

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

## General Information

This list comprises prior authorization review requirements for care providers who participate with UnitedHealthcare of the River Valley for in-network services. Updates to the list are announced routinely in the UnitedHealthcare *Network 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 tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool 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<sup>®</sup> 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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	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			
<b>Arthroscopy</b>	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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Doc#: PCA-1-016368-07012019\_07172019

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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	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43771	43772	43773	43774
		43775	43842	43843	43845
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans. For more information, please call <b>877-842-3210</b> .	43846	43847	43848	43860*
		43865*	43886	43887	43888
		95980	95981	95982	
		* 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		
<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			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care	<p><b>Effective for dates of service Aug. 1, 2019, or after:</b></p> <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> <p>Prior authorization required for colony-stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> <p><b>*Codes J2505, Q5108 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.</b></p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym<sup>™</sup>)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio<sup>®</sup>)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA<sup>™</sup>)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b> Q5108*</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b> J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva<sup>®</sup>)</b> J0897</p> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool 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 tool on your Link dashboard. Or, call <b>888-397-8129</b>.</p>
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 tool 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 tool 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 <b>UHCprovider.com/priorauth</b> &gt; Cardiology &gt; Commercial.</p>
Cartilage implants	Prior authorization required.	27412 29866 29867 29868 J7330 S2112
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	<p>Prior authorization required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	95951
Chemotherapy services	<p><b>Effective for dates of service Aug. 1, 2019, or after:</b></p> <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000-J9999)*, Leucovorin (J0640), Levoleucovorin (J0641)</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</li> </ul>

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy services (cont'd.)</b>	Code J9312 also requires prior authorization for non-oncology DX. See Injectable medications section below.	under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code  Prior authorization requests: Please submit requests online by using the Prior Authorization and Notification tool 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 tool on your Link dashboard. Or, call <b>888-397-8129</b> .			
<b>Clinical trials</b> A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects subject to oversight by an Institutional Review Board (IRB)	Prior authorization required	S9988	S9990	S9991	
<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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Congenital heart disease (cont'd.)</b>		<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
		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
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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	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	E0986
	Some payer groups may have different DME prior authorization requirements for their benefit plans.	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1236	E1238

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b> (cont'd.)		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	K0885	K0886	K0890
	K0891	S1040			
<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	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>Gender dysphoria treatment</b>	Prior authorization required	<b>Prior authorization required for the following regardless of diagnosis code:</b>			
		55970	55980		
		<b>Prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>			
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58260	58661	58720	58940
		64856	64892	64896	
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process,	81164	81165	81166	81167
		81170	81171	81172	81173

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont'd.)</b>	which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/ Notification Program for each specified genetic test.  Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81310
		81311	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
81374	81375	81376	81377		
81378	81379	81380	81381		
81382	81383	81400	81401		
81402	81403	81404	81405		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont'd.)</b>		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81425	81426	81427	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
		0007M	0009M	0011M	0012M
		0012U	0013M	0013U	0014U
		0016U	0017U	0018U	0019U
		0022U	0023U	0026U	0027U
		0029U	0030U	0031U	0032U
		0033U	0034U	0036U	0037U
		0040U	0045U	0046U	0047U
		0048U	0049U	0050U	0055U
		0056U	0057U	0060U	0069U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0078U
		0081U	0084U	0087U	0088U
		0089U	0090U	0091U	0094U
		0101U	0102U	0103U	0104U
	S3870				
<b>Home health care – Non-nutritional</b>	Notification/prior authorization required only in outpatient settings, to include member's home.	T1000	T1002	T1003	
<b>Hysterectomy – Inpatient only</b> Vaginal hysterectomies	Prior authorization required for inpatient vaginal hysterectomies.  Prior authorization not required for outpatient vaginal hysterectomies.  <b><u>For claim purposes:</u></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.	58270	58275	58293	58294
<b>Hysterectomy – Inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required.  <b><u>For claim purposes:</u></b>  Out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment if the member's	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Hysterectomy – Inpatient and outpatient procedures (cont'd.)** benefit plan requires services to be medically necessary in order to be covered.

<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 intra-muscularly	Prior authorization required.	<b>Alpha1-Proteinase</b> J0256 J0257			
	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.	<b>Asthma – Nucala<sup>®</sup>/Xolair<sup>®</sup>/Cinqair<sup>®</sup>/Fasenra<sup>™</sup></b> J0517 J2182 J2357 J2786			
	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).	<b>Blood modifier – Soliris<sup>®</sup> – POS 19 and 22 only</b> J1300			
	UnitedHealthcare of the River Valley covers the use of Durolane, Orthovisc, GenVisc 850, Supartz FX, Hyalgan, Hymovis, Gel-One, Monovisc and/or	<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 code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</b> J1950 J3315 J9155 J9202			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Injectable medications (cont'd.)</b>	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.	J9217	J9225	J9226	J3316	
		<b>Gene therapy</b>				
		J1428	J2326	J3398		
		<b>Hemophilia</b>				
		J7170	J7175	J7177	J7178	
		J7179	J7180	J7181	J7182	
		J7183	J7185	J7186	J7187	
		J7188	J7189	J7190	J7191	
		J7192	J7193	J7194	J7195	
		J7198	J7199	J7200	J7201	
		J7202	J7203	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 and 22 only</b>				
		<b>Inflammatory – All POS</b>				
		Q5103	Q5104			
		<b>Inflammatory – POS 19 and 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>						
J3490 <sup>3</sup>	J3590 <sup>4</sup>	C9399 <sup>5</sup>				

**The following codes will also require prior**

**Injectable medications (cont'd.)**

**authorization for dates of service Aug. 1, 2019, or after:**

**Therapeutic Radiopharmaceuticals<sup>6</sup>**

A9513            A9606            A9699

**White blood cell colony stimulating factors<sup>7</sup>**

J2505            Q5108            Q5111

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](http://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, Onpattro, Revcovi, Synjoynt and Ultomiris.

<sup>4</sup> For unclassified code J3590, prior authorization is only required for Gamifant, Onpattro, Revcovi and Ultomiris.

<sup>5</sup> For unclassified code C9399, prior authorization is only required for Gamifant, Revcovi, Synjoynt and Ultomiris.

<sup>6</sup> For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**.

<sup>7</sup> For codes J2505, Q5108, Q5111, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at [UHCProvider.com](http://UHCProvider.com) > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.

<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	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"> <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</li> </ul>				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid (cont'd.)</b>	<p>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> <ul style="list-style-type: none"> <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>				
<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	<p>Prior authorization required.</p> <p>Please note that your agreement with UnitedHealthcare of the River Valley may include restrictions on directing members outside of the health plan service area.</p> <p>Members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>				
<b>Physical Therapy/Occupational Therapy (PT/OT)</b>	Physical therapy and/or occupational therapy visits performed by care providers contracted by Optum	For specific information on prior authorization requirements based upon Provider Specialty or for network status inquiries, please access the Optum Provider Portal:			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Physical Therapy/Occupational Therapy (PT/OT) (cont'd)</b>	Physical Health require prior authorization, which includes the plan member's initial evaluation. After the initial visit, care providers must complete and submit a Patient Summary Form (PSF) through the OptumHealth Physical Health website at <b>myoptumhealthphysicalhealth.com</b> .  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.	<b>myoptumhealthphysicalhealth.com</b> > Tools and Resources and use the UHC Quick Group Check. Or call OptumHealth Physical Health <b>888-329-5182</b> .			
<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. 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	64722	A9274
<b>Pregnancy</b>	<b>Voluntary notification for case and disease management enrollment:</b>  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.	<b>Upon confirmation of pregnancy, please notify us for ICD-10-CM codes:</b>			
		O09.00	O09.01	O09.02	O09.03
		O09.10	O09.11	O09.12	O09.13
		O09.211	O09.212	O09.213	O09.219
		O09.291	O09.292	O09.293	O09.299
		O09.30	O09.31	O09.32	O09.33
		O09.40	O09.41	O09.42	O09.43
		O09.511	O09.512	O09.513	O09.519
		O09.521	O09.522	O09.523	O09.529
		O09.611	O09.612	O09.613	O09.619
		O09.621	O09.622	O09.623	O09.629
		O09.70	O09.71	O09.72	O09.73
		O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Pregnancy (cont'd.)</b>		O30.192	O30.193	O30.201	O30.202	
		O30.203	O30.211	O30.212	O30.213	
		O30.221	O30.222	O30.223	O30.291	
		O30.292	O30.293	O30.91	O30.92	
		O30.93	O47.00	O47.02	O47.03	
		O47.1	O47.9	O60.00	O60.02	
		O60.03	O99.011	O99.012	O99.013	
		O99.280	O99.89	Z32.01	Z33.1	
		Z34.00	Z34.01	Z34.02	Z34.03	
		Z34.80	Z34.81	Z34.82	Z34.83	
		Z34.90	Z34.91	Z34.92	Z34.93	
		Z36				
	<b>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>	Prior authorization required.	77520	77522	77523	77525	
Focused radiation therapy using beams of protons	Please indicate whether proton beam therapy is performed as part of a clinical trial – see <i>Clinical trials</i> .					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>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.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool 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 tool on your Link dashboard. Or, call <b>866-889-8054</b>. For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Radiology &gt; Commercial</b>.</p>			
<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>	<p>Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center.</p> <p>Prior authorization not required if performed in an office.</p> <p>Notification/prior authorization not required for care providers in Iowa and Utah.</p>	<p><b>Dermatologic</b> 11402 11403 11406 11422 11426 11442</p> <p><b>General surgery</b> 19000</p> <p><b>Musculoskeletal</b> 27096 64479 64483 64490 64493</p> <p><b>Neurologic</b> 62270 62321 62323 64633 64635</p> <p><b>OB/GYN</b> 57460</p> <p><b>Respiratory</b> 31579</p>			
<b>Site of service (SOS) – Outpatient hospital</b>	<p>Notification/prior authorization only required when requesting service in an outpatient hospital setting.</p> <p>Notification/prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC).</p> <p>Notification/prior authorization not required for care providers in Iowa and Utah.</p>	<p><b>Carpal tunnel surgery</b> 64721</p> <p><b>Cataract surgery</b> 66821 66982 66984</p> <p><b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931</p> <p><b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631</p> <p><b>Gynecologic procedures</b> 57522 58353 58558 58563 58565</p> <p><b>Hernia repair</b> 49505 49585 49587 49650</p>			

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>		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	<b>Tonsillectomy and adenoidectomy</b>				
	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			



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Specific medications as indicated on the prescription drug list (PDL)</b>	<p>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 <b>UHCprovider.com</b> &gt; Menu &gt; Resource Library &gt; Drug Lists and Pharmacy &gt; UnitedHealthcare Prescription Drug List.</p> <p>Please call <b>800-711-4555</b> when prescribing medications that require notification/prior authorization. You may also fax requests to:</p> <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		
<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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Spinal surgery (cont'd.)</b>		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>Stimulators – not related to spine</b> Implantation of a device that sends electrical impulses	Prior authorization required.	<b>Bone growth stimulator</b>				
E0747			E0748	E0749	E0760		
<b>Neurostimulator</b>							
43647			43648	43881	43882		
61863			61864	61867	61868		
61885			61886	64555	64568		
64590			64595	0312T	0313T		
0314T			0315T	0316T	0317T		
<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	
				<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				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont'd.)</b>		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required.	L8680	L8686		
<b>Vein procedures</b> 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	Prior authorization required.	36468	36473	36475	36478
		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		To start the case management and utilization management process, 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> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			