

# Prior Authorization Requirements for UnitedHealthcare of the River Valley

Effective Apr. 1, 2025

## General information

This list contains prior authorization review requirements for participating UnitedHealthcare of the River Valley health care professionals providing inpatient and outpatient services. Updates to this list are routinely announced in the UnitedHealthcare [Network News](#).

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 at 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](#).
- **Chat:** Connect with us through chat 24/7 using our [Contact us](#) page

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

| 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 Alaska, 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 |
| 29870                   | 29873                         | 29874  | 29875 |       |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |         |         |         |
|---|---|---|---------|---------|---------|
| <b>Arthroscopy (cont.)</b>  |   | 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><br>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 connect with us through chat 24/7 using our <a href="#">Contact us</a> page. | 43846   | 43847   | 43848   | 43860*  |
|   |   | 43865*  | 43886   | 43887   | 43888   |
|   |   | *Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, Z68.1, Z68.20-Z68.22, Z68.30-Z68.39, Z68.41-Z68.45     |         |         |         |
| <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><br>Electronic stimulation or ultrasound to heal fractures                         | Prior authorization required.   | 20974   | 20975   | 20979   |         |
|   |   |   |         |         |         |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast, except when following mastectomy | Prior authorization required.   | 15771   | 19300   | 19316   | 19318   |
|   |   | 19325   | 19328   | 19330   | 19340   |
|   |   | 19342   | 19350   | 19357   | 19361   |
|   |   | 19364   | 19367   | 19368   | 19369   |
|   |   | 19370   | 19371   | 19396   | L8600   |
|   |   | <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 |
|   |   | 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  |

| Procedures and services                               | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |                            |                            |                           |
|---|--|--|----------------------------|----------------------------|---------------------------|
| <b>Breast reconstruction (non-mastectomy) (cont.)</b> |  | D05.11<br>D05.82<br>Z90.10<br>Z42.1  | D05.12<br>D05.91<br>Z90.11 | D05.80<br>D05.92<br>Z90.12 | D05.81<br>Z85.3<br>Z90.13 |
| <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>*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.</p> | <p><b><u>Anti-emetics that require prior authorization</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b><br/>J1454</p> <p><b>Cinvanti™ (aprepitant)</b><br/>J0185</p> <p><b>Emend® (fosaprepitant)</b><br/>J1453</p> <p><b>Sustol® (granisetron extended release)</b><br/>J1627<br/>J1456</p> <p><b>Palonosetron HCL</b><br/>J2469</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Prolia® Xgeva®)</b><br/>J0897</p> <p><b><u>Erythropoiesis-Stimulating Agents</u></b></p> <p><b>Epoetin Alfa</b><br/>J0885</p> <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b><br/>J1449</p> <p><b>Filgrastim (Neupogen®)</b><br/>J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110*</p> <p><b>Filgrastim-ayow (Releuko)</b><br/>Q5125*</p> <p><b>Filgrastim-sndz (Zarxio®)</b><br/>Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506*</p> <p><b>Pegfilgrastim-appg (Nyvepria™)</b><br/>Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br/>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> |                            |                            |                           |

| Procedures and services        | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |         |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|--------------------------------|---|--|---------|--|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|-------|-------|--|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Cancer supportive care (cont.) |   | <p>Q5108*</p> <p><b>Sargramostim (Leukine®)</b></p> <p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447*</p> <p><b>Trilaciclib (Cosela™)</b></p> <p>J1448</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <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>.</p>  |         |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Cardiology</b>              | Prior authorization required for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance. | <p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification &gt; Commercial</a>.</p>  |         |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <b>Cardiovascular</b>          | <p>Prior authorization required.</p> <p>For Vascular codes, prior authorization required for lower extremity angiogram.</p>   | <p><b>Cardiology</b></p> <table border="1"> <tr> <td>33285</td> <td>37220*</td> <td>37221*</td> <td>37224*</td> </tr> <tr> <td>37225*</td> <td>37226*</td> <td>37227*</td> <td>37228*</td> </tr> <tr> <td>37229*</td> <td>37230*</td> <td>37231*</td> <td>93580**</td> </tr> <tr> <td>93653</td> <td>93656</td> <td>E0616</td> <td></td> </tr> </table> <p>** Prior authorization is required for patients ages 18 and older. See the congenital heart disease section for patients under age 18.</p> <p>*Prior authorization not required for the following diagnosis codes:</p> <table border="1"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <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> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> <tr> <td>I70.369</td> <td>I70.421</td> <td>I70.422</td> <td>I70.423</td> </tr> <tr> <td>I70.428</td> <td>I70.429</td> <td>I70.431</td> <td>I70.432</td> </tr> <tr> <td>I70.433</td> <td>I70.434</td> <td>I70.435</td> <td>I70.438</td> </tr> <tr> <td>I70.439</td> <td>I70.441</td> <td>I70.442</td> <td>I70.443</td> </tr> <tr> <td>I70.444</td> <td>I70.445</td> <td>I70.448</td> <td>I70.449</td> </tr> <tr> <td>I70.461</td> <td>I70.462</td> <td>I70.463</td> <td>I70.468</td> </tr> <tr> <td>I70.469</td> <td>I70.521</td> <td>I70.522</td> <td>I70.523</td> </tr> </table> |         |  |  | 33285 | 37220* | 37221* | 37224* | 37225* | 37226* | 37227* | 37228* | 37229* | 37230* | 37231* | 93580** | 93653 | 93656 | E0616 |  | E08.52 | E09.52 | E10.52 | E11.52 | E13.52 | I70.221 | I70.222 | I70.223 | I70.228 | I70.229 | I70.231 | I70.232 | I70.233 | I70.234 | I70.235 | I70.238 | 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 | 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 |
| 33285                          | 37220*  | 37221*   | 37224*  |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 37225*                         | 37226*  | 37227*   | 37228*  |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 37229*                         | 37230*  | 37231*   | 93580** |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 93653                          | 93656   | E0616  |         |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| E08.52                         | E09.52  | E10.52   | E11.52  |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| E13.52                         | I70.221   | I70.222  | I70.223 |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| I70.228                        | I70.229   | I70.231  | I70.232 |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| I70.233                        | I70.234   | I70.235  | I70.238 |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 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 |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| 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 |  |  |       |        |        |        |        |        |        |        |        |        |        |         |       |       |       |  |        |        |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

| Procedures and services           | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |          |          |          |
|-----------------------------------|------------------------|--|----------|----------|----------|
| <b>Cardiovascular<br/>(cont.)</b> |                        | 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  |
|                                   |                        | 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  |

| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |          |          |          |
|--|---|--|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>  |   | 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  |  |          |          |          |
| <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    |
|  |   | 95714  | 95715    | 95716    | 95718    |
|  | Prior authorization is not required for outpatient hospital or ambulatory surgical center.  | 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), Lanreotide (J1932)</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 HCPCS code</li> </ul> For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and Sign In at the top-right corner. Or, you can call <b>888-397-8129</b> . |          |          |          |
| <b>Clinical trials</b>   | Prior authorization required.   | S9988  | S9990    | S9991    |          |
| 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). |   |  |          |          |          |
| <b>Cochlear and other auditory implants</b>  | Prior authorization required.   | 69710  | 69714    | 69930    | L8614    |
|  |   | L8619  | L8690    | L8691    | L8692    |
| A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.                 |   |  |          |          |          |
| <b>Congenital heart disease</b>  | Advance notification required   | For advance notification, please call <b>888-936-7246</b> or call the number on the back of the member's health plan ID card.  |          |          |          |
| Congenital heart disease-related   |   | <b>Congenital heart disease codes:</b>   |          |          |          |
|  |   | 93583  |          |          |          |

| Procedures and services                      | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization                           |        |        |        |  |
|--|------------------------|--|--------|--------|--------|--|
| services, including pre-treatment evaluation |                        | <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 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 |

| Procedures and services  | Additional information                        | CPT® or HCPCS codes and/or how to obtain prior authorization   |   |          |          |
|--|---|--|---|----------|----------|
| <b>Continuous Glucose Monitor (cont.)</b>  |   | 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   |          |          |
|  | <b>Cosmetic and reconstructive procedures</b> | Prior authorization required.  | Prior authorization is required for all states. |          |          |
|  |   | 11960  | 11970   | 11971    | 14020*   |
|  |   | 14021*   | 14061*  | 14302    | 15570    |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function |   | 15572  | 15574   | 15730    | 15733    |
|  |   | 15740  | 15756   | 15769    | 15773    |
|  |   | 15820  | 15821   | 15822    | 15823    |
|  |   | 15830  | 15847   | 15877    | 15878    |
|  |   | 15879  | 17999   | 21137    | 21138    |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function                                |   | 21139  | 21172   | 21175    | 21179    |
|  |   | 21180  | 21181   | 21182    | 21183    |
|  |   | 21184  | 21230   | 21235    | 21256    |
|  |   | 21260  | 21261   | 21263    | 21267    |
|  |   | 21268  | 21275   | 21280    | 21282    |
|  |   | 21295  | 21740   | 21742    | 21743    |
|  |   | 28344  | 30540   | 30545    | 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, 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   |



| Procedures and services                               | Additional information                 | CPT® or HCPCS codes and/or how to obtain prior authorization         |          |          |          |
|---|--|--|----------|----------|----------|
| <b>Cosmetic and reconstructive procedures (cont.)</b> |  | C43.4  | C43.51   | C43.52   | C43.59   |
|   |  | C43.60   | C43.61   | C43.62   | C43.70   |
|   |  | C43.71   | C43.72   | C43.8    | C43.9    |
|   |  | C44.01   | C44.02   | C44.09   | C44.101  |
|   |  | C44.1021   | C44.1022 | C44.1091 | C44.1092 |
|   |  | C44.111  | C44.1121 | C44.1122 | C44.1191 |
|   |  | C44.1192   | C44.121  | C44.1221 | C44.1222 |
|   |  | C44.1291   | C44.1292 | C44.131  | C44.1321 |
|   |  | C44.1322   | C44.1391 | C44.1392 | C44.191  |
|   |  | C44.1921   | C44.1922 | C44.1991 | C44.1992 |
|   |  | C44.201  | C44.202  | C44.209  | C44.211  |
|   |  | C44.212  | C44.219  | C44.221  | C44.222  |
|   |  | C44.229  | C44.291  | C44.292  | C44.299  |
|   |  | C44.300  | C44.301  | C44.309  | C44.310  |
|   |  | C44.311  | C44.319  | C44.320  | C44.321  |
|   |  | C44.329  | C44.390  | C44.391  | C44.399  |
|   |  | C44.40   | C44.41   | C44.42   | C44.49   |
|   |  | C44.500  | C44.501  | C44.509  | C44.510  |
|   |  | C44.511  | C44.519  | C44.520  | C44.521  |
|   |  | C44.529  | C44.590  | C44.591  | C44.599  |
|   |  | C44.601  | C44.602  | C44.609  | C44.611  |
|   |  | C44.612  | C44.619  | C44.621  | C44.622  |
|   |  | C44.629  | C44.691  | C44.692  | C44.699  |
|   |  | C44.701  | C44.702  | C44.709  | C44.711  |
|   |  | C44.712  | C44.719  | C44.721  | C44.722  |
|   |  | C44.729  | C44.791  | C44.792  | C44.799  |
|   |  | C44.80   | C44.81   | C44.82   | C44.89   |
|   |  | 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 | A7025    | A7026    | E0194    |
| E0266   |  |  | E0277    | E0296    | E0297    |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |        |        |        |
|---|--|--|--------|--------|--------|
| <b>Durable medical equipment (DME) (cont.)</b>  | purchase or cumulative rental cost of more than \$1,000.<br><br>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.<br><br>Some payer groups may have different DME prior authorization requirements for their benefit plans. | 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  |
|   |  | 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  |        |        |
| S1040   |  |  |        |        |        |
| <b>End-stage renal disease (ESRD) dialysis services</b>                               | 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.<br><br>Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.                                 | Please call us at Optum representatives at 888-936-7246 to initiate case management and utilization management.  |        |        |        |
| Services for treating end-stage renal disease, including outpatient dialysis services |  |  |        |        |        |
| <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 Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. |        |        |        |
|   |  | 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>  | Advance Notification is encouraged for participating physicians for esophagogastroduodenoscopies (EGD), capsule endoscopies, diagnostic and surveillance colonoscopies.<br><br>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                         | <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* |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

**Gastroenterology endoscopy (GI) (cont.)**  
 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 only (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](http://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**.

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 |
| 81410 | 81411 | 81412 | 81413 |
| 81414 | 81415 | 81416 | 81417 |
| 81420 | 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 |

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



| 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>                         | sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81507  | 81518 | 81519 | 81520 |
|   |  | 81521  | 81522 | 81523 | 81541 |
|   |  | 81542  | 81546 | 81552 | 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  | 0290U | 0291U | 0292U |
|   |  | 0293U  | 0294U | 0306U | 0307U |
|   |  | 0318U  | 0319U | 0320U | 0323U |
|   |  | 0326U  | 0327U | 0334U | 0341U |
|   |  | 0355U  | 0364U | 0379U | 0388U |
|   |  | 0389U  | 0391U | 0395U | 0398U |
|   |  | 0409U  | 0417U | 0425U | 0426U |
|   |  | 0437U  | 0444U | 0448U | 0449U |
|   |  | 0465U  | 0471U | 0473U | 0474U |
| 0475U   | 0478U  | 0480U  | 0481U |       |       |
| 0483U   | 0484U  | 0485U  | 0487U |       |       |
| 0493U   | 0495U  | 0499U  | 0500U |       |       |
| 0502U   | 0504U  | 0505U  | 0506U |       |       |
| 0508U   | 0509U  | S3854  | S3865 |       |       |
|   |  | S3870  |       |       |       |
| <b>Home health care – non-nutritional</b>   | Prior authorization required only in outpatient settings, to include member's home.  | T1000  | T1002 | T1003 |       |
| <b>Hysterectomy – Inpatient only</b><br>Vaginal hysterectomies                                    | Prior authorization required for inpatient vaginal hysterectomies.<br><br>Prior authorization not required for outpatient vaginal hysterectomies.              | 58267  | 58270 | 58294 |       |
| <b>Hysterectomy – inpatient and outpatient procedures</b><br>Abdominal and laparoscopic surgeries | Prior authorization required.  | 58150  | 58152 | 58180 | 58292 |
|   |  | 58541  | 58542 | 58543 | 58544 |
|   |  | 58550  | 58552 | 58553 | 58554 |
|   |  | 58570  | 58571 | 58572 | 58573 |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization                               |         |         |         |
|---|---|--|---------|---------|---------|
| <b>Infertility</b>  | 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   |
|   |   | <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>   | Prior authorization required.   | <b>Alpha1- Proteinase inhibitors</b>   |         |         |         |
|   |   | J0256  | J0257   |         |         |
| A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly | 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 <a href="http://UHCprovider.com">UHCprovider.com</a> . Submit the request using <a href="#">Clinical Pharmacy and Specialty Drugs</a> . For questions call us at <b>888-397-8129</b> . | <b>Anemia</b>  |         |         |         |
|   |   | J0896  | J1437   | J1439   | Q0138   |
|   |   | <b>Asthma</b>  |         |         |         |
|   |   | J0517  | J2182   | J2356   | J2357   |
|   |   | J2786  |         |         |         |
|   |   | <b>Blood modifying agents</b>  |         |         |         |
|   |   | J0223  | J1299   | J1302   | J1303   |
|   |   | J1307  | J9376   |         |         |
|   |   | <b>Cardiology</b>  |         |         |         |
|   |   | J1306  |         |         |         |
|   |   | <b>Central nervous system agents</b>   |         |         |         |
|   |   | J0172 <sup>4</sup>   | J0174   | J0175   | J0222   |
|   |   | J0225  | J1301   | J1304   | J1426   |
|   |   | J1427  | J1428   | J1429   | J2326   |
|   |   | J3032  | J9332   | J9333   | J9334   |

| Procedures and services               | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization    |       |       |       |
|---------------------------------------|------------------------|---|-------|-------|-------|
| <b>Injectable medications (cont.)</b> |                        | <b>Collagenase</b>  |       |       |       |
|                                       |                        | J0775   |       |       |       |
|                                       |                        | <b>Complement inhibitors – Ophthalmologic use</b>               |       |       |       |
|                                       |                        | J2781   | J2782 |       |       |
|                                       |                        | <b>Dermatology</b>  |       |       |       |
|                                       |                        | J7352   |       |       |       |
|                                       |                        | <b>Endocrine</b>  |       |       |       |
|                                       |                        | J0224   | J0801 | J0802 | J0584 |
|                                       |                        | J2507   | J3241 |       |       |
|                                       |                        | <b>Enzyme replacement therapy - POS 19 and 22 only</b>          |       |       |       |
|                                       |                        | J0180   | J0217 | J0218 | J0219 |
|                                       |                        | J0221   | J1322 | J1458 | J1743 |
|                                       |                        | J1931   | J2840 | J3397 |       |
|                                       |                        | <b>Enzyme replacement therapy</b>                               |       |       |       |
|                                       |                        | J0567   | J1203 |       |       |
|                                       |                        | <b>Enzyme deficiency (Gaucher disease)</b>                      |       |       |       |
|                                       |                        | J1786   | J3060 |       |       |
|                                       |                        | <b>Erythropoiesis-stimulating agents<sup>3</sup></b>            |       |       |       |
|                                       |                        | J0885   |       |       |       |
|                                       |                        | <b>Enzyme deficiency (Gaucher disease) - POS 19 and 22 only</b> |       |       |       |
|                                       |                        | J3385   |       |       |       |
|                                       |                        | <b>Gene therapy</b>   |       |       |       |
|                                       |                        | J1411   | J1412 | J1413 | J1414 |
|                                       |                        | J3398   | J3399 | J3401 |       |
|                                       |                        | <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                  | J7213   | J7214 |       |       |
|                                       | <b>Hematologic</b>     |   |       |       |       |
|                                       | J0596                  | J0597   | J0598 | J1290 |       |
|                                       | J7171                  |   |       |       |       |
|                                       | <b>Immune globulin</b> |   |       |       |       |
|                                       | 90283                  | 90284   | J1459 | J1551 |       |
|                                       | J1556                  | J1555   | J1557 | J1558 |       |
|                                       | J1559                  | J1561   | J1566 | J1568 |       |
|                                       | J1569                  | J1572   | J1575 |       |       |

| Procedures and services               | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization          |       |       |       |
|---------------------------------------|---|---|-------|-------|-------|
| <b>Injectable medications (cont.)</b> |   | <b>Immune modulator</b>   |       |       |       |
|                                       |   | J0638   | J0490 | J0491 | J1823 |
|                                       |   | J9210   | J9312 | J9381 | Q5115 |
|                                       |   | Q5119   | Q5123 |       |       |
|                                       |   | <b>Inflammatory conditions</b>  |       |       |       |
|                                       |   | J0129   | J0717 | J1602 | J1628 |
|                                       |   | J1745   | J1747 | J2267 | J2327 |
|                                       |   | J3245   | J3247 | J3262 | J3358 |
|                                       |   | J3380   | Q5103 | Q5104 | Q5121 |
|                                       |   | Q5133   | Q5135 |       |       |
|                                       |   | <b>Medical benefit therapeutic equivalent medications<sup>5</sup></b> |       |       |       |
|                                       |   | J0179   | J1552 | J1554 | J1576 |
|                                       |   | J2508   | J7320 | J7321 | J7322 |
|                                       |   | J7324   | J7325 | J7326 | J7327 |
|                                       |   | J7329   | J7331 | J7332 | Q5124 |
|                                       |   | <b>Multiple sclerosis</b>   |       |       |       |
|                                       |   | J0202   | J2329 | J2350 | J2351 |
|                                       |   | <b>Multiple sclerosis - POS 19 and 22 only</b>                        |       |       |       |
|                                       |   | J2323   |       |       |       |
|                                       |   | <b>Neutropenia<sup>2</sup></b>  |       |       |       |
|                                       |   | J1442   | J1447 | J1449 | J2506 |
|                                       |   | Q5101   | Q5108 | Q5110 | Q5111 |
|                                       |   | Q5120   | Q5122 | Q5125 | Q5127 |
|                                       |   | Q5130   |       |       |       |
|                                       |   | <b>Rare conditions</b>  |       |       |       |
|                                       |   | J1305   | J2998 |       |       |
|                                       |   | <b>RSV prophylaxis</b>  |       |       |       |
|                                       | 90378   |   |       |       |       |
|                                       | <b>Sickle cell disease</b>  |   |       |       |       |
|                                       | J0791   |   |       |       |       |
|                                       | <b>Unclassified and temporary codes<sup>1</sup></b>   |   |       |       |       |
|                                       | C9399   | J3490   | J3590 |       |       |
|                                       | Please check our <a href="#">Review at Launch for New to Market Medications</a> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our <a href="#">Review at Launch Medication List</a> . Predetermination is highly recommended for the medications on the list. |   |       |       |       |
|                                       | <sup>1</sup> For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry™, Rivfloza™ and Revcovi™  |   |       |       |       |
|                                       | <sup>2</sup> 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 <a href="#">UnitedHealthcare Provider Portal</a> or call <b>888-397-8129</b> .  |   |       |       |       |
|                                       | <sup>3</sup> For code J0885, prior authorization is required for both oncology and non-oncology Dx.   |   |       |       |       |
|                                       | Prior authorization is not required for ESRD diagnosis.   |   |       |       |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |                |       |       |
|---|---|--|----------------|-------|-------|
| <b>Injectable medications (cont.)</b>   |   | <p><sup>4</sup> As stated in the <a href="#">Commercial Medical Benefit Drug Policy</a>, Aduhelm is unproven and not medically necessary for the treatment of Alzheimer's disease due to insufficient clinical evidence of efficacy.</p> <p><sup>5</sup> Some members may not have coverage for these medications.</p> |                |       |       |
| <b>Inpatient admissions-post acute services</b>   | <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>  |  |                |       |       |
| <b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b><br>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 in-network. Members have no out-of-network benefits for MRgFUS.</p> <p>A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective.</p> <p>A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</p> <p>A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</p> <p>A physician and facility must follow FDA-labeled indications for use.</p> | 0071T  | 0072T          |       |       |
| <b>Non-emergency air transport</b><br><br>Non-urgent ambulance transportation by air  | Prior authorization required.   | A0430<br>S9960   | A0431<br>S9961 | A0435 | A0436 |



| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|---|--|-------|-------|-------|
| between specified locations.   |   |  |       |       |       |
| <b>Orthognathic surgery</b>  | Prior authorization required.   | 21050  | 21060 | 21121 | 21123 |
| Treatment of maxillofacial functional impairment.  |   | 21125  | 21127 | 21141 | 21142 |
|  |   | 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 |       |       |
| <b>Orthotics</b>   | 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 |       |       |
| <b>Out-of-network services</b>   | 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. |  |       |       |       |
| <b>Pain management and injection</b>   | Prior authorization required.   | 62320  | 62322 | 62324 | 62325 |
|  |   | 62326  | 62327 | 62350 | 62351 |
|  |   | 62360  | 62361 | 64451 | 64484 |
|  |   | 64520  | 64620 | 64640 | E0782 |
|  |   | E0783  | E0785 | E0786 | G0260 |
| <b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>                                | 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                      |   |  |       |       |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |   |   |  |
|---|---|---|---|---|--|
| <p>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> |   |   |   |   |  |
| <p><b>Pregnancy</b></p>   | <p>Voluntary notification for case and disease management enrollment:</p> <p>Please provide us with voluntary notification of a pregnancy diagnosis.</p> <p>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.</p> <p>We ask that you please notify us once during pregnancy. We're not requesting notification of ancillary services, such as ultrasound and lab work.</p> <p>After notification, please contact us if the member no longer qualifies for the Healthy Pregnancy Program (e.g., if a pregnancy is terminated).</p> | <p><b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b></p>   |   |   |  |
|   |   | <p>O09.00<br/>O09.10<br/>O09.211<br/>O09.291<br/>O09.30<br/>O09.40<br/>O09.511<br/>O09.521<br/>O09.611<br/>O09.621<br/>O09.70<br/>O09.891<br/>O09.90<br/>O12.00<br/>O12.10<br/>O12.20<br/>O21.0<br/>O24.011<br/>O24.112<br/>O24.313<br/>O24.911<br/>O26.01<br/>O26.832<br/>O30.002<br/>O30.013<br/>O30.041<br/>O30.092<br/>O30.103<br/>O30.121<br/>O30.192<br/>O30.203<br/>O30.221<br/>O30.292<br/>O30.93<br/>O47.1<br/>O60.03<br/>O99.280<br/>Z34.00<br/>Z34.80<br/>Z34.90<br/>Z36</p> | <p>O09.01<br/>O09.11<br/>O09.212<br/>O09.292<br/>O09.31<br/>O09.41<br/>O09.512<br/>O09.522<br/>O09.612<br/>O09.622<br/>O09.71<br/>O09.892<br/>O09.91<br/>O12.01<br/>O12.11<br/>O12.21<br/>O21.1<br/>O24.012<br/>O24.113<br/>O24.811<br/>O24.912<br/>O26.02<br/>O26.833<br/>O30.003<br/>O30.031<br/>O30.042<br/>O30.093<br/>O30.111<br/>O30.122<br/>O30.193<br/>O30.211<br/>O30.222<br/>O30.293<br/>O47.00<br/>O47.9<br/>O99.011<br/>O99.89<br/>Z34.01<br/>Z34.81<br/>Z34.91</p> | <p>O09.02<br/>O09.12<br/>O09.213<br/>O09.293<br/>O09.32<br/>O09.42<br/>O09.513<br/>O09.523<br/>O09.613<br/>O09.623<br/>O09.72<br/>O09.893<br/>O09.92<br/>O12.02<br/>O12.12<br/>O12.22<br/>O21.8<br/>O24.013<br/>O24.311<br/>O24.812<br/>O24.913<br/>O26.03<br/>O26.839<br/>O30.011<br/>O30.032<br/>O30.043<br/>O30.101<br/>O30.112<br/>O30.123<br/>O30.201<br/>O30.212<br/>O30.223<br/>O30.91<br/>O47.02<br/>O60.00<br/>O99.012<br/>Z32.01<br/>Z34.02<br/>Z34.82<br/>Z34.92</p> | <p>O09.03<br/>O09.13<br/>O09.219<br/>O09.299<br/>O09.33<br/>O09.43<br/>O09.519<br/>O09.529<br/>O09.619<br/>O09.629<br/>O09.73<br/>O09.899<br/>O09.93<br/>O12.03<br/>O12.13<br/>O12.23<br/>O21.9<br/>O24.111<br/>O24.312<br/>O24.813<br/>O26.00<br/>O26.831<br/>O30.001<br/>O30.012<br/>O30.033<br/>O30.091<br/>O30.102<br/>O30.113<br/>O30.191<br/>O30.202<br/>O30.213<br/>O30.291<br/>O30.92<br/>O47.03<br/>O60.02<br/>O99.013<br/>Z33.1<br/>Z34.03<br/>Z34.83<br/>Z34.93</p> |
| <p><b>Prostate procedures</b></p>   | <p>Prior authorization required.</p>  | <p>52441</p>  | <p>52442</p>  | <p>53850</p>  | <p>55874</p>   |



| Procedures and services                   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization                                 |       |       |       |
|---|--|--|-------|-------|-------|
| <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  | 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 |       |       |
| L8042                                     | 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> |  |  |       |       |       |

| Procedures and services          | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization   |  |  |  |
|----------------------------------|------------------------|--|--|--|--|
| <b>Radiation therapy (cont.)</b> |                        | Prior Auth required only when obtained with diagnosis codes in the following ranges:<br>C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92<br>77401            77402            77407            77412<br>G6003            G6004            G6005            G6006<br>G6007            G6008            G6009            G6010<br>G6011            G6012            G6013            G6014<br><b>Y90</b><br>Implantable Beta-Emitting Microspheres for treatment of malignant tumors<br>S2095            79445<br>To submit an online request for prior authorization, sign in to the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a> . |  |  |  |

|                  |   |  |
|------------------|---|--|
| <b>Radiology</b> | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:<br/>         Certain CT, MRI, MRA and PET scans, nuclear medicine and nuclear cardiology procedures.</p> | <p>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.<br/>         For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b>.<br/>         For more details and to see a list the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a> &gt; Commercial.</p> |
|------------------|---|--|

|   |   |                          |       |       |       |
|---|---|--------------------------|-------|-------|-------|
| <b>Rhinoplasty</b>  | Prior authorization required.   | 30400                    | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation |   | 30435                    | 30450 | 30460 | 30462 |
|   |   | 30465                    |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required.   | 31295                    | 31296 | 31297 |       |
| <b>Site of service (SOS) – office-based program</b>           | Prior authorization required if performed in an outpatient hospital setting or ASC.   | <b>Dermatologic</b>      |       |       |       |
|   |   | 11402                    | 11403 | 11406 | 11422 |
|   |   | 11404                    | 11420 | 11421 | 11423 |
|   | Prior authorization not required if performed in an office.   | 11424                    | 11426 | 11442 |       |
|   | Prior authorization not required for health care professionals in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin. | <b>General surgery</b>   |       |       |       |
|   |   | 19000                    |       |       |       |
|   |   | <b>Muscular/skeletal</b> |       |       |       |
|   |   | 27096                    | 64479 | 64490 | 64493 |
|   |   | 20552                    | 20553 |       |       |
|   |   | <b>Neurologic</b>        |       |       |       |
|   |   | 62270                    | 62321 | 64633 | 64635 |
|   |   | <b>OB/GYN</b>            |       |       |       |
|   |   | 57460                    |       |       |       |
|   |   | <b>Respiratory</b>       |       |       |       |
|   |   | 31579                    |       |       |       |
| <b>Site of service (SOS)–outpatient hospital</b>              | Prior authorization is only required when requesting service in an outpatient hospital setting.   | <b>Auditory system</b>   |       |       |       |
|   |   | 69100                    | 69110 | 69140 | 69145 |
|   |   | 69205                    | 69222 | 69310 | 69320 |



| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |  |
|---|--|--|-------|-------|-------|--|
| <b>Site of service (SOS)–<br/>outpatient hospital<br/>(cont.)</b> | Prior authorization is not required if performed at a participating ASC.   | 69421  | 69424 | 69433 | 69440 |  |
|   |  | 69450  | 69505 | 69550 | 69602 |  |
|   | Prior authorization is not required for care providers in Alaska, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands and Wisconsin. | 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 |       |  |
|   | 37766  | 37785  |       |       |       |  |
| <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>Digestive system</b>   |  |  |       |       |       |  |
|   | 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 |       |  |
| <b>Ear, nose and throat (ENT)<br/>procedures</b>                  |  |  |       |       |       |  |
|   | 21320  | 30140  | 30520 | 69436 |       |  |
|   | 69631  |  |       |       |       |  |
| <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 |       |  |

| Procedures and services   | Additional information             | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|---|------------------------------------|--|-------|-------|-------|
| <b>Site of service (SOS)–<br/>outpatient hospital<br/>(cont.)</b> |                                    | 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 |       |
|   | <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  | 57522 | 58353 | 58558 |
|   |                                    | 58563  | 58565 |       |       |
|   | <b>Foot surgery</b>                |  |       |       |       |
|   |                                    | 28295  |       |       |       |
|   | <b>Hemic and lymphatic systems</b> |  |       |       |       |
|   |                                    | 38221  | 38222 | 38500 | 38505 |
|   |                                    | 38510  | 38520 | 38525 | 38740 |

| Procedures and services   | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |                               |       |       |  |
|---|------------------------|--|-------------------------------|-------|-------|--|
| <b>Site of service (SOS)–<br/>outpatient hospital<br/>(cont.)</b> |                        | 38760  |                               |       |       |  |
|   |                        | <b>Hernia repair</b>   |                               |       |       |  |
|   |                        | 49505  | 49650                         | 49651 |       |  |
|   |                        | <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 |  |
|   |                        | 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  |                               |       |       |  |
|   |                        |  | <b>Liver biopsy</b>           |       |       |  |
|   |                        | 47000  |                               |       |       |  |
|   |                        |  | <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>Miscellaneous</b>          |       |       |  |
|   |                        | 20680  |                               |       |       |  |
|   |                        |  | <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 |  |

| Procedures and services                                  | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| Site of service (SOS)–<br>outpatient hospital<br>(cont.) |                        | 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 |
|  |                        | 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 |       |



| Procedures and services   | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |       |
|---|------------------------|--|-------|-------|-------|-------|
| <b>Site of service (SOS)–<br/>Outpatient hospital<br/>(cont.)</b> |                        | 26841  | 26842 | 26850 | 26860 |       |
|   |                        | 26862  | 26910 | 26951 | 26952 |       |
|   |                        | 27043  | 27045 | 27047 | 27048 |       |
|   |                        | 27062  | 27093 | 27095 | 27310 |       |
|   |                        | 27323  | 27324 | 27327 | 27328 |       |
|   |                        | 27329  | 27331 | 27332 | 27334 |       |
|   |                        | 27335  | 27337 | 27339 | 27340 |       |
|   |                        | 27345  | 27347 | 27372 | 27403 |       |
|   |                        | 27407  | 27418 | 27570 | 27606 |       |
|   |                        | 27613  | 27614 | 27618 | 27619 |       |
|   |                        | 27620  | 27626 | 27632 | 27634 |       |
|   |                        | 27638  | 27640 | 27658 | 27659 |       |
|   |                        | 27665  | 27680 | 27685 | 27690 |       |
|   |                        | 27696  | 27705 | 27720 | 27756 |       |
|   |                        | 27788  | 28005 | 28010 | 28011 |       |
|   |                        | 28020  | 28022 | 28035 | 28039 |       |
|   |                        | 28041  | 28043 | 28045 | 28047 |       |
|   |                        | 28055  | 28060 | 28080 | 28086 |       |
|   |                        | 28088  | 28090 | 28092 | 28100 |       |
|   |                        | 28103  | 28104 | 28108 | 28110 |       |
|   |                        | 28111  | 28112 | 28113 | 28118 |       |
|   |                        | 28119  | 28120 | 28122 | 28124 |       |
|   |                        | 28126  | 28153 | 28160 | 28190 |       |
|   |                        | 28192  | 28193 | 28200 | 28208 |       |
|   |                        | 28225  | 28232 | 28234 | 28238 |       |
|   |                        | 28250  | 28272 | 28280 | 28286 |       |
|   |                        | 28288  | 28306 | 28310 | 28312 |       |
|   |                        | 28313  | 28315 | 28322 | 28475 |       |
|   |                        | 28476  | 28496 | 28515 | 28525 |       |
|   |                        | 28645  | 28666 | 28675 | 28755 |       |
|   |                        | 28760  | 28810 | 28825 | 29800 |       |
|   |                        | 29804  | 29900 | 29901 | 29902 |       |
|   |                        | 29906  |       |       |       |       |
|   |                        | <b>Nervous system</b>  |       |       |       |       |
|   |                        |  | 64425 | 64530 | 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 |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Site of service (SOS)–<br/>Outpatient hospital<br/>(cont.)</b> |   | 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 |       |       |
|   |   | <b>Tonsillectomy and adenoidectomy</b>   |       |       |       |
|   |   | 42821  | 42826 |       |       |
|   |   | <b>Urologic procedures</b>   |       |       |       |
|   | 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 |       |
|   | 53445   | 53450  | 53605 | 53665 |       |
|   | 54065   |  |       |       |       |
| <b>Sleep apnea procedures and surgeries</b>                       | Prior authorization required.<br>Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty — oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.<br><br>Also applies to surgical sleep apnea procedures and not sleep studies. | Prior authorization is required for all states.<br>21685 41599<br><br>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, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.<br>42145 |       |       |       |
| <b>Sleep studies</b>  | Prior authorization required.   | 95805  | 95807 | 95808 | 95810 |
| Laboratory-assisted and related studies,                          | Excludes sleep studies performed in the home. It's not applicable to sleep apnea procedures and   | 95811  |       |       |       |

| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |       |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--|---|---|-------|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| including polysomnography, to diagnosis sleep apnea and other sleep disorders.                           | surgeries — see Sleep apnea procedures and surgeries.   |   |       |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Specific medications as indicated on the prescription drug list (PDL)</b>                             | <p>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 <a href="#">Drug Lists and Pharmacy &gt;</a> UnitedHealthcare Prescription Drug Lists (PDL)/Drug Formulary</p> <p>Please call 800-711-4555 when prescribing medications that require prior authorization. You may also fax specialty medication requests to 877-342-4596.</p> |   |       |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <p><b>Spinal cord stimulators</b></p> <p>Spinal cord stimulators when implanted for pain management.</p> | Prior authorization required.   | <p>Prior authorization is required for all states.</p> <table border="1"> <tr> <td>63650</td> <td>63655</td> <td>63662</td> <td>63664</td> </tr> <tr> <td>63685</td> <td>63688</td> <td>64553</td> <td>64570</td> </tr> <tr> <td>L8679</td> <td>L8680</td> <td>L8682</td> <td>L8683</td> </tr> <tr> <td>L8685</td> <td>L8686</td> <td>L8687</td> <td>L8688</td> </tr> </table> <p>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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.</p> <table border="1"> <tr> <td>63661</td> <td>63663</td> <td></td> <td></td> </tr> </table>   |       |  |  | 63650 | 63655 | 63662 | 63664 | 63685 | 63688 | 64553 | 64570 | L8679 | L8680 | L8682 | L8683 | L8685 | L8686 | L8687 | L8688 | 63661 | 63663 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 63650  | 63655   | 63662   | 63664 |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 63685  | 63688   | 64553   | 64570 |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| L8679  | L8680   | L8682   | L8683 |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| L8685  | L8686   | L8687   | L8688 |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 63661  | 63663   |   |       |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Spinal surgery</b>  | Prior authorization required.   | <p>Prior authorization is required for all states.</p> <table border="1"> <tr> <td>20930</td> <td>20931</td> <td>20939</td> <td>22100</td> </tr> <tr> <td>22101</td> <td>22102</td> <td>22103</td> <td>22110</td> </tr> <tr> <td>22112</td> <td>22114</td> <td>22116</td> <td>22206</td> </tr> <tr> <td>22207</td> <td>22208</td> <td>22210</td> <td>22212</td> </tr> <tr> <td>22214</td> <td>22216</td> <td>22220</td> <td>22222</td> </tr> <tr> <td>22224</td> <td>22226</td> <td>22510</td> <td>22511</td> </tr> <tr> <td>22512</td> <td>22515</td> <td>22532</td> <td>22533</td> </tr> <tr> <td>22534</td> <td>22548</td> <td>22551</td> <td>22552</td> </tr> <tr> <td>22554</td> <td>22556</td> <td>22558</td> <td>22585</td> </tr> <tr> <td>22586</td> <td>22590</td> <td>22595</td> <td>22600</td> </tr> <tr> <td>22610</td> <td>22612</td> <td>22614</td> <td>22630</td> </tr> <tr> <td>22632</td> <td>22633</td> <td>22634</td> <td>22800</td> </tr> <tr> <td>22802</td> <td>22804</td> <td>22808</td> <td>22810</td> </tr> <tr> <td>22812</td> <td>22818</td> <td>22819</td> <td>22830</td> </tr> <tr> <td>22840</td> <td>22841</td> <td>22842</td> <td>22843</td> </tr> <tr> <td>22844</td> <td>22845</td> <td>22846</td> <td>22847</td> </tr> <tr> <td>22848</td> <td>22849</td> <td>22850</td> <td>22852</td> </tr> <tr> <td>22853</td> <td>22854</td> <td>22855</td> <td>22856</td> </tr> <tr> <td>22857</td> <td>22858</td> <td>22859</td> <td>22861</td> </tr> <tr> <td>22862</td> <td>27279</td> <td>27280</td> <td>22899</td> </tr> <tr> <td>63001</td> <td>63011</td> <td>63012</td> <td>63003</td> </tr> </table> |       |  |  | 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 |
| 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 |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| Procedures and services  | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Spinal surgery (cont.)</b>  |                        | 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 |
| <p>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, Massachusetts, Puerto Rico, Rhode Island, Texas, Utah, the Virgin Islands, and Wisconsin.<br/>22513                      22514</p> |                        |  |       |       |       |

**Stimulators – not related to spine**                      Prior authorization required.

Implantation of a device that sends electrical impulses.

| <b>Bone growth stimulator</b> |       |        |       |
|-------------------------------|-------|--------|-------|
| E0747                         | E0748 | E0749  | E0760 |
| <b>Neurostimulator</b>        |       |        |       |
| 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   |         |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |        |       |  |
|--|--|--|-------|--------|-------|--|
| <b>Transplant</b><br><br>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.<br><br>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), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 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>   |       |        |       |  |
|  |  | 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>Cellular and gene therapy</b>   |  |  |       |        |       |  |
| C9301  | C9399  | J3392  | J3393 |        |       |  |
| J3394  | J3490  | J3590  | Q2041 |        |       |  |
| Q2042  | Q2053  | Q2054  | Q2055 |        |       |  |
| Q2056  | Q2057  |  |       |        |       |  |
| *Code 38232 will only require prior authorization for an oncology diagnosis  |  |  |       |        |       |  |
| <b>Therapeutic radiopharmaceuticals</b>  | Prior authorization required.<br><br>To submit a therapeutic radiopharmaceuticals prior authorization request and, for UnitedHealthcare commercial plan, out-of-network care providers, to submit a predetermination request   | A9513  | A9590 | A9606  | A9607 |  |
|  |  | A9699  |       |        |       |  |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|--|--|-------|-------|-------|
|  | for outpatient therapeutic radiopharmaceuticals, the care provider must log in to the UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and sign in. |  |       |       |       |
| <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 |  | 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  |  |  |       |       |       |
|  |  | 33927  | 33928 | 33929 | 33975 |
|  |  | 33976  | 33979 | 33981 | 33982 |
|  |  | 33983  |       |       |       |

To start the case management and utilization management process, please connect with us through chat 24/7 using our [Contact us](#) page to case management and utilization management process.

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