

# Prior Authorization Requirements for UnitedHealthcare of the River Valley Effective April 1, 2019

## General Information

This list comprises prior authorization review requirements for in-network services for your patients who are UnitedHealthcare of the River Valley plan members. Updates to the list are announced routinely in the UnitedHealthcare *Network Bulletin*. For more information, please call Provider Services at **877-842-3210**.

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210
- **Fax:** 866-756-9733; fax form is available at **UHCprovider.com/priorauth > Fax Forms > Commercial Standard Prior Authorization Request Form**.

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487			
Arthroscopy	Prior authorization required	29805	29806	29807	29819
		29820	29821	29822	29823
		29824	29825	29826	29827
		29828	29830	29834	29835
		29836	29837	29838	29840
		29843	29844	29845	29846
		29847	29848	29860	29861
		29862	29863	29870	29871
		29873	29874	29875	29876

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

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Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (cont'd)</b>		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43647	43648
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860*	43865*	43881
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .	43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
			* 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> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
<b>BRCA genetic testing</b> DNA sequencing to identify BRCA 1 and BRCA 2 gene mutations associated with the development of breast and ovarian cancer	Prior authorization required only in outpatient settings, to include member's home	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81287	81432	81433
	BRCA testing requires prior authorization before DNA sequencing is performed. An ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare of the River Valley.				
Genetic counseling is required prior to testing by a qualified provider to review the hereditary history and discuss the impact of the test on treatment. Once UnitedHealthcare of the River Valley receives notification for BRCA testing from the laboratory, we'll send the member a letter explaining how to access the service. Genetic testing and/or genetic counseling services are not covered by some benefit plans.					
More information about the BRCA genetic testing program, including the required supportive documentation and generic counseling attestation form, can be found at <b>UHCprovider.com/priorauth &gt; Oncology &gt; Breast Cancer Gene (BRCA) Testing Prior Authorization.</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
		<b>Prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
<b>Cardiology</b>	<p>Prior authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology &gt; Commercial.</p>			
<b>Cartilage implants</b>	Prior authorization required	27412 J7330	29866 S2112	29867	29868
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	<p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p>	95951			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	For notification/prior authorization, please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Congenital heart disease codes:</b>			
		33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33500
		33501	33502	33503	33504
		33505	33506	33507	33600
		33602	33606	33608	33610
		33611	33612	33615	33617
		33619	33641	33645	33647
		33660	33665	33670	33675
		33676	33677	33681	33684
		33688	33690	33692	33694
		33697	33702	33710	33720
		33722	33724	33726	33730
		33732	33735	33736	33737
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93501
		93524	93526	93527	93528
		93529	93530	93531	93532
		93533	93541	93542	93543
		93544	93545	93555	93556
		93561	93562	93580	93581
		<b>In combination with the following ICD-10-CM codes:</b>			
		Q20.0	Q20.3	Q20.1	Q20.5
		Q20.2	Q20.3	Q20.8	Q21.3
		Q20.4	Q21.0	Q21.1	Q21.2
		Q21.8	Q21.2	Q21.2	Q20.8
		Q20.6	Q20.8	Q21.4	Q21.8
		Q21.9	Q21.9	Q22.3	Q22.0
		Q22.1	Q22.2	Q22.4	Q22.6
		Q22.8	Q22.9	Q22.5	Q23.0
		Q23.1	Q23.2	Q23.3	Q23.4
		Q24.4	Q24.2	Q24.3	Q24.8

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Congenital heart disease (cont'd)</b>		Q24.5	Q24.6	Q24.0	Q24.1	
		Q24.8	Q23.8	Q23.9	Q24.8	
		Q20.9	Q24.9	Q25.0	Q25.1	
		Q25.2	Q25.4	Q25.4	Q25.2	
		Q25.3	Q25.4	Q25.8	Q25.9	
		Q25.5	Q25.71	Q25.72	Q25.6	
		Q25.79	Q26.9	Q26.2	Q26.3	
		Q26.4	Q26.0	Q26.1	Q26.8	
		Q27.0	Q27.9	Q26.5	Q26.6	
		Q27.33	Q27.8	Q27.1	Q27.2	
		Q27.34	Q27.31	Q27.32	Q27.39	
		Q27.8	Q28.2	Q28.3		
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847	
		15877	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21181	21182	21230	21235	
		21256	21282	21740	21742	
		21743	28344	30540	30560	
		30620	67900	67901	67902	
		21183	21184	21260	21261	
		21263	21267	21268	21275	
		21280	21295	30545	67903	
		67904	67906	67908	67909	
		67911	67912	67914	67915	
		67916	67917	67921	67922	
		67923	67924	67950	67961	
		67966	Q2026			
		<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194
		E0266		E0277	E0296	E0297
	E0300	E0302		E0304	E0328	
	E0329	E0466		E0471	E0483	
Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care</i> .		E0620	E0745	E0764	E0766	
		E0770	E0784	E0984	E1002	
		E1003	E1004	E1005	E1006	
		E1007	E1008	E1010	E1016	
Some payer groups may have different DME prior authorization requirements for their benefit plans.		E1018	E1236	E1238	E1399	
		E1802	E1805	E1825	E1830	
		E1840	E2402	E2502	E2504	
		E2506	E2508	E2510	E2511	
		E2512	E2599	K0005	K0012	
		K0014	K0812	K0848	K0849	
		K0850	K0851	K0852	K0853	
		K0854	K0855	K0856	K0857	
	K0858	K0859	K0860	K0861		
	K0862	K0863	K0864	K0868		
	K0869	K0870	K0871	K0877		
	K0878	K0879	K0880	K0884		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd)</b>		K0885 S1040	K0886	K0890	K0891
<b>End-stage renal disease (ESRD) dialysis services</b> Services for treating end-stage renal disease, including outpatient dialysis services	<p>Prior authorization required when members are referred to an out-of-network care provider for dialysis services</p> <p>Prior authorization not required for ESRD when a member travels outside of the service area</p> <p><b>Please note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	Please call <b>888-936-7246</b> to initiate case management and utilization management.			
<b>Foot surgery</b>	Prior authorization required	28285 28296	28289 28297	28291 28298	28292 28299
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	Prior authorization required	<p><b>Prior authorization required for the following regardless of diagnosis code:</b></p> <p>55970    55980</p> <p><b>Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b></p> <p>14000    14001    14041    15734 15738    15750    15757    15758 19303    19304    20926    53410 53430    54125    54520    54660 54690    55175    55180    56625 56800    56805    57110    57335 58260    58661    58720    58940 64856    64892    64896</p>			
<b>Home health care – Non-nutritional</b>	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	<p>Prior authorization required for inpatient vaginal hysterectomies</p> <p>Prior authorization not required for outpatient vaginal hysterectomies</p> <p><b>For claim purposes:</b></p> <p>Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.</p>	58270	58275	58293	58294
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	<p>Prior authorization required</p> <p><b>For claim purposes:</b></p>	58150 58542 58552	58152 58543 58553	58180 58544 58554	58541 58550 58570

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy – Inpatient and outpatient procedures (cont'd)</b>	Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's benefit plan requires services to be medically necessary in order to be covered.	58571	58572	58573	
<b>Infertility</b> Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323
		58345	58752	58760	58970
		58974	58976	76948	89250
		89251	89253	89254	89255
		89257	89258	89259	89260
		89261	89264	89268	89272
		89280	89281	89290	89291
		89335	89337	89342	89343
		89344	89346	89352	89353
		89354	89356	0058T	0357T
		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> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required  For drug-specific prior authorization requirements, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs.  When coverage is approved, a participating specialty pharmacy provider must be used to procure Durolane <sup>®</sup> (J7318), Orthovisc <sup>®</sup> (J7234), GenVisc 850 <sup>®</sup> (J7320), Supartz FX <sup>™</sup> and Hyalgan <sup>®</sup> (J7321), Hymovis <sup>®</sup> (J7322), Gel-One <sup>®</sup> (J7326), Monovisc <sup>®</sup> (J7327) and GelSyn-3 <sup>®</sup> (J7328).  UnitedHealthcare of the River Valley covers the use of Durolane,	<b>Alpha1-Proteinase</b> J0256 J0257 <b>Asthma – Nucala<sup>®</sup>/Xolair<sup>®</sup>/Cinqair<sup>®</sup>/Fasenra<sup>™</sup></b> J0517 J2182 J2357 J2786 <b>Blood modifier – Soliris<sup>®</sup> – POS 19 &amp; 22 only</b> J1300 <b>Botox<sup>®</sup></b> J0585 J0586 J0587 J0588 <b>Enzyme deficiency – POS 19 and 22 only</b> J0180 J0221 J1322 J1458 J1743 J1931 J2504 J2840 J3397 <b>Enzyme replacement therapy</b> J0567 J1786 J3060 <b>Gaucher's disease – POS 19 and 22 only</b> J3385 <b>Gender dysphoria treatment with diagnosis</b>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Orthovisc, GenVisc 850, Supartz FX, Hyalgan, Hymovis, Gel- One, Monovisc and/or GelSyn-3 injections for members who have osteoarthritis of the knee with a documented history of failure, contraindication or intolerance to Euflexxa <sup>®</sup> , Synvisc <sup>®</sup> or Synvisc-One.	<b>code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b>			
		J1950	J3315	J9155	J9202
		J9217	J9225	J9226	J3316
		<b>Gene therapy</b>			
		J1428	J2326	J3398	
		<b>Hemophilia</b>			
		J7170	J7175	J7178	J7179
		J7180	J7181	J7182	J7183
		J7185	J7186	J7187	J7188
		J7189	J7190	J7191	J7192
		J7193	J7194	J7195	J7198
		J7199	J7200	J7201	J7202
		J7205	J7207	J7209	J7210
		J7211			
		<b>Hereditary angioedema</b>			
		J0596	J0598	J1290	
		<b>H.P. Acthar<sup>®</sup></b>			
		J0800			
		<b>Immune globulin</b>			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1562	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Immuno modulator</b>			
		J0638	J0490*		
		<b>* POS 19 &amp; 22 only</b>			
		<b>Inflammatory – All POS</b>			
		Q5103	Q5104		
		<b>Inflammatory – POS 19 &amp; 22 only</b>			
		J0129	J1602	J1745	J3262
		J3380	J3358		
		<b>Makena<sup>®</sup></b>			
		J1726	J1729		
<b>Miscellaneous</b>					
J0584	J1301	J1746	J3245		
J9035 <sup>1</sup>	J9301 <sup>2</sup>	J9312			
<b>Multiple sclerosis</b>					
J0202	J2350				
<b>Onpattro<sup>™</sup></b>					
C9036	J3490 <sup>3</sup>	J3590 <sup>4</sup>			
<b>Opioid addiction</b>					
J0570	Q9991	Q9992			
<b>Parsabiv<sup>™</sup></b>					
J0606					
<b>Respiratory syncytial virus (RSV)</b>					
90378					
<b>Sodium hyaluronate</b>					
J7318	J7320	J7321	J7322		
J7324	J7326	J7327	J7328		
J7329					
<b>Unclassified</b>					



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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Procedures and Services	Additional Information	J3490 <sup>3</sup>	J3590 <sup>4</sup>	C9399 <sup>5</sup>	
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**Injectable medications (cont'd)**

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

<sup>1</sup> For code J9035, notification/prior authorization is only required for chemotherapy related diagnosis codes.

<sup>2</sup> For code J9301, notification/prior authorization is only required for non-oncology indications.

<sup>3</sup> For Unclassified code J3490, prior authorization is only required for Gamifant<sup>®</sup>, Onpatro<sup>™</sup>, Revcovi<sup>™</sup> and Synjoynt<sup>™</sup>

<sup>4</sup> For Unclassified code J3590, prior authorization is only required for Gamifant<sup>®</sup>, Onpatro<sup>™</sup> and Revcovi<sup>™</sup>

<sup>5</sup> For Unclassified code C9399, prior authorization is only required for Gamifant<sup>®</sup>, Revcovi<sup>™</sup> and Synjoynt<sup>™</sup>

<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid</b>	Prior authorization required	0071T	0072T		
MR-guided focused ultrasound procedures and treatments	<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> <ul style="list-style-type: none"> <li>• A physician and/or facility must confirm coverage of the service for the member.</li> <li>• A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS.</li> <li>• 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.</li> <li>• A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results.</li> <li>• A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare.</li> <li>• A physician and facility must follow FDA-labeled indications for use.</li> </ul>				



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220 L0486 L1680 L1720 L2005 L2037 L3253 L3901 L3975	L0480 L0636 L1685 L1755 L2020 L2038 L3485 L3904 L3976	L0482 L0638 L1700 L1844 L2034 L2330 L3766 L3961 L3977	L0484 L1640 L1710 L1846 L2036 L3251 L3900 L3971
<b>Out-of-network services</b> A referral from a network physician or health care provider to a hospital, physician, or other health care provider who isn't contracted with UnitedHealthcare of the River Valley	Prior authorization required  Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
<b>Physical Therapy/Occupational Therapy (PT/OT)</b>	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> .  PSFs should be sent within three days of initiating a plan member's treatment, and must be received within 10 days from the initial date of service listed on the form	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal: <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> >Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health <b>888-329-5182</b>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	61863	61864
		61867	61868	61886	64555
		64595	64722	A9274	

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

Pregnancy	Voluntary notification for case and disease management enrollment:	Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:			
	Please provide us with voluntary notification of a pregnancy diagnosis. Notification allows UnitedHealthcare of the River Valley to enroll a pregnant member in the Healthy Pregnancy Program, our case and disease management program, before their baby's arrival. As part of these programs, we'll contact members to explain their benefits and other available resources. Voluntary notification doesn't indicate or imply coverage, which is determined according to the member's benefit plan.  Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.  After notification, please contact us if the member is no longer appropriate for the Healthy Pregnancy Program – for example, if a pregnancy is terminated.	O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
			Z36		

Procedures and Services	Additional Information	CPT <sup>®</sup> 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	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5230	L5250
		L5270	L5280	L5301	L5321
		L5331	L5400	L5420	L5530
		L5535	L5540	L5585	L5590
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5703
		L5707	L5724	L5726	L5728
		L5780	L5795	L5814	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5858	L5930	L5960
		L5966	L5968	L5973	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6120
		L6130	L6200	L6205	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6648	L6693	L6696	L6697
		L6707	L6881	L6882	L6884
		L6885	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
L6940	L6945	L6950	L6955		
L6960	L6965	L6970	L6975		
L7007	L7008	L7009	L7040		
L7045	L7170	L7180	L7181		
L7185	L7186	L7190	L7191		
L7499	L8042	L8043	L8044		
		L8049	V2629		
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons	Prior authorization required  Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (cont'd)</b>		For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > Radiology > Commercial.			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Office-based program</b>	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	<b>Dermatologic</b> 11402 11403 11406 11422 11426 11442			
	Prior authorization not required if performed in an office	<b>General surgery</b> 19000			
	Notification/prior authorization not required for care providers in Iowa and Utah	<b>Musculoskeletal</b> 27096 64479 64483 64490 64493			
		<b>Neurologic</b> 62270 62321 62323 64633 64633 64635			
		<b>OB/GYN</b> 57460			
		<b>Respiratory</b> 31579			
<b>Site of service (SOS) – Outpatient hospital</b>	Notification/prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b> 64721			
	Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b> 66821 66982 66984			
	Notification/prior authorization not required for care providers in Iowa and Utah	<b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931			
		<b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631			
		<b>Gynecologic procedures</b> 57522 58353 58558 58563 58565			
		<b>Hernia repair</b> 49505 49585 49587 49650 49651 49652 49653 49654 49655			
		<b>Liver biopsy</b> 47000			
		<b>Miscellaneous</b> 20680			
		<b>Ophthalmologic</b> 65426 65730 65855 66170 66761 67028 67036 67040			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (cont'd)</b>		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	45378
		45380	45384	45385	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.				
	Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95811			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List.				
	Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax requests to:				
	<ul style="list-style-type: none"> <li>• Specialty medications: <b>877-342-4596</b></li> <li>• Non-specialty medications: <b>800-527-0531</b></li> </ul>				
<b>Spinal cord stimulators</b>	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64553	64570	L8682	L8685
		L8687	L8688		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22534	22548	22551
		22552	22554	22556	22558
		22585	22586	22590	22595
		22600	22610	22612	22614
		22630	22632	22633	22634
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22840	22841	22842
		22843	22844	22845	22846
		22847	22848	22849	22850
		22852	22853	22854	22855
		22856	22857	22858	22859
		22861	22862	22864	22865
		22899	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63266
		63267	63268	63270	63271
		63272	63273	63275	63276
		63277	63278	63280	63281
		63282	63283	63285	63286
		63287	63290	63295	63300
		63301	63302	63303	63304
63305	63306	63307	63308		
0095T	0098T	0164T	0309T		
		0375T			
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont'd)</b>		<b>Evaluation for transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<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	38208	38209
		38210	38212	38213	38214
		38215	38232	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR-T cell therapy</b>			
	0537T	0538T	0539T	0540T	
	Q2041	Q2042			
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568	L8680	L8686
Implantation of a device that sends electrical impulses into one of the cranial nerves					
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
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					
<b>Ventricular assist devices (VAD)</b>		To start the case management and utilization management process, please call <b>877-842-3210</b> or fax <b>866-756-9733</b> to start the case management and utilization management process. For the fax form, please call <b>877-842-3210</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			



