

Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective November 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan River Valley health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Prior authorization is not required for emergency or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		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	27702
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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844
		29845	29846	29847	29848
		29860	29861	29862	29863

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		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.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43860*
		43865*	43886	43887	43888
	In certain situations, bariatric surgery and other obesity- related services aren't covered by some benefit plans. For more information, please connect with us through chat 24/7 using our Contact us page.	*Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20-Z68.22, Z68.30-Z68.39, Z68.41-Z68.45			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator	Prior authorization required.	20974	20975	20979	
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required.	15771	19300	19316	19318
Reconstruction of the breast, except when following mastectomy		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19396	L8600
Prior authorization not required for the following diagnosis codes:					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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 Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Anti-emetics that require prior authorization</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		J1456			
		J1434			
		J2468			
		Palonosetron HCL			
		J2469			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Prolia® Xgeva®)			
		J0897			
		<u>Erythropoiesis-Stimulating Agents</u>			
		Epoetin Alfa			
		J0885			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Filgrasatim-txid (Nypozi™)			
		Q5148			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																															
Cancer supportive care (cont.)		Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122* Pegfilgrastim-bmez (Ziextenzo®) 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.	Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification > Commercial.																																															
Cardiovascular	Prior authorization required.	Cardiology <table><tr><td>33285</td><td>37220*</td><td>37221*</td><td>37224*</td></tr><tr><td>37225*</td><td>37226*</td><td>37227*</td><td>37228*</td></tr><tr><td>37229*</td><td>37230*</td><td>37231*</td><td>93580**</td></tr><tr><td>93653</td><td>93656</td><td>E0616</td><td>0569T</td></tr><tr><td>0570T</td><td></td><td></td><td></td></tr></table> ** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18. *Prior authorization not required for the following diagnosis codes: <table><tr><td>E08.52</td><td>E09.52</td><td>E10.52</td><td>E11.52</td></tr><tr><td>E13.52</td><td>I70.221</td><td>I70.222</td><td>I70.223</td></tr><tr><td>I70.228</td><td>I70.229</td><td>I70.231</td><td>I70.232</td></tr><tr><td>I70.233</td><td>I70.234</td><td>I70.235</td><td>I70.238</td></tr><tr><td>I70.239</td><td>I70.241</td><td>I70.242</td><td>I70.243</td></tr><tr><td>I70.244</td><td>I70.245</td><td>I70.248</td><td>I70.249</td></tr></table>				33285	37220*	37221*	37224*	37225*	37226*	37227*	37228*	37229*	37230*	37231*	93580**	93653	93656	E0616	0569T	0570T				E08.52	E09.52	E10.52	E11.52	E13.52	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249
33285	37220*	37221*	37224*																																														
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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																																														
	For Vascular codes, prior authorization required for lower extremity angiogram.																																																

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		173.81			
Cartilage implants	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
Chemotherapy services	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952), Lanreotide (J1932) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and Sign In at the top-right corner. Or, you can call 888-397-8129 .			
Clinical trials	Prior authorization required.	S9988	S9990	S9991	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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).					
Cochlear and other auditory implants	Prior authorization required.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.					
Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation	Advance notification required	For advance notification, please call 888-936-7246 or call the number on the back of the member’s health plan ID card. Congenital heart disease codes: 93583 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		* See the cardiovascular section for information regarding patients ages 18 and older.			
Continuous Glucose Monitor	Prior authorization required with type 2 and gestational diabetes diagnosis.	Prior authorization not required for Type 1 diabetes			
		A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
		Prior authorization is required with the following Type 1 and gestational diabetes DX codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive procedures	Prior authorization required.	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14301*	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	21260	21261	21263

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
condition or improve or restore physiologic function		21267	21268	21275	21280
		21282	21295	28344	30540
		30545	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		17106	17107	17108	
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722

Procedures and services		CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
		E0745	E0764	E0766	E0770
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1830	E2402	E2502	E2504
	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.	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
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	S1040			
End-stage renal disease (ESRD) dialysis services	Services for treating end-stage renal disease, including outpatient dialysis services	Please call us at Optum representatives at 888-936-7246 to initiate case management and utilization management.			
	Advance notification is required when members are referred to an out-of-network health care professional for dialysis services. Prior authorization is not required for ESRD when a member travels outside of the service area.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required.	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		28285	28289	28291	28292
		28296	28297	28298	28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gastroenterology endoscopy (GI)	Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.	Capsule endoscopy			
		91110	91111	91113	
		Colonoscopy (lower gastrointestinal)			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*
	Please note that screening colonoscopy procedures are not included in the Advance Notification process, however a site of service medical necessity review will be conducted if the screening colonoscopy procedure will be performed in an outpatient hospital setting.	EGD (upper gastrointestinal)			
		43200*	43201	43202*	43204
		43205	43211	43212	43213
		43214	43215	43216	43217
		43220*	43226*	43227	43229*
		43233	43235*	43236*	43239*
		43241	43243	43244	43245
		43246	43247*	43248*	43249*
		43250*	43251*	43254*	43255*
		43266	43270*		
		Colonoscopy - Screening <u>only</u> (site of service (SOS) only applies) (lower gastrointestinal)			
		G0105	G0121		
		* Site of Service (SOS) also may apply.			
		For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner			
		to get started. Then, select the appropriate category under Prior Authorization and Notification . Or, you can call 866-889-8054 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		For more details and a list of the CPT codes that require prior authorization, please visit Gastroenterology Endoscopy Advance Notification			
Gender dysphoria treatment	Prior authorization required.	Prior authorization required for the following regardless of Dx code:			
		55970	55980		
		Prior authorization required for the following when submitted with a Dx code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:			
		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	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
	Health care professionals requesting laboratory testing will be required to complete the prior authorization process, which includes listing the laboratory and test name. Payment will be authorized for each specified genetic test for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization program. Prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81410	81411	81412	81413
		81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
		87505	87506	0006M	0007M
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0055U	0060U	0087U	0088U
		0094U	0101U	0102U	0103U
		0111U	0118U	0129U	0154U
		0170U	0171U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0265U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0288U	0289U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U
		0319U	0320U	0323U	0326U
		0334U	0341U	0355U	0364U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
		0425U	0426U	0437U	0444U
		0449U	0465U	0471U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0495U	0499U
		0500U	0502U	0504U	0505U
		0506U	0508U	0509U	0523U
		0529U	0530U	0536U	0538U
		0539U	0540U	0543U	0544U
		0552U	0554U	0562U	0567U
		0571U	S3854	S3865	S3870
Home health care – non-nutritional	Prior authorization required only in outpatient settings, to include member’s home.	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies. Prior authorization not required for outpatient vaginal hysterectomies.	58267	58270	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required.	58150	58152	58180	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Infertility	Prior authorization required.	55870	58321	58322	58323
		58345	58752	58760	58970
Diagnostic and treatment services related to the inability to achieve pregnancy.		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Infertility (cont.)		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
Injectable medications	Prior authorization required. To submit a prior authorization request and, for UnitedHealthcare commercial plan out-of-network health care professionals, to submit a predetermination request, the care provider must log in to the UnitedHealthcare Provider Portal at UHCprovider.com. Submit the request using Clinical Pharmacy and Specialty Drugs. For questions call us at 888-397-8129.	Alpha1- Proteinase inhibitors			
		J0256	J0257		
		Anemia			
		J0896	J1437	J1439	Q0138
		Asthma			
		J0517	J2182	J2356	J2357
		J2786			
		Blood modifying agents			
		J0223	J1299	J1302	J1303
		J1307	J9376		
		Cardiology			
		J1306			
		Central nervous system agents			
		J0174	J0175	J0222	J0225
		J1301	J1304	J1426	J1427
		J1428	J1429	J2326	J3032
		J9332	J9333	J9334	
		Collagenase			
		J0775			
		Complement inhibitors – Ophthalmologic use			
		J2781	J2782		
		Dermatology			
		J7352			
		Endocrine			
		J0224	J0801	J0802	J0584
		J2507	J3241		
		Enzyme replacement therapy - POS 19 and 22 only			
		J0180	J0217	J0218	J0219
		J0221	J1322	J1458	J1743
		J1931	J2840	J3397	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Enzyme replacement therapy				
	J0567	J1203	J1809		
	Enzyme deficiency (Gaucher disease)				
	J1786	J3060			
	Erythropoiesis-stimulating agents ³				
	J0885				
	Enzyme deficiency (Gaucher disease) - POS 19 and 22 only				
	J3385				
	Gene therapy				
	J1411	J1412	J1413	J1414	
	J3398	J3399	J3401	J3403	
	Hemophilia				
	J7170	J7172	J7174	J7175	
	J7177	J7178	J7179	J7180	
	J7181	J7182	J7183	J7185	
	J7186	J7187	J7188	J7189	
	J7190	J7192	J7193	J7194	
	J7195	J7198	J7199	J7200	
	J7201	J7202	J7203	J7204	
	J7205	J7207	J7208	J7209	
	J7210	J7211	J7212	J7213	
	J7214				
	Hematologic				
	J0596	J0597	J0598	J1290	
	J7171	J9038			
	Immune globulin				
	90283	90284	J1459	J1551	
	J1556	J1555	J1557	J1558	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575		
	Immune modulator				
	J0638	J0490	J0491	J1823	
	J9210	J9312	J9381	Q5115	
	Q5119	Q5123			
	Inflammatory conditions				
	J0129	J0717	J1602	J1628	
	J1745	J1747	J2267	J2327	
	J3245	J3247	J3262	J3357	
	J3358	J3380	J7211	J7212	
	J7213	J7214	Q5099	Q5100	
	Q5103	Q5104	Q5121	Q5133	
	Q5135	Q5137	Q5138	Q9996	
	Q9997	Q9998	Q9999		
	Medical benefit therapeutic equivalent medications ⁴				
	J0179	J1552	J1554	J1576	
	J2508	J7320	J7321	J7322	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7324	J7325	J7326	J7327
		J7329	J7331	J7332	Q5124
		Multiple sclerosis			
		J0202	J2329	J2350	J2351
		Multiple sclerosis - POS 19 and 22 only			
		J2323			
		Neutropenia ²			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130	Q5148		
		Rare conditions			
		J1305	J2998		
		RSV prophylaxis			
		90378			
		Sickle cell disease			
		J0791			
		Unclassified and temporary codes ¹			
		C9399	J3490	J3590	
	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List . Predetermination is highly recommended for the medications on the list.				
¹ For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Rivfloza™ and Revcovi™					
² For some codes, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see cancer supportive care section. For non-oncology Dx submit online using the UnitedHealthcare Provider Portal or call 888-397-8129 .					
³ For code J0885, prior authorization is required for both oncology and non-oncology Dx. Prior authorization is not required for ESRD diagnosis.					
⁴ Some members may not have coverage for these medications.					

Inpatient admissions-post acute services

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

- Acute care hospitals

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Inpatient admissions- post acute services (cont.)	• Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities		
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid MR-guided focused ultrasound procedures and treatments	Prior authorization required. MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows: A physician and/or facility must confirm coverage of the service for the member. A hospital and/or facility must be in-network. Members have no out-of-network benefits for MRgFUS. A member must consent in writing to the procedure 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.	0071T	0072T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)	A physician and facility must follow FDA-labeled indications for use.				
Non-emergency air transport	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
Non-urgent ambulance transportation by air between specified locations.					
Orthognathic surgery	Prior authorization required.	21050	21060	21121	21123
		21125	21127	21141	21142
Treatment of maxillofacial functional impairment.		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21208	21209
		21210	21215	21240	21242
		21243	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220	L0482	L0484	L0486
		L0636	L0638	L1640	L1680
		L1685	L1700	L1710	L1720
		L1755	L1844	L1846	L2005
		L2020	L2034	L2036	L2037
		L2038	L2330	L3251	L3253
		L3485	L3766	L3900	L3901
		L3904	L3961	L3971	L3975
		L3976	L3977		
Out-of-network services	Prior authorization required.				
A referral from a network physician or health care professional to a hospital, physician or other care provider who's out of network	Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Pain management and injection	Prior authorization required.	62320	62322	62324	62325
		62326	62327	62350	62351
		62360	62361	64451	64484

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pain management and injection (cont.)		64520	64620	64640	E0782
		E0783	E0785	E0786	G0260
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required.	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		A9274	C2624		
Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.					
Determination made when there’s insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature					
Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
		009.00	009.01	009.02	009.03
		009.10	009.11	009.12	009.13
	Please provide us with voluntary notification of a pregnancy diagnosis.	009.211	009.212	009.213	009.219
009.291		009.292	009.293	009.299	
009.30		009.31	009.32	009.33	
009.40		009.41	009.42	009.43	
	Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before giving birth. 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.	009.511	009.512	009.513	009.519
009.521		009.522	009.523	009.529	
009.611		009.612	009.613	009.619	
009.621		009.622	009.623	009.629	
009.70		009.71	009.72	009.73	
009.891		009.892	009.893	009.899	
009.90		009.91	009.92	009.93	
012.00		012.01	012.02	012.03	
012.10		012.11	012.12	012.13	
012.20		012.21	012.22	012.23	
021.0		021.1	021.8	021.9	
024.011		024.012	024.013	024.111	
024.112		024.113	024.311	024.312	
024.313		024.811	024.812	024.813	
024.911		024.912	024.913	026.00	
026.01		026.02	026.03	026.831	
026.832		026.833	026.839	030.001	
030.002		030.003	030.011	030.012	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pregnancy (cont.)	We ask that you please notify us once during pregnancy. We're not requesting notification of ancillary services, such as ultrasound and lab work.	030.013	030.031	030.032	030.033
		030.041	030.042	030.043	030.091
		030.092	030.093	030.101	030.102
		030.103	030.111	030.112	030.113
		030.121	030.122	030.123	030.191
		030.192	030.193	030.201	030.202
		030.203	030.211	030.212	030.213
		030.221	030.222	030.223	030.291
	After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (e.g., if a pregnancy is terminated).	030.292	030.293	030.91	030.92
		030.93	047.00	047.02	047.03
		047.1	047.9	060.00	060.02
		060.03	099.011	099.012	099.013
		099.280	099.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			
Prostate procedures	Prior authorization required.	52441	52442	53850	
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5105	L5050	L5060
		L5100	L5210	L5150	L5160
		L5200	L5280	L5230	L5250
		L5270	L5400	L5301	L5321
		L5331	L5540	L5420	L5530
		L5535	L5639	L5585	L5590
		L5616	L5681	L5643	L5649
		L5651	L5724	L5683	L5703
		L5707	L5795	L5726	L5728
		L5780	L5824	L5814	L5818
		L5822	L5840	L5826	L5828
		L5830	L5858	L5845	L5848
		L5856	L5968	L5930	L5960
		L5966	L5981	L5973	L5979
		L5980	L6010	L5987	L5988
		L6000	L6055	L6020	L6026
		L6050	L6205	L6120	L6130
		L6200	L6360	L6310	L6320
		L6350	L6570	L6370	L6400
		L6450	L6586	L6580	L6582
		L6584	L6624	L6588	L6590
		L6621	L6696	L6638	L6648
		L6693	L6882	L6697	L6707
		L6881	L6905	L6884	L6885
		L6900	L6930	L6910	L6920
		L6925	L6950	L6935	L6940
		L6945	L6970	L6955	L6960
		L6965	L7009	L6975	L7007
		L7008	L7180	L7040	L7045
		L7170	L7190	L7181	L7185
		L7186	L8043	L7191	L7499

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		L8042	L8044	L8049	V2629
Radiation therapy	Prior authorization required.	IGRT 77014 77387 G6001 G6002 G6017 IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016 Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/associated services 77331 77370 77399 77470 SRS/SBRT 77371 77372 77373 G0339 G0340 Standard radiation therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal at UHCprovider.com .			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans, nuclear medicine and nuclear cardiology procedures.	Health care professionals ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054 . For more details and to see a list the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification > Commercial.			
Rhinoplasty	Prior authorization required.	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sinuplasty	Prior authorization required.	31295	31296	31297	
Site of service (SOS) – office-based program	Prior authorization required if performed in an outpatient hospital setting or ASC.	Dermatologic			
		11402	11403	11406	11422
		11404	11420	11421	11423
		11424	11426	11442	
	Prior authorization not required if performed in an office.	General surgery			
		19000			
	Prior authorization not required for health care professionals in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.	Muscular/skeletal			
		27096	64479	64490	64493
		20552	20553		
		Neurologic			
		62270	62321	64633	64635
		64766			
		OB/GYN			
		57460			
		Respiratory			
		31579			
Site of service (SOS)– outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC. Prior authorization is not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin.	Auditory system			
		69100	69110	69140	69145
		69205	69222	69310	69320
		69421	69424	69433	69440
		69450	69505	69550	69602
		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		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		21552	21931		
		Digestive system			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– outpatient hospital (cont.)		40810	40812	41110	41112
		41113	41520	42104	42106
		42140	42408	42420	42425
		42440	42800	42810	42831
		45172	45990	46080	46200
		46220	46221	46250	46255
		46257	46261	46270	46505
		46612	46910	46946	49550
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		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
		67973	67975	68100	68110
		68115	68135	68320	68440
		68700	68720	68750	68811
		68815	65426	65730	65855
		66170	66761	67028	67036
		67040	67228	67311	67312
		Female genital system			
		56405	56420	56440	56441
		56442	56501	56515	56605

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– outpatient hospital (cont.)		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	57522	58353	58558
		58563	58565		
		Foot surgery			
		28295			
		Hemic and lymphatic systems			
		38221	38222	38500	38505
		38510	38520	38525	38740
		38760			
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	10180	11010	11012
		11440	11441	11443	11444
		11446	11450	11451	11462
		11463	11470	11471	11601
		11602	11603	11604	11620
		11621	11622	11623	11624
		11640	11641	11642	11643
		11644	11750	11755	11760
		11770	11772	12031	12032
		12034	12035	12041	12042
		12051	12052	13100	13120
		13121	13131	13151	15100
		15120	15220	15240	15576
		15760	15770	17000	17004
		17110	17111	17311	17313
		19101	19110	19112	19120
		19125			
		Liver biopsy			
		47000			
		Male genital system			
		54001	54055	54057	54060

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– outpatient hospital (cont.)		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		
		Miscellaneous			
		20680			
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– Outpatient hospital (cont.)		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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– Outpatient hospital (cont.)		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	64585	64600
		64610	64642	64644	64646
		64647	64702	64718	64719
		64774	64776	64782	64784
		64788	64795	64831	64835
	Respiratory system				
		30000	30020	30100	30110
		30115	30118	30130	30220
		30310	30580	30630	30801
		30802	30930	31020	31030
		31032	31200	31205	31525
		31526	31528	31529	31530
		31535	31536	31540	31541
		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557	31298	
	Tonsillectomy and adenoidectomy				
		42821	42826		
	Urologic procedures				
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS)– Outpatient hospital (cont.)		53445 54065	53450	53605	53665
Sleep apnea procedures and surgeries	Prior authorization required.	Prior authorization is required for all states.			
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea.	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser- assisted uvulopalatoplasty.	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 Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.	
	Also applies to surgical sleep apnea procedures and not sleep studies.	42145			
Sleep studies	Prior authorization required.	95805 95811	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders.	Excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and surgeries — see Sleep apnea procedures and surgeries.				
Specific medications as indicated on the prescription drug list (PDL)	Prior authorization is required for certain medications to make sure they're a covered benefit as prescribed. For a list of medications requiring prior authorization, please refer to Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug Lists (PDL)/Drug Formulary				
	Please call 800-711-4555 when prescribing medications that require prior authorization. You may also fax specialty medication requests to 877-342-4596.				
Spinal cord stimulators	Prior authorization required.	Prior authorization is required for all states.			
Spinal cord stimulators when implanted for pain management.		63650 63685 L8679 L8685	63655 63688 L8680 L8686	63662 64553 L8682 L8687	63664 64570 L8683 L8688

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.			
		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	27279	27280	22899
		63001	63011	63012	63003
		63005	63017	63020	63015
		63016	63040	63042	63030
		63035	63045	63046	63043
		63044	63050	63051	63047
		63048	63057	63064	63055
		63056	63076	63077	63066
		63075	63082	63085	63078
		63081	63088	63090	63086
		63087	63102	63103	63091
		63101	63173	63185	63170
		63172	63197	63200	63190
		63191	63252	63265	63250
		63251	63268	63270	63266
		63267	63273	63275	63271
		63272	63278	63280	63276
		63277	63283	63285	63281
		63282	63290	63295	63286
		63287	63302	63303	63300
		63301	63306	63307	63304
		63305	63308	0098T	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Alaska, Guam, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. 22513 22514			
Stimulators – not related to spine	Prior authorization required.	Bone growth stimulator E0747 E0748 E0749 E0760			
Implantation of a device that sends electrical impulses.		Neurostimulator 43647 43648 43881 43882			
		61863 61864 61867 61868			
		61885 61886 64555 64561			
		64568 64581 64590* 64595			
		*No Prior Authorization required for the following combination of procedure codes and incontinence diagnosis codes listed:			
N32.81 N32.9 N39.3 N39.41					
N39.42 N39.46 N39.490 N39.498					
R15.0 R15.1 R15.2 R15.9					
R30.0 R30.1 R30.9 R32					
R33.0 R33.8 R33.9 R35.0					
R35.1 R35.81 R35.89 R39.11					
R39.12 R39.13 R39.14 R39.15					
R39.16 R39.191 R39.192 R39.198					
R39.81 R39.89 R39.9					
Transplant	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	Bone marrow harvest 38240 38241 38242 S2150			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation.		Evaluation for transplant 99205			
	For cellular and gene therapy services, including Abecma® (Idecaptagene Cicleucel), Amtagvi™ (lifileucel), Aucatzyl (obecabtagene autoleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil® (remestemcel-L-rknd).	Heart 33940 33944 33945			
		Heart/lung 33930 33935			
		Intestine 44132 44133 44135 S2053			
		Kidney 50300 50320 50323 50340 50360 50365 50370 50547			
		Kidney/pancreas S2065			
		Liver 47135 47143 47147			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Tranplant	Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Yescarta™ (axicabtagene ciloleucel, Zevaskyn™ (prademagene zamikeracel) and Zynteglo™(betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card	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	
		Cellular and gene therapy			
		C9399	J3391	J3392	J3393
		J3394	J3490	J3590	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Therapeutic radiopharmaceuticals	Prior authorization required.	A9513	A9590	A9606	A9607
	To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan, out-of-network care providers, to submit a predetermination request for outpatient therapeutic radiopharmaceuticals, the care provider must log in to the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in.	A9615	A9699		
Vein procedures	Prior authorization required.				
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36470	36471	36473	36474
		36475	36476	36478	36479
		36482	36483	36465	36466
		37243	37700	37718	37722
		37780			
Ventricular assist devices (VAD)		To start the case management and utilization management process, please connect with us through chat 24/7 using our Contact us page to start the case management and utilization management process.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982

Ventricular assist devices
(VAD) (cont.)

33983

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

