		Q27.9	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 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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Continuous Glucose Monitor (cont.)		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	O24.111	O24.112	
		O24.113	O24.119	O24.12	O24.13	
		O24.410	O24.415	O24.419	O24.430	
		O24.435	O24.439			
	Cosmetic and reconstructive procedures	Prior authorization required	Prior authorization is required for all states.			
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11960	11970	11971	14020*
			14021*	14061*	14302	15570
		15572	15574	15730	15733	
		15740	15756	15769	15773	
		15820	15821	15822	15823	
		15830	15847	15877	15878	
		15879	17999	21137	21138	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	

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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.)		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	A7025	A7026	E0194
E0266			E0277	E0296	E0297
E0300			E0302	E0304	E0328
E0329			E0466	E0471	E0483
Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care.		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	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	
	K0885	K0886	K0890	K0891	
	S1040				
End-stage renal disease (ESRD) dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services.	Please call 888-936-7246 to initiate case management and utilization management.			
Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization not required for ESRD when a member travels outside of the service area.				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Please 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 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	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gastroenterology Endoscopy (GI)	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	Capsule Endoscopy			
		91110	91111	91113	
		Colonoscopy (Lower Gastrointestinal)			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*
		EGD (Upper Gastrointestinal)			
		43200*	43201	43202*	43204
		43205	43211	43212	43213
		43214	43215	43216	43217
		43220*	43226*	43227	43229*
		43233	43235*	43236*	43239*
		43241	43243	43244	43245
		43246	43247*	43248*	43249*
		43250*	43251*	43254*	43255*
		43266	43270*		
		Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)			
		G0105	G0121		
		* Site of Service (SOS) also may apply.			
		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 hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile 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 > Prior Authorization > Gastroenterology			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 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.	81162	81163	81164	81228
		81229	81232	81277	81349
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81418	81420	81425
		81426	81431	81432	81433
		81435	81436	81437	81438
		81439	81440	81441	81443
		81445	81448	81449	81460
		81465	81471	81479	81507
		81518	81519	81520	81521
		81522	81523	81542	81546
		81595	81599	87505	87506
		87507	0006M	0007M	0018U
		0022U	0023U	0026U	0037U
		0047U	0055U	0060U	0087U
		0088U	0094U	0101U	0102U
		0103U	0111U	0129U	0154U
		0170U	0171U	0173U	0175U
		0179U	0209U	0212U	0213U
		0214U	0215U	0216U	0217U
0218U	0237U	0238U	0239U		
0242U	0245U	0288U	0289U		
0294U	0306U	0307U	0318U		
0319U	0320U	0321U	0323U		
0327U	0332U	0341U	0345U		
0355U	0364U	0388U	0389U		
0395U	0398U	S3870			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care – Non-nutritional	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58294	
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
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	Prior authorization required. To submit a prior authorization request and, for UHC Commercial	Alpha1-Proteinase Inhibitors			
		J0256	J0257		
		Anemia			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
infusion, subcutaneously or intra-muscularly	Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click 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.	J0896	J1437	J1439	Q0138	
		Asthma				
		J0517	J2182	J2356	J2357	
		J2786	Blood Modifying Agents			
		J0223	J1300	J1302	J1303	
		Cardiology				
		J1306	Carvykti			
		Q2056	Central Nervous System Agents			
		J0172	J0174	J0222	J0225	
		J1301	J1426	J1427	J1428	
		J1429	J2326	J2781	J3032	
		J9332	Collagenase			
		J0775	Complement Inhibitors – Ophthalmologic Use			
		J2781	Dermatology			
		J7352	Endocrine			
		J0224	J0801	J0802	J0584	
		J1932	J2507	J3241		
		Enzyme Replacement Therapy - POS 19 and 22 only				
		J0180	J0218	J0219	J0221	
		J1322	J1458	J1743	J1931	
		J2840	J3397	Enzyme Replacement Therapy		
		J0567	Enzyme Deficiency (Gaucher Disease)			
		J1786	J3060	Erythropoiesis-Stimulating Agents⁴		
		J0885	Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only			
		J3385	Gene Therapy			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J1411	J3398	J3399	
	Hemophilia				
		J7170	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
	HIV				
		J0739	J0741	J1746	J1961
	Immune Globulin				
		90283	90284	J1459	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575			
	Immune Modulator				
		C9086	J0638	J0490	J0491
		J1823	J9210	J9312	J9381
		Q5115	Q5119	Q5123	
	Inflammatory Conditions				
		J0491	J0129	J0717	J1602
		J1745	J1747	J2327	J3262
		J3358	J3380	Q5103	Q5104
		Q5121			
	Medical Benefit Therapeutic Equivalent Medications⁶				
		J0179	J1551	J1554	J1555
		J1576	J7320	J7321	J7322
	J7324	J7325	J7326	J7327	
	J7329	J7331	J7332	Q5124	
Miscellaneous					
	J0584		J1301 J1746	J2507	
	J3111		J3245 J0741		
Multiple sclerosis					
	J0202	J2323	J2350	J2329	
Multiple Sclerosis - POS 19 and 22 only					
	J2323				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Neutropenia³			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		Rare Conditions			
		J1305	J2998		
		Releuko®			
		Q5125			
		RSV Prophylaxis			
		90378			
		Sickle Cell disease			
		J0791			
		Unclassified and temporary codes¹			
		J3490		J3590	
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.</p>					
<p>¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Elevidys, Lamzede™, Nulibry™, Qalsody, Revcovi™ Skyrizi®-IV Formulation and Vyjuvek™</p>					
<p>³ For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology DX.</p>					
<p>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.</p>					
<p>⁴ For code J0885, prior authorization is required for both oncology and non-oncology DX.</p>					
<p>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.</p>					
<p>⁶ Some members may not have coverage for these drugs</p>					

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

- Acute care hospitals

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> • 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
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21125 21143 21150 21159 21194 21199 21210	21060 21127 21145 21151 21160 21195 21206 21215	21121 21141 21146 21154 21188 21196 21208 21240	21123 21142 21147 21155 21193 21198 21209 21242

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont.)		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	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
		L3976	L3977		
Out-of-network services A referral from a network physician or health care 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.				
Pain management and Injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484
		64520	64620	64640	E0782
		E0783	E0785	E0786	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 (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.	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 .			
Potentially unproven services (including experimental/	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		33369	33477	36514	64722
		95966	A9274	C2624	
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. Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work. After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	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
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy (cont.)		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 55874	52442	53850	55866
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010		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
		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 G6017	77387	G6001	G6002
		IMRT Intensity-Modulated Radiation Therapy			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation Therapy (cont.)		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 Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 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	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont.)	Prior authorization not required if performed in an office.	11424	11426	11442	
		General Surgery			
	Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI.	19000			
		Muscular/Skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		64766			
		OB/GYN			
Respiratory					
		31579			
Site of service (SOS)– Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting.	Carpal tunnel surgery			
		64721			
	Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC).	Cataract surgery			
		66821	66982	66984	
	Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI.	Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
	Ear, nose and throat (ENT) procedures				
	21320	30140	30520	69436	
	69631				
	Gynecologic procedures				
	57522	58353	58558	58563	
	58565				
	Hernia repair				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	Liver biopsy				
	47000				
	Miscellaneous				
	20680				
	Ophthalmologic				
65426	65730	65855	66170		
66761	67028	67036	67040		
67228	67311	67312			
Tonsillectomy and adenoidectomy					
42821	42826				
Upper and lower gastrointestinal endoscopy					
43235	43239	43249	45378		
45380	45384	45385			
Urologic procedures					

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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 (cont.)		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
		69421	69424	69433	69440
		69450	69505	69550	69602
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI.	69610	69620	69632	69633
		69635	69636	69641	69642
		69643	69644	69645	69646
		69650	69660	69661	69662
		69801	69805	69806	
		Cardiovascular system			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
36901	36902	37242	37248		
37607	37609	37761	37765		
37766	37785				
Digestive system					
40810	40812	41110	41112		
41113	41520	42104	42106		
42140	42408	42420	42425		
42440	42800	42810	42831		
45172	45990	46080	46200		
46220	46221	46250	46255		
46257	46261	46270	46505		
46612	46910	46946	49550		
Endocrine system					
62281					
Eye and ocular adnexa					
65400	65420	65435	65436		
65710	65750	65755	65756		
65772	65778	65779	65780		
65800	65815	65820	65850		
65865	65875	65920	66172		

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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 (cont.)		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
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
		57421	57425	57452	57454
		57456	57461	57500	57505
		57510	57511	57513	57520
		57530	57700	57720	57800
		58100	58120	58560	58561
		58562			
	Foot surgery				
		28295			
	Hemic and lymphatic systems				
		38221	38222	38500	38505
		38510	38520	38525	38740

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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 (cont.)		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	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	
		20605	20606	20610	20611	
		20612	20693	20694	20912	
		21011	21012	21013	21014	
		21030	21031	21040	21046	
		21048	21315	21325	21330	
	21335	21336	21337	21356		

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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 (cont.)		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
	26426	26432	26433	26437	
	26440	26442	26445	26455	
	26480	26500	26502	26516	
	26520	26525	26530	26535	
	26540	26541	26542	26567	
	26608	26615	26650	26665	

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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 (cont.)		26676	26715	26727	26735	
		26742	26746	26756	26765	
		26841	26842	26850	26860	
		26862	26910	26951	26952	
		27043	27045	27047		
		27048	27062	27093	27095	
		27310	27323	27324	27327	
		27328	27329	27331	27332	
		27334	27335	27337	27339	
		27340	27345	27347	27372	
		27403	27407	27418	27570	
		27606	27613	27614	27618	
		27619	27620	27626	27632	
		27634	27638	27640	27658	
		27659	27665	27680	27685	
		27690	27696	27705	27720	
		27756	27788	28005	28010	
		28011	28020	28022	28035	
		28039	28041	28043	28045	
		28047	28055	28060	28080	
		28086	28088	28090	28092	
		28100	28103	28104	28108	
		28110	28111	28112	28113	
		28118	28119	28120	28122	
		28124	28126	28153	28160	
		28190	28192	28193	28200	
		28208	28225	28232	28234	
		28238	28250	28272	28280	
		28286	28288	28306	28310	
		28312	28313	28315	28322	
		28475	28476	28496	28515	
		28525	28645	28666	28675	
		28755	28760	28810	28825	
		29800	29804	29900	29901	
		29902	29906			
			Nervous system			
			64425	64530	64561	64581
			64585	64600	64610	64642

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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 (cont.)		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	
	53605	53665	54065		

Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	Prior authorization is required for all states.			
	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685	41599	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, PR, TX, UT, VI, and WI. 42145	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 63685 L8679 L8685	63655 63688 L8680 L8686	63662 64553 L8682 L8687	63664 64570 L8683 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 22101 22112 22207 22214 22224 22512 22534 22554 22586 22610 22632 22802	20931 22102 22114 22208 22216 22226 22515 22548 22556 22590 22612 22633 22804	20939 22103 22116 22210 22220 22510 22532 22551 22558 22595 22614 22634 22808	22100 22110 22206 22212 22222 22511 22533 22552 22585 22600 22630 22800 22810

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont.)		22812	22818	22819	22830	
		22840	22841	22842	22843	
		22844	22845	22846	22847	
		22848	22849	22850	22852	
		22853	22854	22855	22856	
		22857	22858	22859	22861	
		22862	27279	27280	22899	
		63001	63011	63012	63003	
		63005	63017	63020	63015	
		63016	63040	63042	63030	
		63035	63045	63046	63043	
		63044	63050	63051	63047	
		63048	63057	63064	63055	
		63056	63076	63077	63066	
		63075	63082	63085	63078	
		63081	63088	63090	63086	
		63087	63102	63103	63091	
		63101	63173	63185	63170	
		63172	63197	63200	63190	
		63191	63252	63265	63250	
		63251	63268	63270	63266	
		63267	63273	63275	63271	
		63272	63278	63280	63276	
		63277	63283	63285	63281	
		63282	63290	63295	63286	
		63287	63302	63303	63300	
		63301	63306	63307	63304	
		63305	63308	0098T		
	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				
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760	
		Neurostimulator				
		43647	43648	43881	43882	
		61863	61864	61867	61868	
		61885	61886	64555	64568	
		64590	64595	0312T	0313T	
		0314T	0315T	0316T	0317T	
Transplant	Prior authorization required for transplant or transplant-related	For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene),				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation	services before pre-treatment or evaluation.	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
		47145	47146	50325	S2054
		S2140	S2142	S2152	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			

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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			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required.	L8680	L8686		
Therapeutic radiopharmaceuticals	Prior authorization required. 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	A9513 A9699	A9590	A9606	A9607
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 36474 36479 37722	36470 36475 37243 37780	36471 36476 37700	36473 36478 37718
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, call 877-842-3210 to start the case management and utilization management process.			
		33927 33976 33983	33928 33979	33929 33981	33975 33982

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