

Prior Authorization Requirements for UnitedHealthcare of the River Valley Effective January 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 [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (cont'd)		29877	29879	29880	29881
		29882	29883	29884	29885
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29899
		29914	29915	29916	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43647	43648
		43659	43770	43771	43772
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	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 877-842-3210 .	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			
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
BRCA genetic testing 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 UHCprovider.com/priorauth > Oncology > Breast Cancer Gene (BRCA) Testing Prior Authorization.				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) 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			
		Prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
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					
Cardiology	<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 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology > Commercial.</p>			
Cartilage implants	Prior authorization required	27412 J7330	29866 S2112	29867	29868
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Congenital heart disease
 Congenital heart disease-related services, including pre-treatment evaluation

Prior authorization required

For notification/prior authorization, please call **888-936-7246** or the notification number on the back of the member's health plan ID card.

Congenital heart disease codes:

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

In combination with the following ICD-10-CM codes:

Q20.0	Q20.3	Q20.1	Q20.5
Q20.2	Q20.3	Q20.8	Q21.3
Q20.4	Q21.0	Q21.1	Q21.2
Q21.8	Q21.2	Q21.2	Q20.8
Q20.6	Q20.8	Q21.4	Q21.8
Q21.9	Q21.9	Q22.3	Q22.0
Q22.1	Q22.2	Q22.4	Q22.6
Q22.8	Q22.9	Q22.5	Q23.0
Q23.1	Q23.2	Q23.3	Q23.4
Q24.4	Q24.2	Q24.3	Q24.8
Q24.5	Q24.6	Q24.0	Q24.1
Q24.8	Q23.8	Q23.9	Q24.8
Q20.9	Q24.9	Q25.0	Q25.1
Q25.2	Q25.4	Q25.4	Q25.2
Q25.3	Q25.4	Q25.8	Q25.9
Q25.5	Q25.71	Q25.72	Q25.6
Q25.79	Q26.9	Q26.2	Q26.3

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Congenital heart disease (cont'd)		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	
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		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				
Durable medical equipment	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0466	E0471	E0483
	Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care</i> .	E0620	E0745	E0764	E0766
		E0770	E0784	E0984	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1010	E1016
		E1018	E1236	E1238	E1399
		E1802	E1805	E1825	E1830
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	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
K0885	K0886	K0890	K0891		
S1040					
End-stage renal disease (ESRD) dialysis services Services for treating end-stage renal disease, including outpatient dialysis services	Prior authorization required when members are referred to an out-of-network care provider for dialysis services	Please call 888-936-7246 to initiate case management and utilization management.			
	Prior authorization not required for				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
End-stage renal disease (ESRD) dialysis services (cont'd)	ESRD when a member travels outside of the service area Please note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Foot surgery	Prior authorization required	28285 28296	28289 28297	28291 28298	28292 28299
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	Prior authorization required for the following regardless of diagnosis code: 55970 55980 Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890: 14000 14001 14041 15734 15738 15750 15757 15758 19303 19304 20926 53410 53430 54125 54520 54660 54690 55175 55180 56625 56800 56805 57110 57335 58260 58661 58720 58940 64856 64892 64896			
Home health care – Non- nutritional	Notification/prior authorization required only in outpatient settings, to include member's home	T1000	T1002	T1003	
Hysterectomy – Inpatient only Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies Prior authorization not required for outpatient vaginal hysterectomies <u>For claim purposes:</u> 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.	58270	58275	58293	58294
Hysterectomy – Inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required <u>For claim purposes:</u> 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.	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization					
Infertility Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	55870	58321	58322	58323		
		58345	58752	58760	58970		
		58974	58976	76948	89250		
		89251	89253	89254	89255		
		89257	89258	89259	89260		
		89261	89264	89268	89272		
		89280	89281	89290	89291		
		89335	89337	89342	89343		
		89344	89346	89352	89353		
		89354	89356	0058T	0357T		
		S4011	S4013	S4014	S4015		
		S4016	S4022	S4023	S4025		
		S4026	S4028	S4030	S4031		
		S4035	S4037				
		The following codes only require prior authorization if the DX code is also listed:					
				52402	54500	54505	55550
				58140	58145	58146	58545
		58546	58660	58662	58670		
		58672	58673	58740	58770		
		89398					
DX codes:							
		E23.0	N46.01	N46.021	N46.022		
		N46.023	N46.024	N46.025	N46.029		
		N46.11	N46.121	N46.122	N46.123		
		N46.124	N46.125	N46.129	N46.8		
		N46.9	N97.0	N97.1	N97.2		
		N97.8	N97.8	N97.9	N98.1		
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required For drug-specific prior authorization requirements, please visit UHCprovider.com/priorauth > Clinical Pharmacy and Specialty Drugs Prior Authorization Programs. When coverage is approved, a participating specialty pharmacy provider must be used to procure Durolane [®] (J7318), Orthovisc [®] (J7234), GenVisc 850 [®] (J7320), Supartz FX [™] and Hyalgan [®] (J7321), Hymovis [®] (J7322), Gel-One [®] (J7326), Monovisc [®] (J7327) and GelSyn-3 [®] (J7328). UnitedHealthcare of the River Valley covers the use of Durolane, 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 [®] , Synvisc [®] or	Alpha-1-Proteinase					
		J0256	J0257				
		Asthma – Nucala[®]/Xolair[®]/Cinqair[®]/Fasenra[™]					
		J0517	J2182	J2357	J2786		
		Blood modifier – Soliris[®] – POS 19 & 22 only					
		J1300					
		Botox[®]					
		J0585	J0586	J0587	J0588		
		Enzyme deficiency – POS 19 and 22 only					
		J0180	J0221	J1322	J1458		
		J1743	J1931	J2504	J2840		
		J3397					
		Enzyme replacement therapy					
		J0567	J1786	J3060			
		Gaucher's disease – POS 19 and 22 only					
		J3385					
		Gender dysphoria treatment with diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890					
J1950	J3315	J9155	J9202				
J9217	J9225	J9226	J3316				
Gene therapy							
J1428	J2326	J3398					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Synvisc-One.	Hemophilia			
		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			
		Hereditary angioedema			
		J0596	J0597	J0598	J1290
		H.P. Acthar[®]			
		J0800			
		Immune globulin			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1562	J1566	J1568	J1569
		J1572	J1575	J1599	
		Immuno modulator			
		J0638	J0490*		
		* POS 19 & 22 only			
		Inflammatory – All POS			
		Q5103	Q5104		
		Inflammatory – POS 19 & 22 only			
		J0129	J1602	J1745	J3262
		J3380	J3358		
		Makena[®]			
		J1726	J1729		
		Miscellaneous			
		J0584	J1301	J1746	J3245
		J9035 ¹	J9301 ²	J9312	
		Multiple sclerosis			
		J0202	J2350		
		Opioid addiction			
		J0570	Q9991	Q9992	
Parsabiv[™]					
J0606					
Respiratory syncytial virus (RSV)					
90378					
Sodium hyaluronate					
J7318	J7320	J7321	J7322		
J7324	J7326	J7327	J7328		
J7329					
Unclassified					
J3490 ³	J3590 ⁴				

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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Determination Guidelines for UnitedHealthcare Commercial Plans.			
		¹ For code J9035, notification/prior authorization is only required for chemotherapy related diagnosis codes. ² For code J9301, notification/prior authorization is only required for non-oncology indications. ³ For Unclassified code J3490, prior authorization is only required for Onpattro™ ⁴ For Unclassified code J3590, prior authorization is only required for Onpattro™			
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	Prior authorization required	0071T	0072T		
MR-guided focused ultrasound procedures and treatments	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: <ul style="list-style-type: none"> • A physician and/or facility must confirm coverage of the service for the member. • A hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • A member must consent in writing to the procedure acknowledging that UnitedHealthcare doesn't believe sufficient clinical evidence has been published in peer-reviewed medical literature to conclude the service is safe and/or effective. • A member must agree in writing to not hold UnitedHealthcare responsible if they're not satisfied with the results. • A physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. • A physician and facility must follow FDA-labeled indications for use. 				
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	
Out-of-network services A referral from a network physician or health care provider to a hospital, physician, or other health care provider who isn't contracted with UnitedHealthcare of the River Valley	Prior authorization required Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area. Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
Physical Therapy/Occupational Therapy (PT/OT)	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through OptumHealth Physical Health's website at myoptumhealthphysicalhealth.com . 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: myoptumhealthphysicalhealth.com >Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health 888-329-5182			
Potentially unproven services (including experimental/investigational and/or linked services) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature	Prior authorization required	26340	33361	33362	33363
		33364	33365	33366	33369
		33477	36514	61863	61864
		61867	61868	61886	64555
		64595	64722	A9274	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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.	O09.00 O09.10 O09.211 O09.291 O09.30 O09.40 O09.511 O09.521 O09.611 O09.621 O09.70 O09.891 O09.90 O12.00 O12.10 O12.20 O21.0 O24.011 O24.112 O24.313	O09.01 O09.11 O09.212 O09.292 O09.31 O09.41 O09.512 O09.522 O09.612 O09.622 O09.71 O09.892 O09.91 O12.01 O12.11 O12.21 O21.1 O24.012 O24.113 O24.811	O09.02 O09.12 O09.213 O09.293 O09.32 O09.42 O09.513 O09.523 O09.613 O09.623 O09.72 O09.893 O09.92 O12.02 O12.12 O12.22 O21.8 O24.013 O24.311 O24.812	O09.03 O09.13 O09.219 O09.299 O09.33 O09.43 O09.519 O09.529 O09.619 O09.629 O09.73 O09.899 O09.93 O12.03 O12.13 O12.23 O21.9 O24.111 O24.312 O24.813
	Please notify us only once per pregnancy. We're not requesting notification for ancillary services such as ultrasound and lab work.	O24.911 O26.01 O26.832 O30.002 O30.013 O30.041 O30.092 O30.103 O30.121 O30.192 O30.203 O30.221 O30.292 O30.93 O47.1 O60.03 O99.280 Z34.00 Z34.80 Z34.90 Z36	O24.912 O26.02 O26.833 O30.003 O30.031 O30.042 O30.093 O30.111 O30.122 O30.193 O30.211 O30.222 O30.293 O47.00 O47.9 O99.011 O99.89 Z34.01 Z34.81 Z34.91	O24.913 O26.03 O26.839 O30.011 O30.032 O30.043 O30.101 O30.112 O30.123 O30.201 O30.212 O30.223 O30.91 O47.02 O60.00 O99.012 Z32.01 Z34.02 Z34.82 Z34.92	O26.00 O26.831 O30.001 O30.012 O30.033 O30.091 O30.102 O30.113 O30.191 O30.202 O30.213 O30.291 O30.92 O47.03 O60.02 O99.013 Z33.1 Z34.03 Z34.83 Z34.93
Prosthetics	Prior authorization required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5651 L5707 L5780 L5822 L5830 L5856	L5020 L5105 L5210 L5280 L5400 L5540 L5639 L5681 L5724 L5795 L5824 L5840 L5858	L5050 L5150 L5230 L5301 L5420 L5585 L5643 L5683 L5726 L5814 L5826 L5845 L5930	L5060 L5160 L5250 L5321 L5530 L5590 L5649 L5703 L5728 L5818 L5828 L5848 L5960

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		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			
Proton beam therapy 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
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are required to notify UnitedHealthcare of the River Valley and complete the prior authorization process before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification 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. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Radiology > Commercial.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Office-based program	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center	Dermatologic			
		10120	10140	11400	11401
		11402	11403	11404	11406
	Prior authorization not required if performed in an office	11420	11421	11422	11423
		11424	11426	11442	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Office-based program (cont'd)	Notification/prior authorization not required for care providers in Iowa and Utah	Gastroenterology 45300 45330 46922 General surgery 19000 Musculoskeletal 27096 64479 64483 64490 64493 64520 Neurologic 62270 62320 62321 62322 62323 64633 64635 OB/GYN 57460 Respiratory 31579 Urology 55250			
Site of service (SOS) – Outpatient hospital	Notification/prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Gynecologic procedures 57522 58353 58558 58563 58565 Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655 Liver biopsy 47000 Miscellaneous 20680 Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	45378
		45380	45384	45385	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
52352	52353	52356	54161		
55040	55700	57288			
Sleep apnea procedures and surgeries	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.				
Sleep studies	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			
Specific medications as indicated on the prescription drug list (PDL)	Notification/prior authorization required for certain medications to make sure they're a covered benefit for the indication for which they're prescribed. For a list of medications requiring notification/prior authorization, please refer to the PDL at UHCprovider.com > Menu > Resource Library > Drug Lists and Pharmacy > UnitedHealthcare Prescription Drug List. Please call 800-711-4555 when prescribing medications that require notification/prior authorization. You may also fax requests to: <ul style="list-style-type: none"> • Specialty medications: 877-342-4596 • Non-specialty medications: 800-527-0531 				
Spinal cord stimulators	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 [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery	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			
Transplant	Prior authorization required for organ or tissue 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 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		Bone marrow harvest			
		38240	38241	38242	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant (cont'd)		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232	44137	44715
	44720	44721	47133	47140	
	47141	47142	47144	47145	
	47146	50325	S2152		
	CAR-T cell therapy				
	0537T	0538T	0539T	0540T	
	Q2041	Q2042			
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8686
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	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					
Ventricular assist devices (VAD)		To start the case management and utilization management process, please call 877-842-3210 or fax 866-756-9733 to start the case management and utilization management process. For the fax form, please call 877-842-3210 .			
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			

