

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective August 1, 2022

General Information

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

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal button dashboard.
- **Phone: 877-842-3210**

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

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--|-------|-------|-------|
| Arthroplasty | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24365 | 24370 | 24371 | 25441 |
| | | 25442 | 25443 | 25444 | 25446 |
| | | 25449 | 27120 | 27122 | 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 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|---------|---------|---------|
| Arthroscopy (continued) | | 29837 | 29838 | 29840 | 29844 |
| | | 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 | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services | There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210. | 43771 | 43772 | 43773 | 43774 |
| | | 43775 | 43842 | 43843 | 43845 |
| | | 43846 | 43847 | 43848 | 43860* |
| | | 43865* | 43886 | 43887 | 43888 |
| | | *Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20-Z68.22, Z68.30-Z68.39, Z68.41-Z68.45 | | | |
| Behavioral health services | Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. | | | |
| Bone growth stimulator | Prior authorization required | 20974 | 20975 | 20979 | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| Breast reconstruction (non-mastectomy) | Prior authorization required | 19300 | 19316 | 19318 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19367 | 19368 | 19369 | 19370 |
| | | 19371 | 19380 | 19396 | L8600 |
| | | Reconstruction of the breast, except when following mastectomy | | | |
| Prior authorization not required for the following diagnosis codes: | | | | | |
| | | C50.019 | C50.011 | C50.012 | C50.111 |
| | | C50.112 | C50.119 | C50.211 | C50.212 |
| | | C50.219 | C50.311 | C50.312 | C50.319 |
| | | C50.411 | C50.412 | C50.419 | C50.511 |
| | | C50.512 | C50.519 | C50.611 | C50.612 |
| | | C50.619 | C50.811 | C50.812 | C50.819 |
| | | C50.911 | C50.912 | C50.919 | C50.029 |
| | | C50.021 | C50.022 | C50.121 | C50.122 |
| | | C50.129 | C50.221 | C50.222 | C50.229 |

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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) | | C50.321 | 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 | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis | <u>Anti-Emetics that require prior authorization</u> | | | |
| | | | Akynzeo® (palonosetron/fosnetupitant) | | | |
| | | J1454 | | | | |
| | | Cinvanti™ (aprepitant) | | | | |
| | | J0185 | | | | |
| | | Emend® (fosaprepitant) | | | | |
| | | J1453 | | | | |
| | | Sustol® (granisetron extended release) | | | | |
| | | J1627 | | | | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> | | | | |
| | | Denosumab (Prolia®, Xgeva®) | | | | |
| | | J0897* | | | | |
| | | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | | |
| | | Filgrastim (Neupogen®) | | | | |
| | | J1442* | | | | |
| | | Filgrastim-aafi (Nivestym™) | | | | |
| | | Q5110* | | | | |
| | | Filgrastim-sndz (Zarxio®) | | | | |
| | Q5101* | | | | | |
| | Pegfilgrastim (Neulasta®) | | | | | |
| | J2506* | | | | | |
| | Pegfilgrastim-apgf (Nyvepria™) | | | | | |
| | Q5122* | | | | | |
| | Pegfilgrastim-bmez (Ziextenzo®) | | | | | |
| | Q5120* | | | | | |
| | Pegfilgrastim-cbqv (UDENYCA™) | | | | | |
| | Q5111* | | | | | |
| | Pegfilgrastim-jmdb (Fulphila™) | | | | | |
| | Q5108* | | | | | |
| | *Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below. | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|--|--|--|--------|--------|--|--|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|
| Cancer supportive care (continued) | | <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) 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 | Prior authorization required For Vascular codes, prior authorization required for lower extremity angiogram | <p>Cardiology</p> <table border="0"> <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>93580**</td> <td>93653</td> <td>93656</td> </tr> <tr> <td>E0616</td> <td></td> <td></td> <td></td> </tr> </table> <p>Vascular</p> <table border="0"> <tr> <td>75710*</td> <td>75716*</td> <td></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 required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> </table> | 33285 | 37220 | 37221 | 37224 | 37225 | 37226 | 37227 | 37228 | 37229 | 93580** | 93653 | 93656 | E0616 | | | | 75710* | 75716* | | | E08.51 | E08.52 | E08.59 | E08.621 | E09.51 | E09.52 | E09.59 | E09.621 | E10.51 | E10.52 | E10.59 | E10.621 | E11.51 | E11.52 | E11.59 | E11.621 | E13.51 | E13.52 | E13.59 | E13.621 | I70.201 | I70.202 | I70.203 | I70.208 | I70.209 | I70.211 | I70.212 | I70.213 | I70.218 | I70.219 | I70.221 | I70.222 | I70.223 | I70.228 | I70.229 | I70.231 | I70.232 | I70.233 | I70.234 | I70.235 | I70.238 | I70.239 | I70.241 | I70.242 | I70.243 | I70.244 | I70.245 | I70.248 | I70.249 | I70.25 | I70.261 | I70.262 |
| 33285 | 37220 | 37221 | 37224 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37225 | 37226 | 37227 | 37228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37229 | 93580** | 93653 | 93656 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75710* | 75716* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E08.51 | E08.52 | E08.59 | E08.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E09.51 | E09.52 | E09.59 | E09.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.51 | E10.52 | E10.59 | E10.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E11.51 | E11.52 | E11.59 | E11.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E13.51 | E13.52 | E13.59 | E13.621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.201 | I70.202 | I70.203 | I70.208 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.209 | I70.211 | I70.212 | I70.213 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.218 | I70.219 | I70.221 | I70.222 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.223 | I70.228 | I70.229 | I70.231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.232 | I70.233 | I70.234 | I70.235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.238 | I70.239 | I70.241 | I70.242 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.243 | I70.244 | I70.245 | I70.248 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I70.249 | I70.25 | I70.261 | I70.262 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|------------------------|--|---------|---------|---------|
| Cardiovascular (continued) | | 170.263 | 170.268 | 170.269 | 170.291 |
| | | 170.292 | 170.293 | 170.298 | 170.299 |
| | | 170.301 | 170.302 | 170.303 | 170.308 |
| | | 170.309 | 170.311 | 170.312 | 170.313 |
| | | 170.318 | 170.319 | 170.321 | 170.322 |
| | | 170.323 | 170.329 | 170.331 | 170.332 |
| | | 170.333 | 170.334 | 170.335 | 170.338 |
| | | 170.339 | 170.341 | 170.342 | 170.343 |
| | | 170.344 | 170.345 | 170.348 | 170.349 |
| | | 170.35 | 170.361 | 170.362 | 170.363 |
| | | 170.369 | 170.391 | 170.392 | 170.393 |
| | | 170.399 | 170.401 | 170.402 | 170.403 |
| | | 170.408 | 170.409 | 170.411 | 170.412 |
| | | 170.413 | 170.418 | 170.421 | 170.422 |
| | | 170.423 | 170.428 | 170.429 | 170.431 |
| | | 170.432 | 170.433 | 170.434 | 170.435 |
| | | 170.438 | 170.439 | 170.441 | 170.442 |
| | | 170.443 | 170.444 | 170.445 | 170.448 |
| | | 170.449 | 170.461 | 170.462 | 170.463 |
| | | 170.468 | 170.469 | 170.491 | 170.492 |
| | | 170.493 | 170.498 | 170.499 | 170.501 |
| | | 170.502 | 170.503 | 170.508 | 170.509 |
| | | 170.511 | 170.512 | 170.513 | 170.518 |
| | | 170.519 | 170.521 | 170.522 | 170.523 |
| | | 170.528 | 170.529 | 170.531 | 170.532 |
| | | 170.533 | 170.534 | 170.535 | 170.538 |
| | | 170.539 | 170.541 | 170.542 | 170.543 |
| | | 170.544 | 170.545 | 170.548 | 170.549 |
| | | 170.561 | 170.562 | 170.563 | 170.568 |
| | | 170.569 | 170.591 | 170.592 | 170.593 |
| | | 170.598 | 170.599 | 170.601 | 170.602 |
| | | 170.603 | 170.608 | 170.609 | 170.611 |
| | | 170.612 | 170.613 | 170.618 | 170.619 |
| | | 170.621 | 170.622 | 170.623 | 170.628 |
| | | 170.629 | 170.631 | 170.632 | 170.633 |
| | | 170.634 | 170.635 | 170.638 | 170.639 |
| | 170.641 | 170.642 | 170.643 | 170.644 | |
| | 170.645 | 170.648 | 170.649 | 170.661 | |
| | 170.662 | 170.663 | 170.668 | 170.669 | |
| | 170.691 | 170.692 | 170.693 | 170.698 | |
| | 170.699 | 170.701 | 170.702 | 170.703 | |
| | 170.708 | 170.709 | 170.711 | 170.712 | |
| | 170.713 | 170.718 | 170.719 | 170.721 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------|----------|----------|
| Cardiovascular (continued) | | I70.722 | I70.723 | I70.728 | I70.729 |
| | | I70.731 | I70.732 | I70.733 | I70.734 |
| | | I70.735 | I70.738 | I70.739 | I70.741 |
| | | I70.742 | I70.743 | I70.744 | I70.745 |
| | | I70.748 | I70.749 | I70.761 | I70.762 |
| | | I70.763 | I70.768 | I70.769 | I70.791 |
| | | I70.792 | I70.793 | I70.798 | I70.799 |
| | | I70.8 | I70.90 | I70.91 | I70.92 |
| | | I72.3 | I72.4 | I72.8 | I72.9 |
| | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I96 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |
| | Cartilage implants | Prior authorization required. | 27412 | 27415 | 27416 |
| 29867 | | | 29868 | J7330 | S2112 |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | Prior authorization required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | | 95714 | 95715 | 95716 | 95718 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95720 | 95722 | 95724 | 95726 |
| Chemotherapy services | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, | Injectable chemotherapy drugs that require prior authorization: | | | |
| | | <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|----------------|----------------|----------------|
| Chemotherapy services (continued) | intravesical and intrathecal for a cancer diagnosis | <ul style="list-style-type: none"> Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>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> | | | |
| Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB) | Prior authorization required | S9988 | S9990 | S9991 | |
| Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 L8619 | 69714 L8690 | 69930 L8691 | L8614 L8692 |
| Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation | Prior authorization required | For notification/prior authorization, please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 33251 | 33254 | 33255 | 33256 |
| | | 33257 | 33258 | 33259 | 33261 |
| | | 33404 | 33414 | 33415 | 33416 |
| | | 33417 | 33476 | 33478 | 33500 |
| | | 33501 | 33502 | 33503 | 33504 |
| | | 33505 | 33506 | 33507 | 33600 |
| | | 33602 | 33606 | 33608 | 33610 |
| | | 33611 | 33612 | 33615 | 33617 |
| | | 33619 | 33641 | 33645 | 33647 |
| | | 33660 | 33665 | 33670 | 33675 |
| | | 33676 | 33677 | 33681 | 33684 |
| | | 33688 | 33690 | 33692 | 33694 |
| | | 33697 | 33702 | 33710 | 33720 |
| | | 33724 | 33726 | 33730 | 33732 |
| | | 33735 | 33736 | 33737 | 33750 |
| | | 33755 | 33762 | 33764 | 33766 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|--------|--------|--------|
| Congenital heart disease (continued) | | 33767 | 33768 | 33770 | 33771 |
| | | 33774 | 33775 | 33776 | 33777 |
| | | 33778 | 33779 | 33780 | 33781 |
| | | 33786 | 33788 | 33802 | 33803 |
| | | 33820 | 33822 | 33840 | 33845 |
| | | 33851 | 33852 | 33853 | 33917 |
| | | 33920 | 33924 | 93580 | 93581 |
| | | Congenital heart disease codes: In combination with the following ICD-10-CM codes: | | | |
| | | Q20.0 | Q20.3 | Q20.1 | Q20.5 |
| | | Q20.2 | Q20.3 | Q20.8 | Q21.3 |
| | | Q20.4 | Q21.0 | Q21.1 | Q21.2 |
| | | Q21.8 | Q21.2 | Q21.2 | Q20.8 |
| | | Q20.6 | Q20.8 | Q21.4 | Q21.8 |
| | | Q21.9 | Q21.9 | Q22.3 | Q22.0 |
| | | Q22.1 | Q22.2 | Q22.4 | Q22.6 |
| | | Q22.8 | Q22.9 | Q22.5 | Q23.0 |
| | | Q23.1 | Q23.2 | Q23.3 | Q23.4 |
| | | Q24.4 | Q24.2 | Q24.3 | Q24.8 |
| | | Q24.5 | Q24.6 | Q24.0 | Q24.1 |
| | | Q24.8 | Q23.8 | Q23.9 | Q24.8 |
| | | Q20.9 | Q24.9 | Q25.0 | Q25.1 |
| | | Q25.2 | Q25.4 | Q25.4 | Q25.2 |
| | | Q25.3 | Q25.4 | Q25.8 | Q25.9 |
| | | Q25.5 | Q25.71 | Q25.72 | Q25.6 |
| | | Q25.79 | Q26.9 | Q26.2 | Q26.3 |
| | | Q26.4 | Q26.0 | Q26.1 | Q26.8 |
| | | Q27.0 | Q27.9 | Q26.5 | Q26.6 |
| | | Q27.33 | Q27.8 | Q27.1 | Q27.2 |
| | | Q27.34 | Q27.31 | Q27.32 | Q27.39 |
| | | Q27.8 | Q28.2 | Q28.3 | |
| | | *See the Cardiovascular section of this document for patients ages 18 and older, | | | |
| Continuous Glucose Monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 | A9276 | A9277 | A9278 |
| | | E0787 | K0553 | K0554 | |
| Cosmetic and reconstructive procedures | Prior authorization required | Prior authorization is required for all states. | | | |
| | | 11960 | 11970 | 11971 | 14020 |
| | | 14021 | 14061 | 14302 | 15570 |
| | | 15572 | 15574 | 15730 | 15733 |
| | | 15740 | 15756 | 15820 | 15821 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Cosmetic and reconstructive procedures (continued) Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 15878 | 15879 | 17999 |
| | | 21137 | 21138 | 21139 | 21172 |
| | | 21175 | 21179 | 21180 | 21181 |
| | | 21182 | 21183 | 21184 | 21230 |
| | | 21235 | 21256 | 21260 | 21261 |
| | | 21263 | 21267 | 21268 | 21275 |
| | | 21280 | 21282 | 21295 | 21740 |
| | | 21742 | 21743 | 28344 | 30540 |
| | | 30545 | 30560 | 30620 | 54400 |
| | | 54401 | 54405 | 67900 | 67901 |
| | | 67902 | 67903 | 67904 | 67906 |
| | | 67908 | 67909 | 67911 | 67912 |
| | | 67914 | 67915 | 67916 | 67917 |
| | | 67921 | 67922 | 67923 | 67924 |
| | 67950 | 67961 | 67966 | Q2026 | |
| | | Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, and WI. | | | |
| | | 17106 | 17107 | 17108 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | A7025 | A7026 | E0194 | E0265 |
| | | E0266 | E0277 | E0296 | E0297 |
| | | E0300 | E0302 | E0304 | E0328 |
| | | E0329 | E0466 | E0471 | E0483 |
| | 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 |
| | | E1840 | E2402 | E2502 | E2504 |
| | | E2506 | E2508 | E2510 | E2511 |
| | Some payer groups may have different DME prior authorization requirements for their benefit plans. | E2512 | E2599 | K0005 | K0012 |
| | | K0014 | K0812 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | | K0858 | K0859 | K0860 | K0861 |
| | | K0862 | K0863 | K0864 | K0868 |
| | | K0869 | K0870 | K0871 | K0877 |
| | | K0878 | K0879 | K0880 | K0884 |
| | K0885 | K0886 | K0890 | K0891 | |
| | S1040 | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| 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. | Please call 888-936-7246 to initiate case management and utilization management. | | | |
| | 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. | | | | |
| 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. | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | 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. | 81164 | 81165 | 81166 | 81167 |
| | | 81168 | 81170 | 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 | 81205 | 81208 | | |

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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) | 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. | 81209 | 81216 | 81218 | 81220 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | 81234 | 81236 | 81237 | 81238 |
| | | 81239 | 81240 | 81241 | 81242 |
| | | 81243 | 81244 | 81245 | 81246 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| | | 81255 | 81256 | 81257 | 81258 |
| | | 81259 | 81260 | 81261 | 81262 |
| | | 81263 | 81264 | 81265 | 81266 |
| | | 81267 | 81268 | 81269 | 81271 |
| | | 81272 | 81273 | 81274 | 81276 |
| | | 81277 | 81278 | 81279 | 81283 |
| | | 81284 | 81285 | 81286 | 81287 |
| | | 81288 | 81289 | 81290 | 81291 |
| | | 81292 | 81294 | 81295 | 81297 |
| | | 81298 | 81300 | 81302 | 81303 |
| | | 81304 | 81305 | 81306 | 81307 |
| | | 81309 | 81310 | 81312 | 81313 |
| | | 81314 | 81315 | 81316 | 81317 |
| | | 81318 | 81319 | 81320 | 81321 |
| | | 81322 | 81323 | 81324 | 81325 |
| | | 81326 | 81327 | 81328 | 81329 |
| | | 81330 | 81331 | 81332 | 81333 |
| | | 81334 | 81335 | 81336 | 81337 |
| | | 81338 | 81339 | 81340 | 81341 |
| | | 81342 | 81343 | 81344 | 81345 |
| | | 81346 | 81347 | 81348 | 81350 |
| | | 81351 | 81352 | 81353 | 81355 |
| | | 81357 | 81360 | 81361 | 81362 |
| | | 81363 | 81364 | 81370 | 81371 |
| 81372 | 81373 | 81375 | 81376 | | |
| 81377 | 81378 | 81379 | 81380 | | |
| 81381 | 81382 | 81383 | 81400 | | |
| 81401 | 81402 | 81403 | 81404 | | |
| 81405 | 81406 | 81407 | 81408 | | |
| 81410 | 81411 | 81412 | 81413 | | |
| 81414 | 81415 | 81416 | 81417 | | |
| 81419 | 81420 | 81430 | 81431 | | |
| 81432 | 81433 | 81434 | 81435 | | |
| 81436 | 81437 | 81438 | 81439 | | |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|---------|-------|
| Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required. | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Infertility Diagnostic and treatment services related to the inability to achieve pregnancy | Prior authorization required. | 55870 | 58321 | 58322 | 58323 |
| | | 58345 | 58752 | 58760 | 58970 |
| | | 58974 | 58976 | 76948 | 89250 |
| | | 89251 | 89253 | 89254 | 89255 |
| | | 89257 | 89258 | 89259 | 89260 |
| | | 89261 | 89264 | 89268 | 89272 |
| | | 89280 | 89281 | 89290 | 89291 |
| | | 89335 | 89337 | 89342 | 89343 |
| | | 89344 | 89346 | 89352 | 89353 |
| | | 89354 | 89356 | S4011 | S4013 |
| | | S4014 | S4015 | S4016 | S4022 |
| | | S4023 | S4025 | S4026 | S4028 |
| | | S4030 | S4031 | S4035 | S4037 |
| The following codes only require prior authorization if the DX code is also listed: | | | | | |
| | | 54505 | 55550 | | |
| | | 58145 | 58146 | 58545 | |
| | | 58660 | 58662 | 58670 | |
| | | 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. | Aduhelm®⁵ | | | |
| | | J0172 | | | |
| | | Alpha1-Proteinase | | | |
| | | J0256 | J0257 | | |
| | | Anemia | | | |
| | | J0896 | J1437 | J1439 | Q0138 |
| | | Asthma | | | |
| | | J0517 | J2182 | J2357 | J2786 |
| | | Blood-modifying agents | | | |
| | | J0223 | J1300 | J1303 | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Injectable medications (continued) | For questions about this online authorization process, the provider may call Optum: 888-397-8129. Hemophilia codes ONLY: 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 button in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. | Cardiology | | | |
| | For questions about this online authorization process, the provider may call Optum: 888-397-8129. | Central Nervous System Agents | | | |
| | | J1306 | | | |
| | | J0222 | J1426 | J1427 | J1428 |
| | | J1429 | J2326 | J3032 | J9332 |
| | | Collagenase | | | |
| | | J0775 | | | |
| | | Dermatology | | | |
| | | J7352 | | | |
| | | Endocrine | | | |
| | | J0224 | J0800 | J3241 | |
| | | Enzyme deficiency – POS 19 and 22 only | | | |
| | | J0180 | J0221 | J1322 | J1458 |
| | | J1743 | J1931 | J2504 | J2840 |
| | | J3397 | | | |
| | | Enzyme replacement therapy | | | |
| | | C9085 | J0567 | J1786 | J3060 |
| | | Erythropoiesis-Stimulating Agents⁴ | | | |
| | | J0885 | | | |
| | | Gaucher's disease – POS 19 and 22 only | | | |
| | | J3385 | | | |
| | | Gene therapy | | | |
| | | 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 | | |
| | | Hereditary Angioedema (HAE) | | | |
| | | J0596 | J0597 | J0598 | J1290 |
| | | Immune globulin | | | |
| | | 90283 | 90284 | J1459 | J1555 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|---|-------|-------|-------|
| Injectable medications (continued) | | J1556 | J1557 | J1558 | J1561 |
| | | J1566 | J1568 | J1569 | J1572 |
| | | J1575 | J1599 | | |
| | | Immunomodulator | | | |
| | | C9086 | J0638 | J0490 | J1823 |
| | | J9210 | | | |
| | | Inflammatory – All POS | | | |
| | | J0129 | J0717 | J1602 | J1745 |
| | | J3262 | J3358 | J3380 | Q5103 |
| | | Q5104 | Q5121 | | |
| | | Medical Benefit Therapeutic Equivalent Medications⁶ | | | |
| | | Immune Globulin | | | |
| | | J1551 | J1554 | J1599 | |
| | | Sodium hyaluronate | | | |
| | | J7320 | J7321 | J7322 | J7324 |
| | | J7325 | J7326 | J7327 | J7329 |
| | | J7331 | J7332 | | |
| | | Miscellaneous | | | |
| | | J0584 | J1301 | J1746 | J2507 |
| | | J3111 | J3245 | J0741 | |
| | | Multiple sclerosis | | | |
| | | J0202 | J2323 | J2350 | |
| | | Nexviazyme® | | | |
| | | J0219 | | | |
| | | Osteoporosis | | | |
| | | J0897 ³ | | | |
| | | Other Codes | | | |
| | | J0739 | | | |
| | | Purified Cortrophin Gel | | | |
| | | J0800 | | | |
| | | Rare Conditions | | | |
| | | J1305 | J2998 | | |
| | | Rituximab | | | |
| | | J9311 | J9312 | Q5115 | Q5119 |
| | | Q5123 | | | |
| | | RSV Prophylaxis | | | |
| | | 90378 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (continued) | | Saphnelo™ | | | |
| | | J0491 | | | |
| | | Sickle Cell disease | | | |
| | | J0791 | | | |
| | | Therapeutic Radiopharmaceuticals² | | | |
| | | A9513 | A9590 | A9606 | A9699 |
| | | Unclassified and temporary codes¹ | | | |
| | | C9399 | J3490 | J3590 | |
| | | White blood cell colony-stimulating factors³ | | | |
| | | J1442 | J1447 | J2506 | Q5101 |
| | Q5108 | Q5110 | Q5111 | Q5120 | |
| | Q5122 | | | | |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.

¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Cutaquig®, Nulibry™ and Revcovi™

² 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 Specialty Pharmacy Transactions tile on your Provider Portal dashboard. Or, call **888-397-8129**.

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

For oncology DX, please see Cancer supportive care section above.

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

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

Prior authorization is not required for ESRD diagnosis.

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

⁶ Some members may not have coverage for these drugs

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------------------------------|----------------------------------|----------------------------------|
| Inpatient admissions-post acute services | <p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities | | | | |
| MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments | <p>Prior authorization required.</p> <p>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.</p> | 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 | 21060 21127 21145 21151 | 21121 21141 21146 21154 | 21123 21142 21147 21155 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| | | | | 21159 | 21160 |
| | | 21194 | 21195 | 21196 | 21198 |
| | | 21199 | 21206 | 21208 | 21209 |
| | | 21210 | 21215 | 21240 | 21242 |
| | | 21243 | 21244 | 21245 | 21246 |
| | | 21247 | 21248 | 21249 | 21255 |
| | | 21296 | 21299 | | |
| Orthotics | Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000. | L0220 | L0480 | L0482 | L0484 |
| | | L0486 | L0636 | L0638 | L1640 |
| Orthotics (continued) | | 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 | For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: myoptumhealthphysicalhealth.com > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182 . | | | |

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

within 10 days from the initial date of service listed on the form.

Potentially unproven services (including experimental/ investigational and/or linked services)

Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.

Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

Prior authorization required

| | | | |
|-------|-------|-------|-------|
| 26340 | 33361 | 33362 | 33363 |
| 33364 | 33365 | 33366 | 33369 |
| 33477 | 36514 | 64722 | 0376T |
| A9274 | | | |

Pregnancy

Voluntary notification for case and disease management enrollment:

Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, members will have access to the Healthy Pregnancy app and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.

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 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|--|--|---------|---------|---------|
| | | | | O30.292 | O30.293 |
| | | 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 |
| | | 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 | | | |
| Prosthetics (continued) | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Radiation Therapy | Prior authorization required. | <p>IGRT 77014 77387 G6001 G6002 G6017</p> <p>IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373 G0339 G0340</p> <p>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</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445</p> <p>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</p> | | | |
| 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 | <p>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.</p> <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 dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.</p> | | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|---|--|---------------|-------|-------|--|
| 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 | |
| | 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, TX, UT, VI, AND WI. | 19000 | | | | |
| | | Muscular/Skeletal | | | | |
| | | 27096 | 64479 | 64490 | 64493 | |
| | | 20552 | 20553 | | | |
| | | Neurologic | | | | |
| | | 62270 | 62321 | 64633 | 64635 | |
| | 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). | OB/GYN | | | |
| | | | 57460 | | | |
| Respiratory | | | | | | |
| Notification/prior authorization not required for care providers in AK, MA, PR, TX, UT, VI, AND WI. | | 31579 | | | | |
| | | 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 | | | | | |
| Site of service (SOS)– Outpatient hospital (continued) | 20680 | | | | | |
| | Ophthalmologic | | | | | |
| | 65426 | 65730 | 65855 | 66170 | | |
| | 66761 | 67028 | 67036 | 67040 | | |
| | 67228 | 67311 | 67312 | | | |
| | Tonsillectomy and adenoidectomy | | | | | |
| | 42821 | 42826 | | | | |
| | Upper and lower gastrointestinal endoscopy | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|--|--|-------------------------|-------|-------|-------|
| | | | | 43235 | 43239 | 43249 |
| | | 45380 | 45384 | 45385 | | |
| | | Urologic procedures | | | | |
| | | 50590 | 52000 | 52005 | 52204 | |
| | | 52224 | 52234 | 52235 | 52260 | |
| | | 52281 | 52310 | 52332 | 52351 | |
| | | 52352 | 52353 | 52356 | 54161 | |
| | | 55040 | 55700 | | | |
| Site of service (SOS)– Outpatient hospital expansion | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | | |
| | | 69100 | 69110 | 69140 | 69145 | |
| | | | 69205 | 69222 | 69310 | 69320 |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 69421 | 69424 | 69433 | 69440 | |
| | | 69450 | 69505 | 69550 | 69602 | |
| | | 69610 | 69620 | 69632 | 69633 | |
| | Prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI. | 69635 | 69636 | 69641 | 69642 | |
| | | 69643 | 69644 | 69645 | 69646 | |
| | | 69650 | 69660 | 69661 | 69662 | |
| | | 69801 | 69805 | 69806 | | |
| | | Cardiovascular System | | | | |
| | | | 33215 | 33216 | 33241 | 35045 |
| | | | 36000 | 36010 | 36012 | 36215 |
| | | | 36246 | 36556 | 36569 | 36571 |
| | | | 36581 | 36582 | 36589 | 36590 |
| | | | 36821 | 36901 | 36902 | 37242 |
| | | | 37248 | 37607 | 37609 | 37761 |
| | | | 37765 | 37766 | 37785 | |
| | | | Digestive System | | | |
| | | | 40520 | 40525 | 40810 | 40812 |
| | | 40814 | 40816 | 41110 | 41112 | |
| | | 41113 | 41520 | 41825 | 42100 | |
| | | 42104 | 42106 | 42107 | 42140 | |
| | | 42330 | 42335 | 42405 | 42408 | |
| | | 42410 | 42415 | 42420 | 42425 | |
| | | 42440 | 42450 | 42500 | 42650 | |
| Site of service (SOS)– Outpatient hospital expansion (continued) | | 42800 | 42804 | 42808 | 42810 | |
| | | 42831 | 42870 | 43191 | 43195 | |
| | | 43197 | 43200 | 43202 | 43214 | |
| | | 43220 | 43226 | 43229 | 43233 | |
| | | 43236 | 43237 | 43238 | 43241 | |
| | | 43242 | 43245 | 43246 | 43247 | |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| | | 66987 | 66988 | 67005 | 67010 |
| | | 67025 | 67039 | 67041 | 67042 |
| | | 67043 | 67101 | 67105 | 67107 |
| | | 67108 | 67110 | 67113 | 67120 |
| | | 67121 | 67145 | 67210 | 67218 |
| | | 67220 | 67221 | 67314 | 67316 |
| | | 67318 | 67345 | 67400 | 67412 |
| | | 67414 | 67420 | 67445 | 67550 |
| | | 67560 | 67700 | 67800 | 67801 |
| | | 67805 | 67808 | 67840 | 67875 |
| | | 67880 | 67935 | 67938 | 67971 |
| | | 67973 | 67975 | 68100 | 68110 |
| | | 68115 | 68135 | 68320 | 68440 |
| | | 68700 | 68720 | 68750 | 68811 |
| | | 68815 | | | |
| | | Female Genital System | | | |
| | | 56405 | 56420 | 56440 | 56441 |
| | | 56442 | 56501 | 56515 | 56605 |
| | | 56620 | 56700 | 56740 | 56810 |
| | | 56821 | 57000 | 57061 | 57065 |
| | | 57100 | 57105 | 57106 | 57130 |
| | | 57135 | 57240 | 57250 | 57260 |
| | | 57268 | 57282 | 57283 | 57287 |
| | | 57295 | 57300 | 57410 | 57415 |
| | | 57420 | 57421 | 57425 | 57452 |
| | | 57454 | 57456 | 57461 | 57500 |
| | | 57505 | 57510 | 57511 | 57513 |
| | | 57520 | 57530 | 57700 | 57720 |
| | | 57800 | 58100 | 58120 | 58263 |
| | | 58560 | 58561 | 58562 | 58700 |
| | | 58925 | | | |
| | | Foot Surgery | | | |
| | | 28295 | | | |
| | | Hemic and Lymphatic Systems | | | |
| | | 38221 | 38222 | 38500 | 38505 |
| | | 38510 | 38520 | 38525 | 38740 |
| | | 38760 | | | |
| | | Integumentary System | | | |
| Site of service (SOS)– Outpatient hospital expansion (continued) | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| | | 10121 | 10180 | 11010 | 11012 |
| | | 11440 | 11441 | 11443 | 11444 |
| | | 11446 | 11450 | 11451 | 11462 |
| | | 11463 | 11470 | 11471 | 11601 |
| | | 11602 | 11603 | 11604 | 11620 |
| | | 11621 | 11622 | 11623 | 11624 |
| | | 11640 | 11641 | 11642 | 11643 |
| | | 11644 | 11750 | 11755 | 11760 |
| | | 11770 | 11772 | 12031 | 12032 |
| | | 12034 | 12035 | 12041 | 12042 |
| | | 12051 | 12052 | 13100 | 13120 |
| | | 13121 | 13131 | 13151 | 15100 |
| | | 15120 | 15220 | 15240 | 15576 |
| | | 15760 | 15770 | 15850 | 17000 |
| | | 17004 | 17110 | 17111 | 17311 |
| | | 17313 | 19101 | 19110 | 19112 |
| | | 19120 | 19125 | | |
| | | Male Genital System | | | |
| | | 54001 | 54055 | 54057 | 54060 |
| | | 54100 | 54110 | 54150 | 54162 |
| | | 54163 | 54164 | 54300 | 54360 |
| | | 54450 | 54512 | 54530 | 54600 |
| | | 54620 | 54640 | 54700 | 54830 |
| | | 54840 | 54860 | 55041 | 55060 |
| | | 55100 | 55110 | 55120 | 55500 |
| | | 55520 | 55540 | | |
| | | Musculoskeletal System | | | |
| | | 20200 | 20205 | 20220 | 20225 |
| | | 20240 | 20245 | 20520 | 20525 |
| | | 20526 | 20551 | 20600 | 20604 |
| | | 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 |
| Site of service (SOS)– Outpatient hospital expansion (continued) | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| | | 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 |
| | | 26676 | 26715 | 26727 | 26735 |
| | | 26742 | 26746 | 26756 | 26765 |
| Site of service (SOS)– Outpatient hospital expansion (continued) | | | | | |

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

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| | | 64782 | 64784 | 64788 | 64795 |
| | | 64831 | 64835 | | |
| | | Respiratory System | | | |
| | | 30000 | 30020 | 30100 | 30110 |
| | | 30115 | 30118 | 30130 | 30220 |
| | | 30310 | 30580 | 30630 | 30801 |
| | | 30802 | 30930 | 31020 | 31030 |
| | | 31032 | 31200 | 31205 | 31525 |
| | | 31526 | 31528 | 31529 | 31530 |
| | | 31535 | 31536 | 31540 | 31541 |
| | | 31545 | 31570 | 31571 | 31574 |
| | | 31575 | 31576 | 31578 | 31591 |
| | | 31611 | 31622 | 31623 | 31624 |
| | | 31625 | 31628 | 31652 | 32408 |
| | | 32555 | 32557 | | |
| | | Urinary System | | | |
| | | 50430 | 50435 | 50575 | 50688 |
| | | 51102 | 51702 | 51710 | 51715 |
| | | 51720 | 51726 | 51728 | 51729 |
| | | 52001 | 52007 | 52214 | 52265 |
| | | 52275 | 52276 | 52282 | 52283 |
| | | 52285 | 52287 | 52300 | 52315 |
| | | 52317 | 52320 | 52325 | 52327 |
| | | 52330 | 52341 | 52344 | 52354 |
| | | 52450 | 52500 | 52630 | 52640 |
| | | 53020 | 53230 | 53260 | 53265 |
| | | 53270 | 53440 | 53445 | 53450 |
| | | 53500 | 53605 | 53665 | 54065 |
| Sleep apnea procedures and surgeries 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, | Prior authorization required Excludes sleep studies performed in the home. Not applicable to | 95805 95811 | 95807 | 95808 | 95810 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|--|--|--|
| including polysomnography, to diagnosis sleep apnea and other sleep disorders | sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries. | | | | |
| Specific medications as indicated on the prescription drug list (PDL) | Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax specialty medication requests to: 877-342-4596. | | | | |
| Spinal cord stimulators Spinal cord stimulators when implanted for pain management | Prior authorization required. | Prior authorization is required for all states. 63650 63655 63662 63664 63685 63688 64553 64570 L8679 L8680 L8682 L8683 L8685 L8686 L8687 L8688 Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, and WI. 63661 63663 | | | |
| Spinal surgery | Prior authorization required. | Prior authorization is required for all states | | | |
| | | 20930 20931 20939 22100 22101 22102 22103 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226 22510 22511 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 | | | |
| Spinal surgery (continued) | | | | | |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| | | 22840 | 22841 | 22842 | 22843 |
| | | 22844 | 22845 | 22846 | 22847 |
| | | 22848 | 22849 | 22850 | 22852 |
| | | 22853 | 22854 | 22855 | 22856 |
| | | 22857 | 22858 | 22859 | 22861 |
| | | 22862 | 22864 | 22865 | 22899 |
| | | 27279 | 27280 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63035 | 63040 | 63042 | 63043 |
| | | 63044 | 63045 | 63046 | 63047 |
| | | 63048 | 63050 | 63051 | 63055 |
| | | 63056 | 63057 | 63064 | 63066 |
| | | 63075 | 63076 | 63077 | 63078 |
| | | 63081 | 63082 | 63085 | 63086 |
| | | 63087 | 63088 | 63090 | 63091 |
| | | 63101 | 63102 | 63103 | 63170 |
| | | 63172 | 63173 | 63185 | 63190 |
| | | 63191 | 63197 | 63200 | 63250 |
| | | 63251 | 63252 | 63265 | 63266 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63273 | 63275 | 63276 |
| | | 63277 | 63278 | 63280 | 63281 |
| | | 63282 | 63283 | 63285 | 63286 |
| | | 63287 | 63290 | 63295 | 63300 |
| | | 63301 | 63302 | 63303 | 63304 |
| | | 63305 | 63306 | 63307 | 63308 |
| | | 0095T | 0098T | 0164T | 0309T |
| | | Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, and WI. | | | |
| | | 22513 | 22514 | | |
| Stimulators – not related to spine Implantation of a device that sends electrical impulses Stimulators (continued) | 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 | Prior authorization required for transplant or transplant-related | For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® | | | |

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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. | (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | Bone marrow harvest | | | |
| | | 38240 | 38241 | 38242 | S2150 |
| | | Evaluation for transplant | | | |
| | | 99205 | | | |
| | | Heart | | | |
| | | 33940 | 33944 | 33945 | |
| | | Heart/lung | | | |
| | | 33930 | 33935 | | |
| | | Intestine | | | |
| | | 44132 | 44133 | 44135 | S2053 |
| | | Kidney | | | |
| | | 50300 | 50320 | 50323 | 50340 |
| | | 50360 | 50365 | 50370 | 50380 |
| | | 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 |
| Transplant (continued) | | | | | |

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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 | | |
| 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, please call 877-842-3210 to start the case management and utilization management process. 33927 33976 33983 | | | |

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