

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Apr. 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 (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 |
| 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 | 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 | | | | | | |
| Palonosetron HCL | | | | | | |
| J2469 | | | | | | |
| 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-ayow (Releuko) | | | | | | |
| Q5125* | | | | | | |
| Filgrastim-sndz (Zarxio®) | | | | | | |
| Q5101* | | | | | | |
| Pegfilgrastim (Neulasta®) | | | | | | |
| J2506* | | | | | | |
| Pegfilgrastim-apgf (Nyvepria™) | | | | | | |
| Q5122* | | | | | | |
| Pegfilgrastim-bmez (Ziextenzo®) | | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|--|--|------------------------------|---------|---------|
| Cancer supportive care (continued) | | Q5120* | | | |
| | | Pegfilgrastim-cbqv (UDENYCA™) | | | |
| | | Q5111* | | | |
| | | Pegfilgrastim-jmdb (Fulphila™) | | | |
| | | 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 For Vascular codes, prior authorization required for lower extremity angiogram | Cardiology | | | |
| | | 33285 | 37220* | 37221* | 37224* |
| | | 37225* | 37226* | 37227* | 37228* |
| | | 37229* | 37230* | 37231* | 93580** |
| | | 93653 | 93656 | E0616 | |
| | | **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 not required for the following diagnosis codes: | | | |
| | | E08.52 | E09.52 | E10.52 | E11.52 |
| | | E13.52 | I70.221 | I70.222 | I70.223 |
| | | I70.228 | I70.229 | I70.231 | I70.232 |
| I70.233 | I70.234 | I70.235 | I70.238 | | |
| I70.239 | I70.241 | I70.242 | I70.243 | | |
| I70.244 | I70.245 | I70.248 | I70.249 | | |
| I70.25 | I70.261 | I70.262 | I70.263 | | |
| I70.268 | I70.269 | I70.321 | I70.322 | | |
| I70.323 | I70.329 | I70.331 | I70.332 | | |
| I70.333 | I70.334 | I70.335 | I70.338 | | |
| I70.339 | I70.341 | I70.342 | I70.343 | | |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95714 | 95715 | 95716 | 95718 |
| | | 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) 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 | Prior authorization required | S9988 | S9990 | S9991 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|----------------|----------------|----------------|
| Institutional Review Board (IRB) | | | | | |
| 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. 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 |
| | | 33852 | 33853 | 33894 | 33895 |
| | | 33897 | 33917 | 33920 | 33924 |
| | | 33925 | 33926 | 93580* | 93581 |
| | | 93582 | 93583 | 93593 | 93594 |
| | | 93595 | 93596 | 93597 | 93598 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|--------|--------|--------|
| Congenital heart disease (continued) | | 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 Diabetes Diagnosis | A4226 | A4238 | A4239 | A9276 |
| | | A9277 | A9278 | E0787 | E2102 |
| | | E2103 | | | |
| Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 11960 | 11970 | 11971 | 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 |
| | | 21139 | 21172 | 21175 | 21179 |
| | | 21180 | 21181 | 21182 | 21183 |
| | | 21184 | 21230 | 21235 | 21256 |

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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) | | 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 | |
| | *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 | |

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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) | | C44.612 | C44.619 | C44.621 | C44.622 |
| | | C44.629 | C44.691 | C44.692 | C44.699 |
| | | C44.701 | C44.702 | C44.709 | C44.711 |
| | | C44.712 | C44.719 | C44.721 | C44.722 |
| | | C44.729 | C44.791 | C44.792 | C44.799 |
| | | C44.80 | C44.81 | C44.82 | C44.89 |
| | | C44.90 | C44.91 | C44.92 | C44.99 |
| | | C46.0 | C4A.0 | C4A.10 | C4A.111 |
| | | C4A.112 | C4A.121 | C4A.122 | C4A.20 |
| | | C4A.21 | C4A.22 | C4A.30 | C4A.31 |
| | | C4A.39 | C4A.4 | C4A.51 | C4A.51 |
| | | C4A.52 | C4A.52 | C4A.59 | C4A.60 |
| | | C4A.61 | C4A.62 | C4A.70 | C4A.71 |
| | | C4A.72 | C4A.8 | C4A.9 | C79.2 |
| | | D03.51 | D03.52 | D04.0 | D04.10 |
| | | D04.111 | D04.112 | D04.121 | D04.122 |
| | | D04.20 | D04.21 | D04.22 | D04.30 |
| | | D04.39 | D04.4 | D04.5 | D04.60 |
| | | D04.61 | D04.62 | D04.70 | D04.71 |
| | | D04.72 | D04.8 | D04.9 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | 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 |
| | | E1802 | E1805 | E1825 | E1830 |
| | Some payer groups may have different DME prior authorization requirements for their benefit plans. | E1840 | E2402 | E2502 | E2504 |
| | | E2506 | E2508 | E2510 | E2511 |
| | | E2512 | E2599 | K0005 | K0012 |
| | | K0014 | K0812 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | K0858 | K0859 | K0860 | K0861 | |
| | K0862 | K0863 | K0864 | K0868 | |
| K0869 | K0870 | K0871 | K0877 | | |
| K0878 | K0879 | K0880 | K0884 | | |
| K0885 | K0886 | K0890 | K0891 | | |

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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) | | S1040 | | | |
| 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 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| 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 | 81106 | 81107 | 81108 | 81109 |
| | | 81110 | 81111 | 81120 | 81121 |
| | | 81161 | 81162 | 81163 | 81164 |
| | | 81165 | 81166 | 81167 | 81168 |
| | | 81171 | 81172 | 81173 | 81174 |
| | | 81175 | 81176 | 81177 | 81178 |
| | | 81179 | 81180 | 81181 | 81182 |
| | | 81183 | 81184 | 81185 | 81186 |
| | | 81187 | 81188 | 81189 | 81190 |
| | | 81191 | 81192 | 81193 | 81194 |
| | | 81200 | 81201 | 81203 | 81204 |

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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) | 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. | 81205 | 81209 | 81216 | 81220 |
| | | 81222 | 81224 | 81226 | 81227 |
| | | 81228 | 81229 | 81230 | 81231 |
| | | 81232 | 81233 | 81234 | 81236 |
| | | 81237 | 81238 | 81239 | 81242 |
| | | 81243 | 81247 | 81248 | 81249 |
| | | 81250 | 81251 | 81253 | 81254 |
| | | 81255 | 81258 | 81259 | 81260 |
| | | 81262 | 81264 | 81265 | 81266 |
| | | 81271 | 81274 | 81277 | 81278 |
| | | 81283 | 81284 | 81285 | 81286 |
| | | 81287 | 81288 | 81289 | 81290 |
| | | 81292 | 81294 | 81295 | 81297 |
| | | 81298 | 81300 | 81302 | 81303 |
| | | 81304 | 81305 | 81306 | 81307 |
| | | 81309 | 81312 | 81313 | 81314 |
| | | 81316 | 81317 | 81318 | 81319 |
| | | 81320 | 81321 | 81322 | 81323 |
| | | 81324 | 81325 | 81326 | 81327 |
| | | 81328 | 81329 | 81330 | 81333 |
| | | 81334 | 81336 | 81337 | 81341 |
| | | 81342 | 81343 | 81344 | 81345 |
| | | 81346 | 81347 | 81348 | 81349 |
| | | 81351 | 81352 | 81353 | 81355 |
| | | 81357 | 81360 | 81361 | 81362 |
| | | 81363 | 81371 | 81372 | 81377 |
| | | 81378 | 81379 | 81400 | 81401 |
| | | 81402 | 81403 | 81404 | 81405 |
| | | 81406 | 81407 | 81408 | 81410 |
| | | 81411 | 81412 | 81413 | 81414 |
| | | 81415 | 81416 | 81417 | 81418 |
| | | 81419 | 81420 | 81425 | 81426 |
| 81427 | 81430 | 81431 | 81432 | | |
| 81433 | 81434 | 81435 | 81436 | | |
| 81437 | 81438 | 81439 | 81440 | | |
| 81441 | 81443 | 81445 | 81448 | | |
| 81449 | 81460 | 81465 | 81471 | | |
| 81479 | 81507 | 81518 | 81519 | | |
| 81520 | 81521 | 81522 | 81523 | | |
| 81546 | 81554 | 81595 | 81599 | | |
| 87481 | 87482 | 87505 | 87506 | | |
| 87507 | 87510 | 87511 | 87512 | | |
| 87623 | 87797 | 87798 | 87799 | | |

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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) | | 87800 | 87801 | 0001U | 0004M |
| | | 0006M | 0007M | 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 | 0094U | 0101U |
| | | 0102U | 0103U | 0111U | 0129U |
| | | 0136U | 0137U | 0154U | 0155U |
| | | 0157U | 0158U | 0159U | 0160U |
| | | 0161U | 0169U | 0170U | 0171U |
| | | 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 | 0212U | 0213U | 0214U |
| | | 0215U | 0216U | 0217U | 0218U |
| | | 0221U | 0222U | 0229U | 0230U |
| | | 0231U | 0232U | 0234U | 0235U |
| | | 0236U | 0237U | 0238U | 0245U |
| | | 0246U | 0288U | 0289U | 0294U |
| | | 0306U | 0307U | 0318U | 0319U |
| | 0320U | 0321U | 0323U | 0327U | |
| | 0332U | 0341U | 0345U | 0355U | |
| | S3870 | | | | |
| Home health care – Non-nutritional | Notification/prior authorization required only in outpatient settings, to include member's home. | T1000 | T1002 | T1003 | |
| Hysterectomy – Inpatient only | Prior authorization required for inpatient vaginal hysterectomies. | 58267 | 58270 | 58275 | 58280 |
| Vaginal hysterectomies | Prior authorization not required for outpatient vaginal hysterectomies. | 58294 | | | |
| Hysterectomy – Inpatient and outpatient procedures | Prior authorization required. | 58150 | 58152 | 58180 | 58541 |
| Abdominal and laparoscopic surgeries | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|---------|-------|
| 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, subcutaneously or intra-muscularly | Prior authorization required. 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 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. Hemophilia codes ONLY: Follow normal UHC intake process. | Alpha1-Proteinase Inhibitors | | | |
| | | J0256 | J0257 | | |
| | | Anemia | | | |
| | | J0896 | J1437 | J1439 | Q0138 |
| | | Asthma | | | |
| | | J0517 | J2182 | J2356 | J2357 |
| | | J2786 | | | |
| | | Blood Modifying Agents | | | |
| | | J0223 | J1300 | J1302 | J1303 |
| | | Cardiology | | | |
| | | J1306 | | | |
| | | Carvykti | | | |
| | | Q2056 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|---|-------|-------|-------|
| Injectable medications (continued) | | Central Nervous System Agents | | | |
| | | J0172 | J0222 | J0225 | 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 | J0218 | J0219 | J0221 |
| | | J0567 | 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 | | | |
| | | J1411 | J3398 | J3399 | |
| | | Hemophilia | | | |
| | | J7170 | J7175 | J7177 | J7178 |
| | | J7179 | J7180 | J7181 | J7182 |
| | | J7183 | J7185 | J7186 | J7187 |
| | | 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 | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---|--|-------|-------|-------|
| Injectable medications (continued) | | 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 | J9312 | Q5115 | |
| | Q5119 | Q5123 | | | |
| | Inflammatory Conditions | | | | |
| | J0491 | J0129 | J0717 | J1602 | |
| | J1745 | J1747 | J2327 | 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 | | | | |
| | J1442 | J1447 | J1449 | J2506 | |
| | Q5101 | Q5108 | Q5110 | Q5111 | |
| | Q5120 | Q5122 | Q5125 | Q5127 | |
| Q5130 | | | | | |
| Rare Conditions | | | | | |
| J1305 | | J2998 | | | |
| Releuko® | | | | | |
| Q5125 | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|---|--|--|
| | <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</p> <p>A physician and facility must follow FDA-labeled indications for use.</p> | | | | |
| 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 21243 21247 21296 | 21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299 | 21121 21141 21146 21154 21188 21196 21208 21240 21245 21249 | 21123 21142 21147 21155 21193 21198 21209 21242 21246 21255 |
| Orthotics | Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L0220 L0486 L1680 L1720 L2005 L2037 L3253 | L0480 L0636 L1685 L1755 L2020 L2038 L3485 | L0482 L0638 L1700 L1844 L2034 L2330 L3766 | L0484 L1640 L1710 L1846 L2036 L3251 L3900 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---|---|---|
| Orthotics (continued) | | L3901 L3975 | L3904 L3976 | L3961 L3977 | 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. | | | | |
| Pain management and Injection | Prior authorization required. | 62320 62326 62360 64520 E0783 | 62322 62327 62361 64620 E0785 | 62324 62350 64451 64640 E0786 | 62325 62351 64484 E0782 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/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 | Prior authorization required | 26340 33363 33369 0376T | 33289 33364 33477 95966 | 33361 33365 36514 A9274 | 33362 33366 64722 C2624 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|---------|---------|
| published, peer-reviewed medical literature | | | | | |
| Pregnancy | Voluntary notification for case and disease management enrollment: | Upon confirmation of pregnancy, please notify us for ICD-10-CM codes: | | | |
| | 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. | 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 | | |
| Z34.00 | Z34.01 | Z34.02 | Z34.03 | | |
| Z34.80 | Z34.81 | Z34.82 | Z34.83 | | |
| Z34.90 | Z34.91 | Z34.92 | Z34.93 | | |
| Z36 | | | | | |
| Prostate procedures | Prior authorization required | 52441 | 52442 | 53850 | 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 |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------------|----------------|----------------|
| Radiation Therapy (continued) | | 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 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. Prior authorization not required if performed in an office. Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, AND WI. | Dermatologic 11402 11403 11406 11422 11404 11420 11421 11423 11424 11426 11442 General Surgery 19000 Muscular/Skeletal 27096 64479 64490 64493 20552 20553 Neurologic 62270 62321 64633 64635 64766 OB/GYN | | | |

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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 (continued) | | 57460 | | | | | |
| | | Respiratory 31579 | | | | | |
| Site of service (SOS)– Outpatient hospital | Notification/prior authorization only required when requesting service in an outpatient hospital setting. Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC). Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, AND WI. | Carpal tunnel surgery 64721 | | | | | |
| | | 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 | | | | | |
| | | 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 | | | |
| | | | | 69421 69424 69433 69440 | | | |
| | | | | 69450 69505 69550 69602 | | | |

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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) | 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 | | | | |
| | | 40520 | 40525 | 40810 | 40812 | |
| | | 40814 | 40816 | 41110 | 41112 | |
| | | 41113 | 41520 | 41825 | 42100 | |
| | | 42104 | 42106 | 42107 | 42140 | |
| | | 42330 | 42335 | 42405 | 42408 | |
| | | 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 | | | |
| 45100 | 45171 | 45172 | 45190 | | | |
| 45305 | 45334 | 45335 | 45340 | | | |
| 45341 | 45342 | 45346 | 45349 | | | |
| 45350 | 45379 | 45381 | 45386 | | | |

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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) | | 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 | | | |
| | 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 | |

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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) | | 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 | 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 |
| | | 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 |

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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) | | 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 |
| | | 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 |

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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) | | 24665 | 24666 | 25000 | 25071 |
| | | 25073 | 25075 | 25076 | 25085 |
| | | 25105 | 25107 | 25109 | 25110 |
| | | 25111 | 25112 | 25115 | 25118 |
| | | 25120 | 25130 | 25151 | 25210 |
| | | 25215 | 25230 | 25240 | 25260 |
| | | 25270 | 25275 | 25280 | 25290 |
| | | 25295 | 25350 | 25445 | 25545 |
| | | 25605 | 25606 | 25607 | 25608 |
| | | 25609 | 25624 | 25628 | 25645 |
| | | 25652 | 25810 | 25825 | 26011 |
| | | 26020 | 26045 | 26055 | 26070 |
| | | 26075 | 26080 | 26105 | 26110 |
| | | 26111 | 26113 | 26115 | 26116 |
| | | 26121 | 26123 | 26160 | 26180 |
| | | 26200 | 26210 | 26215 | 26236 |
| | | 26320 | 26350 | 26356 | 26357 |
| | | 26392 | 26410 | 26418 | 26420 |
| | | 26426 | 26432 | 26433 | 26437 |
| | | 26440 | 26442 | 26445 | 26455 |
| | | 26480 | 26500 | 26502 | 26516 |
| | | 26520 | 26525 | 26530 | 26535 |
| | | 26540 | 26541 | 26542 | 26567 |
| | | 26608 | 26615 | 26650 | 26665 |
| | | 26676 | 26715 | 26727 | 26735 |
| | | 26742 | 26746 | 26756 | 26765 |
| | | 26841 | 26842 | 26850 | 26860 |
| | | 26862 | 26910 | 26951 | 26952 |
| | | 27043 | 27045 | 27047 | |
| | | 27048 | 27062 | 27093 | 27095 |
| | | 27310 | 27323 | 27324 | 27327 |
| | | 27328 | 27329 | 27331 | 27332 |
| | 27334 | 27335 | 27337 | 27339 | |
| | 27340 | 27345 | 27347 | 27372 | |
| | 27403 | 27407 | 27418 | 27570 | |
| | 27606 | 27613 | 27614 | 27618 | |
| | 27619 | 27620 | 27626 | 27632 | |
| | 27634 | 27638 | 27640 | 27658 | |

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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) | | 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 |
| | | 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 |

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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) | | 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 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. | Prior authorization is required for all states. 21685 41599 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in 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. | | | | |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|--|-------|-------|
| Spinal surgery (continued) | | 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 Implantation of a device that sends electrical impulses | Prior authorization required. | Bone growth stimulator | | | |
| | | 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 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 | | | | | |

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

*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 | A9513 | A9590 | A9606 | A9607 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| | Menu and select the Submission and Status link within Radiology, Cardiology, Oncology and Radiation Oncology Transactions | | | | |
| Vein procedures | Prior authorization required. | | | | |
| Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities | | 36468 | 36470 | 36471 | 36473 |
| | | 36474 | 36475 | 36476 | 36478 |
| | | 36479 | 37243 | 37700 | 37718 |
| | | 37722 | 37780 | | |
| Ventricular assist devices (VAD) | | | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | | | | |
| | To start the case management and utilization management process, call 877-842-3210 to start the case management and utilization management process. | | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | | | |

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