

# Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Jun. 1, 2023

## General Information

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

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

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

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24370	24371	25441
		25442	25443	25444	25446
		25449	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
		27702	27703		
<b>Arthroscopy</b>	Prior authorization required	Prior authorization is required for all states.			
		29826	29843	29871	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, and WI.			
		29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29827	29828
		29830	29834	29835	29836
		29837	29838	29840	29844

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (cont.)</b>		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
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
		43775	43842	43843	43845
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call 877-842-3210.	43846	43847	43848	43860*
		43865*	43886	43887	43888
<b>Behavioral health services</b>		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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	15771	19300	19316	19318
		19325	19328	19330	19340
		19342	19350	19357	19361
		19364	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		<b>Prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		C50.129	C50.221	C50.222	C50.229	
		C50.321	C50.322	C50.329	C50.421	
		C50.422	C50.429	C50.521	C50.522	
		C50.529	C50.621	C50.622	C50.629	
		C50.821	C50.822	C50.829	C50.921	
		C50.922	C50.929	C79.81	D05.90	
		D05.00	D05.01	D05.02	D05.10	
		D05.11	D05.12	D05.80	D05.81	
		D05.82	D05.91	D05.92	Z85.3	
		Z90.10	Z90.11	Z90.12	Z90.13	
		Z42.1				
	<b>Cancer supportive care</b>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p><b>*Codes J0897, J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</b></p>	<b><u>Anti-Emetics that require prior authorization</u></b>			
			<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
J1454						
<b>Cinvanti™ (aprepitant)</b>						
J0185						
<b>Emend® (fosaprepitant)</b>						
J1453						
<b>Palonosetron HCL</b>						
J2469						
<b>Sustol® (granisetron extended release)</b>						
J1627						
<b><u>Bone-modifying agent that requires prior authorization:</u></b>						
<b>Denosumab (Prolia®, Xgeva®)</b>						
J0897*						
<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>						
<b>Filgrastim (Neupogen®)</b>						
J1442*						
<b>Filgrastim-aafi (Nivestym™)</b>						
Q5110*						
<b>Filgrastim-ayow (Releuko)</b>						
Q5125*						
<b>Filgrastim-sndz (Zarxio®)</b>						
Q5101*						
<b>Pegfilgrastim (Neulasta®)</b>						
J2506*						
<b>Pegfilgrastim-apgf (Nyvepria™)</b>						
Q5122*						
<b>Pegfilgrastim-bmez (Ziextenzo®)</b>						

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Cancer supportive care (cont.)		Q5120*			
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>			
		Q5111*			
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>			
		Q5108*			
		<b>Sargramostim (Leukine®)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix®)</b>			
		J1447*			
			<b>Trilaciclib (Cosela™)</b>		
		J1448			
		For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
Cardiology	Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .			
		For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Cardiology > Commercial.			
Cardiovascular	Prior authorization required  For Vascular codes, prior authorization required for lower extremity angiogram	<b>Cardiology</b>			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230*	37231*	93580**
		93653	93656	E0616	
		**Prior authorization is required for patients ages 18 and older. See the Congenital Heart Disease section in this document for patients under age 18.			
		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238		
I70.239	I70.241	I70.242	I70.243		
I70.244	I70.245	I70.248	I70.249		
I70.25	I70.261	I70.262	I70.263		
I70.268	I70.269	I70.321	I70.322		
I70.323	I70.329	I70.331	I70.332		
I70.333	I70.334	I70.335	I70.338		
I70.339	I70.341	I70.342	I70.343		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
	T82.898A	I73.00	I73.01	I73.1	
	I73.81				
<b>Cartilage implants</b>	Prior authorization required.	27412	27415	27416	29866
		29867	29868	J7330	S2112
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy services</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul> Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an	Prior authorization required	S9988	S9990	S9991	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Institutional Review Board (IRB)					
<b>Cochlear and other auditory implants</b> 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
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For notification/prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. <b>Congenital heart disease codes:</b>			
		33250	33251	33254	33255
		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

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<b>Congenital heart disease (cont.)</b>		<b>In combination with the following ICD-10-CM codes:</b>			
		I27.83	Q20.0	Q20.1	Q20.2
		Q20.3	Q20.3	Q20.4	Q20.5
		Q20.6	Q20.8	Q20.8	Q20.8
		Q20.9	Q21.0	Q21.1	Q21.2
		Q21.2	Q21.2	Q21.3	Q21.4
		Q21.8	Q21.8	Q21.9	Q21.9
		Q22.0	Q22.1	Q22.2	Q22.3
		Q22.4	Q22.5	Q22.6	Q22.8
		Q22.9	Q23.0	Q23.1	Q23.2
		Q23.3	Q23.4	Q23.8	Q23.9
		Q24.0	Q24.1	Q24.2	Q24.3
		Q24.4	Q24.5	Q24.6	Q24.8
		Q24.8	Q24.8	Q24.9	Q25.0
		Q25.1	Q25.2	Q25.2	Q25.21
		Q25.29	Q25.3	Q25.4	Q25.4
		Q25.4	Q25.41	Q25.42	Q25.43
		Q25.44	Q25.45	Q25.46	Q25.47
		Q25.48	Q25.49	Q25.5	Q25.6
		Q25.71	Q25.72	Q25.79	Q25.8
		Q25.9	Q26.0	Q26.1	Q26.2
		Q26.3	Q26.4	Q26.5	Q26.6
		Q26.8	Q26.9	Q27.0	Q27.1
		Q27.2	Q27.31	Q27.32	Q27.33
		Q27.34	Q27.39	Q27.8	Q27.8
Q27.9	Q28.2	Q28.3			
		*See the Cardiovascular section of this document for patients ages 18 and older,			
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	Prior authorization is required for all states.			
		11960	11970	11971	14020*
		14021*	14061*	14302	15570
		15572	15574	15730	15733
		15740	15756	15769	15773
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont.)		21260	21261	21263	21267
		21268	21275	21280	21282
		21295	21740	21742	21743
		28344	30540	30545	30560
		30620	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in AK, MA, PR, TX, UT, VI, and WI.			
		17106	17107	17108	
	*Prior authorization not required when billed with the following diagnosis codes:				
	C43.0	C43.10	C43.111	C43.112	
	C43.121	C43.122	C43.20	C43.21	
	C43.22	C43.30	C43.31	C43.39	
	C43.4	C43.51	C43.52	C43.59	
	C43.60	C43.61	C43.62	C43.70	
	C43.71	C43.72	C43.8	C43.9	
	C44.01	C44.02	C44.09	C44.101	
	C44.1021	C44.1022	C44.1091	C44.1092	
	C44.111	C44.1121	C44.1122	C44.1191	
	C44.1192	C44.121	C44.1221	C44.1222	
	C44.1291	C44.1292	C44.131	C44.1321	
	C44.1322	C44.1391	C44.1392	C44.191	
	C44.1921	C44.1922	C44.1991	C44.1992	
	C44.201	C44.202	C44.209	C44.211	
	C44.212	C44.219	C44.221	C44.222	
	C44.229	C44.291	C44.292	C44.299	
	C44.300	C44.301	C44.309	C44.310	
	C44.311	C44.319	C44.320	C44.321	
	C44.329	C44.390	C44.391	C44.399	
	C44.40	C44.41	C44.42	C44.49	
	C44.500	C44.501	C44.509	C44.510	
	C44.511	C44.519	C44.520	C44.521	
	C44.529	C44.590	C44.591	C44.599	
	C44.601	C44.602	C44.609	C44.611	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
<b>Durable medical equipment (DME)</b>	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		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>		S1040			
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services. Prior authorization not required for ESRD when a member travels outside of the service area. Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	Please call <b>888-936-7246</b> to initiate case management and utilization management.			
<b>Foot surgery</b>	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
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gastroenterology Endoscopy (GI)</b>	Prior Authorization required for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.  Please note that Screening Colonoscopy procedures are not included in this new medical necessity review requirement.	<b>Capsule Endoscopy</b>			
		91110	91111	91113	
		<b>Colonoscopy (Lower Gastrointestinal)</b>			
		44388*	44389*	44390	44391
		44392*	44394*	44401	44402
		44403	44404	44405	45378*
		45379*	45380*	45381*	45382
		45384*	45385*	45386*	45388
		45389	45390*	45393	45398*
		<b>EGD (Upper Gastrointestinal)</b>			
		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*		
		<b>Colonoscopy - Screening ONLY (SOS Only Applies) (Lower Gastrointestinal)</b>			
		G0105	G0121		

\* Site of Service (SOS) also may apply.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gastroenterology Endoscopy (GI) (cont.)</b>		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider portal button in the top right hand corner. Then, select the Radiology, Cardiology, Oncology, Radiation Oncology, and Gastroenterology Endoscopy tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com > Prior Authorization > Gastroenterology			
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Prior authorization required for the following regardless of diagnosis code:</b> 55970                                  55980 <b>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:</b> 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			
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting.  Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/ Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81106	81107	81108	81109
		81110	81111	81120	81121
		81161	81162	81163	81164
		81165	81166	81167	81168
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81200	81201	81203	81204
		81205	81209	81216	81220
		81222	81224	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81242
		81243	81247	81248	81249
		81250	81251	81253	81254
		81255	81258	81259	81260
		81262	81264	81265	81266
		81271	81274	81277	81278
		81283	81284	81285	81286

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		81287	81288	81289	81290
		81292	81294	81295	81297
		81298	81300	81302	81303
		81304	81305	81306	81307
		81309	81312	81313	81314
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81333
		81334	81336	81337	81341
		81342	81343	81344	81345
		81346	81347	81348	81349
		81351	81352	81353	81355
		81357	81360	81361	81362
		81363	81371	81372	81377
		81378	81379	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81418
		81419	81420	81425	81426
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81441
		81443	81445	81448	81449
		81460	81465	81471	81479
		81507	81518	81519	81520
		81521	81522	81523	81546
		81554	81595	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0001U	0004M	0006M
		0007M	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0068U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
	0088U	0094U	0101U	0102U	
	0103U	0111U	0129U	0136U	
	0137U	0154U	0155U	0157U	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		0158U	0159U	0160U	0161U
		0169U	0170U	0171U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0212U	0213U	0214U	0215U
		0216U	0217U	0218U	0221U
		0222U	0229U	0230U	0231U
		0232U	0234U	0235U	0236U
		0237U	0238U	0245U	0246U
		0288U	0289U	0294U	0306U
		0307U	0318U	0319U	0320U
		0321U	0323U	0327U	0332U
	0341U	0345U	0355U	S3870	
<b>Home health care – Non-nutritional</b>	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b>	Prior authorization required for inpatient vaginal hysterectomies.	58267	58270	58275	58280
Vaginal hysterectomies	Prior authorization not required for outpatient vaginal hysterectomies.	58294			
<b>Hysterectomy – Inpatient and outpatient procedures</b>	Prior authorization required.	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b>	Prior authorization required.	55870	58321	58322	58323
Diagnostic and treatment services related to the inability to achieve pregnancy		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Infertility (cont.)</b>		S4023	S4025	S4026	S4028
		S4030	S4031	S4035	S4037
		<b>The following codes only require prior authorization if the DX code is also listed:</b>			
		52402	54500	54505	55550
		58140	58145	58146	58545
		58546	58660	58662	58670
		58672	58673	58740	58770
		89398			
		<b>DX codes:</b>			
		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
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required.	<b>Alpha1-Proteinase Inhibitors</b>			
	To submit a prior authorization request and, for UHC Commercial Non-PAR providers, to submit a Predetermination request, the provider must log in to UHCProvider.com and click on the UnitedHealthcare Provider Portal in the upper right-hand corner. Submit the request using the Specialty Pharmacy Transactions tile on the Provider Portal Dashboard. For questions about this online authorization process, the provider may call Optum: 888-397-8129.	J0256		J0257	
		<b>Anemia</b>			
		J0896	J1437	J1439	Q0138
		<b>Asthma</b>			
		J0517	J2182	J2356	J2357
		J2786			
		<b>Blood Modifying Agents</b>			
		J0223	J1300	J1302	J1303
		<b>Cardiology</b>			
		J1306			
		<b>Carvykti</b>			
		Q2056			
		<b>Central Nervous System Agents</b>			
		J0172	J0222	J0225	J1301
		J1426	J1427	J1428	J1429
		J2326	J3032	J9332	
		<b>Collagenase</b>			
		J0775			
		<b>Dermatology</b>			
		J7352			
		<b>Endocrine</b>			
		J0224	J0800	J0584	J2507

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J3241			
		<b>Enzyme Replacement Therapy - POS 19 and 22 only</b>			
		J0180	J0218	J0219	J0221
		J0567	J1322	J1458	J1743
		J1931	J2504	J2840	J3397
		<b>Enzyme Deficiency (Gaucher Disease)</b>			
		J1786	J3060		
		<b>Erythropoiesis-Stimulating Agents<sup>4</sup></b>			
		J0885			
		<b>Enzyme Deficiency (Gaucher Disease) - POS 19 and 22 only</b>			
		J3385			
		<b>Gene Therapy</b>			
		J1411	J3398	J3399	
		<b>Hemophilia</b>			
		J7170	J7175	J7177	J7178
		J7179	J7180	J7181	J7182
		J7183	J7185	J7186	J7187
		J7188	J7189	J7190	J7192
		J7193	J7194	J7195	J7198
		J7199	J7200	J7201	J7202
		J7203	J7204	J7205	J7207
		J7208	J7209	J7210	J7211
		J7212			
		<b>Hematologic</b>			
		J0596	J0597	J0598	J1290
		<b>HIV</b>			
		J0739	J0741	J1746	
	<b>Immune Globulin</b>				
	90283	90284	J1459	J1555	
	J1556	J1557	J1558	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575			
	<b>Immune Modulator</b>				
	C9086	J0638	J0490	J0491	
	J1823	J9210	J9312	Q5115	
	Q5119	Q5123			
	<b>Inflammatory Conditions</b>				
	J0491	J0129	J0717	J1602	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>		J1745	J1747	J2327	J3262
		J3358	J3380	Q5103	Q5104
		Q5121			
		<b>Medical Benefit Therapeutic Equivalent Medications<sup>6</sup></b>			
		<b>Immune Globulin</b>			
		J1551	J1554	J1599	
		<b>Sodium hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Miscellaneous</b>			
		J0584		J1301	J1746
		J3111		J3245	J0741
		J2507			
		<b>Multiple sclerosis</b>			
	J0202		J2323	J2350	
	<b>Multiple Sclerosis - POS 19 and 22 only</b>				
	J2323				
	<b>Neutropenia<sup>3</sup></b>				
	J1442	J1447	J1449	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122	Q5125	Q5127	
	Q5130				
	<b>Rare Conditions</b>				
	J1305		J2998		
	<b>Releuko®</b>				
	Q5125				
	<b>RSV Prophylaxis</b>				
	90378				
	<b>Sickle Cell disease</b>				
	J0791				
	<b>Unclassified and temporary codes<sup>1</sup></b>				
	C9149		J3490	J3590	
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (cont.)		<p>1 For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Revcovi™ Skyrizi®-IV Formulation, Skysona™, Tezspire™ and Tzield™</p> <p><sup>3</sup> For codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at <a href="https://uhcprovider.com">UHCProvider.com</a> &gt; UnitedHealthcare Provider Portal &gt; Specialty Pharmacy Transactions tile on your Provider Portal dashboard or call <b>888-397-8129</b>.</p> <p>4 For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p><b>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.</b></p> <p><sup>6</sup> Some members may not have coverage for these drugs</p>	
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"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>		
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:</p> <p>A physician and/or facility must confirm coverage of the service for the member.</p> <p>A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree in writing to not hold UnitedHealthcare</p>	0071T	0072T

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont.)</b>	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.				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required.	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required.	21050 21125 21143 21150 21159 21194 21199 21210 21243 21247 21296	21060 21127 21145 21151 21160 21195 21206 21215 21244 21248 21299	21121 21141 21146 21154 21188 21196 21208 21240 21245 21249	21123 21142 21147 21155 21193 21198 21209 21242 21246 21255
<b>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
<b>Out-of-network services</b> 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.				
<b>Pain management and Injection</b>	Prior authorization required.	62320 62326	62322 62327	62324 62350	62325 62351

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pain management and Injection (cont.)		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 <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> . PSFs should be sent within three days of initiating a plan member's treatment and must be received within 10 days from the initial date of service listed on the form.	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> > Tools and Resources and use the UHC Quick Group Check. Or, call OptumHealth Physical Health at 888-329-5182.			
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	26340	33289	33361	33362
		33363	33364	33365	33366
		33369	33477	36514	64722
		95966	A9274	C2624	
<p>Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes.</p> <p>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</p>					
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	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy (cont.)</b>	notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.	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
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services, such as ultrasound and lab work.	O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
Z36					
<b>Prostate procedures</b>	Prior authorization required	52441 55874	52442	53850	55866
<b>Prosthetics</b>	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		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont.)</b>		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			
<b>Radiation Therapy</b>	Prior authorization required.	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard radiation therapy (2D/3D)</b>			
		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
		<b>Y90</b>			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		S2095	79445		
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box.			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation Therapy (cont.)</b>		After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b> .			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.  Prior authorization not required if performed in an office.  Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI.	<b>Dermatologic</b> 11402      11403      11406      11422 11404      11420      11421      11423 11424      11426      11442  <b>General Surgery</b> 19000  <b>Muscular/Skeletal</b> 27096      64479      64490      64493 20552      20553  <b>Neurologic</b> 62270      62321      64633      64635 64766  <b>OB/GYN</b> 57460  <b>Respiratory</b> 31579			
<b>Site of service (SOS)– Outpatient hospital</b>	Notification/prior authorization only required when requesting service in an outpatient hospital setting. Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC). Notification/prior authorization not required for care providers in AK, MA, PR, RI, TX, UT, VI, AND WI.	<b>Carpal tunnel surgery</b> 64721  <b>Cataract surgery</b> 66821      66982      66984  <b>Cosmetic and reconstructive</b> 13101      13132      14040      14060 14301      21552      21931  <b>Ear, nose and throat (ENT) procedures</b> 21320      30140      30520      69436 69631  <b>Gynecologic procedures</b>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS)– Outpatient hospital (cont.)</b>		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42821	42826		
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700			
<b>Site of service (SOS)– Outpatient hospital expansion</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory system</b>			
		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	
		<b>Cardiovascular system</b>			
		33215	33216	33241	36000
		36010	36012	36215	36246
		36556	36569	36571	36581
		36582	36589	36590	36821
		36901	36902	37242	37248
		37607	37609	37761	37765

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
		37766	37785			
Site of service (SOS)– Outpatient hospital expansion (cont.)		<b>Digestive system</b>				
		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	42800	42810	
		42831	43200	43202	43220	
		43226	43229	43236	43247	
		43248	43250	43251	43254	
		43255	43270	44388	44389	
		44392	44394	45172	45379	
		45381	45386	45390	45398	
		45990	46080	46200	46220	
		46221	46250	46255	46257	
		46261	46270	46505	46612	
		46910	46946	49550	G0105	
		G0121				
			<b>Endocrine system</b>			
			62281			
			<b>Eye and ocular adnexa</b>			
			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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS)– Outpatient hospital expansion (cont.)</b>		67805	67808	67840	67875
		67880	67935	67938	67971
		67973	67975	68100	68110
		68115	68135	68320	68440
		68700	68720	68750	68811
		68815			
		<b>Female genital system</b>			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57240	57250	57260	57268
		57282	57283	57287	57295
		57300	57410	57415	57420
	57421	57425	57452	57454	
	57456	57461	57500	57505	
	57510	57511	57513	57520	
	57530	57700	57720	57800	
	58100	58120	58560	58561	
	58562				
	<b>Foot surgery</b>				
	28295				
	<b>Hemic and lymphatic systems</b>				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	<b>Integumentary system</b>				
	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS)– Outpatient hospital expansion (continued)</b>		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		
		<b>Male genital system</b>			
		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		
		<b>Musculoskeletal system</b>			
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS)– Outpatient hospital expansion (continued)		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
		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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS)– Outpatient hospital expansion (continued)		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			
		<b>Nervous system</b>				
			64425	64530	64561	64581
			64585	64600	64610	64642
			64644	64646	64647	64702
		64718	64719	64774	64776	
		64782	64784	64788	64795	
		64831	64835			
	<b>Respiratory system</b>					
		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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS)– Outpatient hospital expansion (cont.)</b>		31545	31570	31571	31574
		31575	31576	31578	31591
		31611	31622	31623	31624
		31625	31628	31652	32408
		32555	32557		
		<b>Urinary system</b>			
		50430	50435	50575	50688
		51102	51702	51710	51715
		51720	51726	51728	51729
		52001	52007	52214	52265
	52275	52276	52282	52283	
	52285	52287	52300	52315	
	52317	52320	52325	52327	
	52330	52341	52344	52354	
	52450	52500	52630	52640	
	53020	53230	53260	53265	
	53270	53440	53445	53450	
		53605	53665	54065	
<b>Sleep apnea procedures and surgeries</b> 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			
<b>Sleep studies</b> Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required  Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see Sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu >				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Specific medications as indicated on the prescription drug list (PDL) (cont.)</b>	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.				
<b>Spinal cord stimulators</b> 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		
<b>Spinal surgery</b>	Prior authorization required.	Prior authorization is required for all states			
		20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	22864	22865	22899
		27279	27280	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Spinal surgery (cont.)</b>		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			
		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				
<b>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required.	<b>Bone growth stimulator</b>					
		E0747	E0748	E0749	E0760		
		<b>Neurostimulator</b>					
		43647	43648	43881	43882		
		61863	61864	61867	61868		
		61885	61886	64555	64568		
		64590	64595	0312T	0313T		
		0314T	0315T	0316T	0317T		
		For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.					
		<b>Bone marrow harvest</b>					
		38240	38241	38242	S2150		
<b>Evaluation for transplant</b>							
99205							
<b>Heart</b>							
		33940	33944	33945			
<b>Heart/lung</b>							
		33930	33935				
<b>Intestine</b>							
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.						

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont.)</b>		44132	44133	44135	S2053
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Kidney/Pancreas</b>			
		S2065			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		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	
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
	Q2041	Q2042	Q2053	Q2054	
	Q2055				
	*Code 38232 will only require prior authorization for an oncology diagnosis				
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required.	L8680	L8686		
<b>Therapeutic radiopharmaceuticals</b>	Prior authorization required.  To submit a Therapeutic Radiopharmaceuticals prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request for Outpatient Therapeutic Radiopharmaceuticals, the provider	A9513 A9699	A9590	A9606	A9607

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

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