

General Information

This list contains prior authorization requirements for UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan-Medicare participating care providers for inpatient and outpatient services. Health plans excluded from the requirements are listed in the “Excluded Plans” section on Page 2.

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

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member’s health plan ID card says “Referral Required”, certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician. You can find more information about the referral process in the 2017 Medicare Advantage Referral Required Plans – FAQ located at UnitedHealthcareOnline.com > Tool & Resources > Products & Services > Medicare > Reference Materials.

The following listed plans require prior authorization for in-network services:

Included Plans

Subject to the UnitedHealthcare Provider Administrative Guide and the UnitedHealthcare West Non-Capitated Supplement

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans including AARP® MedicareComplete®, , UnitedHealthcare® The Villages® MedicareComplete®, UnitedHealthcare® MedicareComplete® plans for both individual and employer group members, and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO)

UnitedHealthcare Dual Complete® (HMO SNP), (HMO-POS SNP), (PPO SNP), (Regional PPO SNP)

UnitedHealthcare® Chronic Complete (HMO SNP)

UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)

Oxford Mosaic Network

Care Improvement Plus® Products: Gold Rx (PPO SNP and Regional PPO SNP), Medicare Advantage (PPO and Regional PPO), Silver Rx (Regional PPO SNP), Dual Advantage (Regional PPO SNP)

UnitedHealthcare Community Plan Medicare Advantage benefit plans subject to an additional manual, as further described in the benefit plan section of the UnitedHealthcare Administrative Guide 2017 at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides. As explained in the benefit plan section, some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an additional manual and are therefore subject to the Administrative Guide.

This prior authorization requirement does not apply to the following plans:

Excluded Plans

The UnitedHealthcare Prior Authorization Program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the UnitedHealthcare Administrative Guide 2017 at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides.

Florida: AARP[®] MedicareComplete[®] (HMO) – Group 82958, 82960, 82963, 82969, 82977, 82978; AARP[®] MedicareComplete[®] Focus (HMO) – Group 82970, 82980; AARP[®] MedicareComplete[®] Plan 2 – Group 82962; UnitedHealthcare[®] The Villages[®] Medicare Complete[®] 1 (HMO) – Group 82940; UnitedHealthcare[®] The Villages[®] Medicare Complete[®] 2 (HMO-POS) – Group 82971; AARP[®] MedicareComplete[®] Choice (Regional PPO) – Group 82955, 82956; AARP[®] MedicareComplete[®] Choice (PPO) – Group 82957

Hawaii: AARP[®] MedicareComplete[®] Plan 1 – Group 77000, 77007; AARP[®] MedicareComplete Choice[®] Essential – Group 77003, 77008

Illinois: AARP[®] MedicareComplete[®] – Group 17243, 17244, 17245, 17246; AARP[®] MedicareComplete[®] Plan 1 – Group 18027, 18028, 18029, 18030; AARP[®] MedicareComplete[®] Plan 2 – Group 55860; AARP[®] MedicareComplete[®] Access Group 55306, 55307, 55430, 55431

Texas: UnitedHealthcare Dual Complete (HMO SNP) – Group 00012, 00310, 00303, 00305, 00307; AARP[®] MedicareComplete[®] - Group 00300, 00304, 00306, 00308, 00309, 00315

Utah: AARP[®] MedicareComplete[®] Plan 1 - Group 42000; AARP[®] MedicareComplete[®] Plan 2 - Group 42022; AARP[®] MedicareComplete Essential[®] - Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020

Erickson Advantage[®] Plans

Medica HealthCare: Medica HealthCare Plans MedicareMax (HMO) – Group 77700, 77701; Medica HealthCare Plans MedicareMax Plus (HMO SNP) – Group 77702, 77703, 77704

Please refer to the Medica HealthCare and Preferred Care Partners Prior Authorization Requirements located at UnitedHealthcareOnline.com > Clinician Resources > Advance and Admission Notification Requirements > Advance Notification Lists.

UnitedHealthcare Medicare DirectSM (PFFS)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

Preferred Care Partners: Preferred Choice Broward HMO – Group 78601; Preferred Choice Dade (HMO) – Group 78600; Preferred Choice Palm Beach (HMO) – Group 78606; Preferred Medicare Assist (HMO SNP) – Group 78602, 78603, 78609; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 78607, 78608, 78610; Preferred Special Care Miami-Dade (HMO SNP) – Group 78605

For the Preferred Care Partners groups above, please refer to the Medica HealthCare and Preferred Care Partners Prior Authorization Requirements located at UnitedHealthcareOnline.com > Clinician Resources > Advance and Admission Notification Requirements > Advance Notification Lists.

Preferred Choice Broward HMO – Group 99791; Preferred Choice Dade (HMO) – Group 99790; Preferred Choice Palm Beach (HMO) – Group 99797; Preferred Medicare Assist (HMO SNP) – Group 99792, 99793, 99796; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 99798, 99799, 99800; Preferred Special Care Miami-Dade (HMO SNP) – Group 99795

Other benefit plans such as Medicaid, CHIP and Uninsured that aren't Medicare Advantage plans

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Prior authorization does not apply to procedures and services identified as a “Medicare prior authorization reduction” exclusion for the following states and health plan group numbers:

Exclusions for the Medicare prior authorization reduction program apply to:

- Contracted servicing care providers in Arkansas, Connecticut, Idaho, Kansas, Missouri, North Carolina, Rhode Island and Wisconsin

OR

- These health plan group numbers:

00500	00501	00502	00715	00716	00717	00718	00719	00724	00725	00726	00727
00728	00729	00730	00731	00732	00733	00734	00735	00736	07010	07020	07035
07045	07049	12200	12225	12226	12227	12228	12229	12230	12231	12232	12233
12234	12235	12236	12237	12238	12239	12240	12241	12242	12243	12244	12245
12246	12247	12248	12250	12251	12252	12305	12306	12307	12308	12309	12310
12311	12312	12313	12314	12315	12316	12317	12320	12350	12351	12354	12355
12356	12357	12358	12359	12361	12362	12363	12365	12366	12367	12368	12369
12370	12371	12372	12373	12374	12375	12376	12377	12378	12379	12380	12381
12382	12383	12384	12385	12386	12387	12388	12389	12390	12391	12392	12393
12394	12395	12396	12397	12398	12402	12420	12461	12462	12463	12467	12468
12469	12470	12472	12473	12474	12475	12553	12554	12555	12556	12557	12558
12559	12560	12561	12562	12563	12564	12565	12566	12567	12568	12569	12570
12571	12572	12573	12574	12575	12576	12577	12578	12579	12580	12581	12582
12583	12584	12585	12586	12587	12588	12590	12591	12592	12593	12594	12595
12596	12597	12598	12599	12600	12601	12602	12612	12613	12614	12616	12617
12618	12620	12621	12622	12623	12624	12625	12626	12627	12628	12629	12630
12631	12632	12633	12634	12635	12636	12637	12638	12639	12640	12643	12644
12647	12657	12658	12659	12660	12661	12662	12663	12664	12666	12667	12671
12672	12673	12674	12675	12676	12677	12679	12680	12681	12682	12683	12685
12686	12688	12689	12690	12694	12698	12699	12701	12702	12751	12752	12775
12776	12777	12778	12779	12780	12781	12782	12783	12785	12786	12787	12788
12789	12790	12791	12800	12801	12805	12808	12809	12810	12811	12812	12813
12814	12815	12816	12817	12818	12819	12820	12821	12822	12823	12824	12825
12826	12827	12828	12829	12849	12851	12852	12853	12854	12855	12856	12857
12860	12861	12862	12863	12864	12865	12866	12867	12868	12869	12870	12871
12872	12873	12874	12875	12876	12877	12878	12879	12880	12881	12882	12883
12885	12886	12889	12892	12894	12895	12898	12899	12930	12931	12932	12933
12951	12975	12976	12985	12986	12987	12988	12989	12990	12991	13200	13201
13202	13207	13208	13209	13211	13225	13226	13240	13250	13252	13253	13254
13256	13257	13258	13259	13260	13261	13262	13263	13264	13265	13266	13267
13268	13269	13275	13276	13277	13278	13281	13284	13285	13286	13287	13288
13289	13290	13291	13292	13293	13294	13295	13302	13303	13304	13305	13306
13307	13308	13311	13314	13315	13319	13321	13323	13325	13327	13343	13344
13345	13346	13347	13348	13349	13350	13351	13400	13401	13402	13425	13450
13451	13452	13453	13454	13456	13457	13458	13459	13460	13501	13502	13503
13504	13505	13506	13507	13508	13509	13510	13511	13512	13513	13514	13515

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13516	13517	13518	13519	13520	13521	13522	13550	13551	13552	13553	13554
13555	13556	13557	13558	13559	13560	13561	13562	13563	13564	13565	13566
13567	13568	13569	13570	13571	13572	13573	13574	13575	13600	13601	13602
13603	13604	13605	13606	13607	13608	13609	13610	13611	13612	13613	13614
13615	13616	13617	13618	13619	13620	13621	13622	13623	13624	13625	13626
13627	13628	13629	13630	13631	13632	13633	13634	13635	13636	13637	13638
13639	13640	13641	13642	13643	13644	13645	13646	13647	13648	13649	13650
13651	13665	13666	13667	13668	13669	13670	13671	13672	13673	13674	13675
13676	13677	13678	13679	13680	13681	13682	13683	13684	13685	13686	13687
13688	13689	13690	13691	13692	13694	13695	13696	13697	13698	13699	13700
13701	13702	13703	13705	13706	13707	13715	13716	13717	13718	13719	13720
13721	13722	13723	13724	13735	13746	13747	13748	13749	13750	13751	13752
13753	13754	13755	13756	13757	13758	13759	13760	13761	13762	13763	13800
13801	13840	13850	13875	13876	13877	13878	13879	13880	13881	13882	13883
13900	13904	13908	13912	13916	13920	13924	13928	13932	13936	13937	13938
13939	13944	13946	13950	13951	13952	13953	13954	13955	13956	13957	13967
13968	13969	13970	13971	13972	15500	15501	15600	15627	15628	15629	15630
15631	15632	15633	15634	15635	15636	15637	15638	15639	15640	15641	15642
15643	15644	15645	15646	15647	15648	15649	15901	15902	15903	15904	15905
15906	15907	15908	16101	16103	16104	16105	16106	16107	16108	16110	16111
16112	16113	16114	16115	16116	16117	16118	16119	16120	16121	16124	16125
16128	16130	16131	16132	16133	16134	16137	16139	16140	16141	16142	16143
16144	16147	16148	16149	16150	16151	16152	16153	16154	16155	16156	16157
16158	16159	16160	16161	16162	16163	16164	16165	17636	17637	17638	17639
27003	27004	27011	27014	27017	27019	27021	27024	27025	27031	27032	27038
27040	27041	27044	27045	27048	27049	27052	27053	27054	27056	27057	27058
27059	34000	36063	41010	43500	43505	43700	43705	50008	50018	50204	50256
50259	50260	50261	50262	50263	50264	50267	51001	51009	51014	51017	51018
51902	52001	52003	52100	52104	54001	54009	55013	55021	55036	55037	55069
55070	55077	55078	55094	55114	55263	55313	55321	55336	55369	55370	55377
55394	55400	55401	55411	55412	55414	55432	55434	55435	55607	55794	55813
55850	55870	55871	55872	55873	55874	55875	55876	55877	55878	55879	55880
55881	55913	55924	55933	58016	58040	68089	68090	68092	68094	68118	68124
68125	68132	68138	68139	68140	68141	68142	68153	68181	68182	68183	68184
68192	68197	70000	70010	70053	70061	70069	70095	70096	70097	70098	70099
70100	70102	70104	70105	70106	70107	70110	70111	70112	70180	70181	70182
70183	71504	71505	71508	71512	71516	71526	71527	71540	71570	71571	71572
71573	71575	71577	71590	71591	71595	71870	71871	75000	75002	86000	86008
97000	97001	97002	97003	97004	97005	99850	99851	99853	99854	99925	99926
99927	99928	99929	99930	99931	99932	99933	99934	99935	99936		

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy Plan exclusions: None	Prior authorization required	11920 19318 19330 19357 19367 19371	11921 19324 19340 19361 19368 19380	11922 19325 19342 19364 19369 19396	19316 19328 19350 19366 19370 L8600
		Notification or prior authorization is <u>not</u> 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			
Cochlear implants and other auditory implants A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to achieve conversational speech Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p>Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Advance notification required for services whether scheduled as inpatient or outpatient</p>	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
		21255	21256	21260	21261
		21263	21267	21268	21275
		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		67900	67901	67902	67903
		67904	67906	67908	67909
		67912	67950	67961	67966
		Q2026			
		<p>Durable medical equipment (DME)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	<p>Prior authorization required</p> <p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i>.</p> <p>Some home health care services may qualify under the DME requirement, but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care services</i>.</p> <p>Some payer groups may have different DME advance notification requirements for members through their benefit plans.</p> <p><u>For Medicare Advantage plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0470	E0471
E0650	E0651			E0652	E0655
E0656	E0660			E0665	E0666
E0667	E0668			E0669	E0671
E0672	E0673			E0675	E1230
E1239	E2310			E2311	E2321
K0800	K0801			K0802	K0806
K0808	K0812			K0813	K0814
K0815	K0816			K0820	K0821
K0822	K0823			K0824	K0825
K0826	K0827			K0828	K0829
K0830	K0831			K0835	K0836
K0837	K0838			K0839	K0840
K0841	K0842			K0843	K0848
K0849	K0850			K0851	K0852
K0853	K0854			K0855	K0856
K0857	K0858			K0859	K0860
K0861	K0862			K0863	K0864
K0869	K0870			K0871	K0877
K0878	K0879			K0880	K0884
K0885	K0886			K0890	K0891
K0898	K0899				
<p>Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or a cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required</p> <p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i>.</p> <p>Some home health care services may qualify under the DME requirement, but aren't subject to the \$1,000 retail</p>			E0170	E0193
		E0246	E0277	E0300	E0302
		E0304	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0466	E0483	E0603
		E0616	E0617	E0618	E0635
		E0636	E0639	E0640	E0692

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans					
<p>Durable medical equipment (DME): more than \$1,000 (cont'd)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	<p>purchase or cumulative retail rental cost threshold – see <i>Home health care services</i>.</p> <p>Some payer groups may have different DME advance notification requirements for members through their benefit plans.</p> <p><u>For Medicare Advantage plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0693	E0694	E0700	E0710		
		E0740	E0746	E0761	E0764		
		E0770	E0782	E0783	E0784		
		E0785	E0786	E0830	E0970		
		E0983	E0984	E0986	E0988		
		E1002	E1003	E1004	E1005		
		E1006	E1007	E1008	E1009		
		E1010	E1011	E1017	E1018		
		E1020	E1029	E1030	E1035		
		E1036	E1037	E1050	E1070		
		E1084	E1085	E1086	E1087		
		E1089	E1100	E1110	E1161		
		E1170	E1171	E1172	E1180		
		E1190	E1195	E1200	E1222		
		E1224	E1227	E1228	E1229		
		E1231	E1232	E1233	E1234		
		E1235	E1236	E1237	E1238		
		E1270	E1280	E1295	E1296		
		E1297	E1298	E1310	E1399		
		E1500	E1510	E1520	E1530		
		E1540	E1550	E1560	E1575		
		E1580	E1590	E1592	E1594		
		E1600	E1615	E1620	E1625		
		E1630	E1632	E1634	E1635		
		E1636	E1637	E1639	E1699		
		E1812	K0020	K0037	K0039		
		K0044	K0046	K0047	K0050		
		K0051	K0056	K0065	K0072		
		K0073	K0098	K0105	K0108		
		K0455	K0609	K0730	K0743		
		K0744	K0745	K0746			
		<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	55970	55980		
				<p>These surgical codes when billed with one of the following DX codes:</p>			
F64.0	F64.1			F64.2	F64.8		
F64.9	Z87.890						
14000	14001			14020	14021		
14040	14041			14060	14061		
14301	14302			15734	15738		
15750	15757			15758	15775		
15776	15780			15781	15782		
15783	15788			15789	15792		

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Gender dysphoria treatment (cont'd)		15793 21899 53420 54400 54520 55180 56805 57292 57426 64856 92508	19303 31599 53425 54401 54660 55866 57106 57295 58661 64892	19304 31899 53430 54405 54690 56625 57110 57296 58720 64896	20926 53410 54125 54408 55175 56800 57291 57335 58940 92507
Home health care services – non-nutritional	No notification required for service days 1-60	G0156	S9122		
Plan exclusions:	Advance notification required for service day 61 and beyond				
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Home health care services – nutritional	Prior authorization required only in outpatient settings, to include patient's home	B4149 B4155 B4161	B4150 B4158	B4152 B4159	B4153 B4160
Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home					
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.					
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Hysterectomy (vaginal) – inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294
Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.					
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations					
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					

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Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment Plan exclusions: None	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthotics: more than \$1,000 Orthotics with a retail purchase or a cumulative rental cost of more than \$1,000 Plan exclusions: None	Prior authorization required	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2128
		L2136	L2232	L2320	L2387
		L2520	L2525	L2526	L2627
		L2628	L2800	L2861	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209
		L3211	L3212	L3213	L3214
		L3215	L3250	L3251	L3252
		L3253	L3254	L3255	L3257
		L3265	L3320	L3485	L3649
		L3674	L3720	L3764	L3765
		L3766	L3891	L3900	L3901
		L3904	L3921	L3956	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L4000
		L4030	L4040	L4045	L4050
		L4055	L4631		

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Orthopedic surgeries Spine and joint surgeries Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	23470	23472
		24360	24361	24362	24363
		27120	27122	27125	27130
		27132	27134	27137	27138
		27412	27445	27446	27447
		27486	27487	29866	29867
		29868	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	0171T
		0195T	0196T	0200T	0201T
		J7330			
Potentially unproven services (including experimental/ investigational) Plan exclusions: None	Prior authorization required Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 	28890	36514	64405	64555
		64722	64744	66180	95965
		95966			

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Prosthetics Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000 Plan exclusions: None	Prior authorization required	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		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
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Prosthetics (cont'd)		L8505	L8604	L8609	L8699
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	77520	77522	77523	77525
Rhinoplasty Treatment of nasal functional impairment and septal deviation Plan exclusions: None	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP) Applies only for surgical sleep apnea procedures – not sleep studies	21685 42145	41512	41530	41599
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	63650	63655	63685	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures 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 Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	36475 37722	36478 37780	37700	37718

Other Advance Notification & Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Behavioral health services Behavioral health services through a designated behavioral health network</p> <p>Plan exclusions: None</p>	<p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health or substance abuse/substance use services.</p>
<p>Cardiology prior authorization program</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) New York: AARP® MedicareComplete® – Group 66093; AARP® MedicareComplete® Plan 1 – Group 66074 & 66091; AARP® MedicareComplete® Plan 2 – Group 13012 & 66092; AARP® MedicareComplete® Plan 3 - Group 66089; AARP® MedicareComplete® Essential – Group 66075; AARP® MedicareComplete® Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue. UnitedHealthcare MedicareComplete® Choice (PPO) – Group 42023 Medicare prior authorization reduction 	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance</p> <p>For more information, please see the <i>Cardiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>The physician may request prior authorization:</p> <ol style="list-style-type: none"> Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission & Status Phone: 866-889-8054 <p>Additional details, including a list of the CPT codes requiring prior authorization, is available at UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program.</p>
<p>End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Advance notification is required if a member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for our members, even when they may have out-of-network benefits.</p> <p>Advance notification isn't required for ESRD when a Medicare Solutions member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	<p>Verbal notification is required.</p> <p>To enroll or refer a Medicare member to the Optum Kidney Resource Service, please call 866-561-7518.</p>

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Out-of-network services A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare</p> <p>Plan exclusions: None</p>	<p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the UnitedHealthcare network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for Medicare Advantage members when:</u></p> <ul style="list-style-type: none"> • A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. • A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed. 	
<p>Physical therapy occupational therapy – Oxford Mosaic Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Medicare Advantage 	<p>Prior authorization required</p>	<p>Please call the number on the member's health plan ID card.</p>
<p>Radiology prior authorization</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • UnitedHealthcare[®] Nursing Home and UnitedHealthcare[®] Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) • New York: AARP[®] MedicareComplete[®] – Group 66093; AARP[®] MedicareComplete[®] Plan 1 – Group 66074 & 66091; AARP[®] MedicareComplete[®] Plan 2 – Group 13012 & 66092; AARP[®] MedicareComplete[®] Plan 3 – Group 66089; AARP[®] MedicareComplete[®] Essential – 	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures <p>The advanced imaging procedures requiring prior authorization are referred to as "Advanced Outpatient Imaging Procedures".</p> <p>For more information, please see the <i>Outpatient Radiology Prior Authorization Protocol for Medicare Advantage</i> section</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Prior authorization can be requested:</p> <ol style="list-style-type: none"> 1. Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status 2. Phone: 866-889-8054 <p>For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare</p>

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Radiology prior authorization (cont'd)</p> <p>Group 66075; AARP[®] MedicareComplete[®] Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.</p> <ul style="list-style-type: none"> • UnitedHealthcare MedicareComplete[®] Choice (PPO) – Group 42023 • Medicare prior authorization reduction 	<p>in the Administrative Guide.</p>	<p>Advantage Radiology Prior Authorization Program.</p>
<p>Therapeutic radiology services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • New York: AARP[®] MedicareComplete[®] – Group 66093; AARP[®] MedicareComplete[®] Plan 1 – Group 66074 & 66091; AARP[®] MedicareComplete[®] Plan 2 – Group 13012 & 66092; AARP[®] MedicareComplete[®] Plan 3 – Group 66089; AARP[®] MedicareComplete[®] Essential – Group 66075; AARP[®] MedicareComplete[®] Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue. • UnitedHealthcare MedicareComplete[®] Choice (PPO) – Group 42023 • Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>Intensity modulated radiation therapy (IMRT)</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</p> <p>77371 77372 77373 G0173</p> <p>G0251 G0339 G0340</p> <p>For Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UnitedHealthcareOnline.com > Clinician Resources > Oncology > Medicare Advantage Therapeutic Radiation.</p>
<p>Transplant of tissue or organs</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Request for transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Evaluation for transplant</p> <p>99205</p> <p>Bone marrow harvest</p> <p>38240 38241 38242</p> <p>Heart/lung</p> <p>33930 33935</p> <p>Heart</p> <p>33940 33944 33945</p>

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization																																																								
Transplant of tissue or organs (cont'd)		<p style="text-align: center;">Lung</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32856</td> <td>S2060</td> <td>S2061</td> </tr> </table> <p style="text-align: center;">Kidney</p> <table border="0"> <tr> <td>50300</td> <td>50320</td> <td>50323</td> <td>50340</td> </tr> <tr> <td>50360</td> <td>50365</td> <td>50370</td> <td>50380</td> </tr> <tr> <td>50547</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">Pancreas</p> <table border="0"> <tr> <td>48551</td> <td>48552</td> <td>48554</td> <td></td> </tr> </table> <p style="text-align: center;">Liver</p> <table border="0"> <tr> <td>47135</td> <td>47143</td> <td>47147</td> <td></td> </tr> </table> <p style="text-align: center;">Intestine</p> <table border="0"> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> </table> <p style="text-align: center;">Services related to transplants</p> <table border="0"> <tr> <td>32855</td> <td>33933</td> <td>38208</td> <td>38209</td> </tr> <tr> <td>38210</td> <td>38212</td> <td>38213</td> <td>38214</td> </tr> <tr> <td>38215</td> <td>38232</td> <td>44137</td> <td>44715</td> </tr> <tr> <td>44720</td> <td>44721</td> <td>47133</td> <td>47140</td> </tr> <tr> <td>47141</td> <td>47142</td> <td>47144</td> <td>47145</td> </tr> <tr> <td>47146</td> <td>50325</td> <td>S2152</td> <td></td> </tr> </table>	32850	32851	32852	32853	32854	32856	S2060	S2061	50300	50320	50323	50340	50360	50365	50370	50380	50547				48551	48552	48554		47135	47143	47147		44132	44133	44135	44136	32855	33933	38208	38209	38210	38212	38213	38214	38215	38232	44137	44715	44720	44721	47133	47140	47141	47142	47144	47145	47146	50325	S2152	
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Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow Plan exclusions: None		Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td></td> <td></td> <td></td> </tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T																																															
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