

General Information

This list contains prior authorization requirements for UnitedHealthcare Medicare Advantage (to include UnitedHealthcare Dual Complete and other plans listed in the “Included Plans” table below) 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:** 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

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 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at **UHCprovider.com** > Menu > Administrative Guides.

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)

AARP® MedicareComplete® Mosaic (HMO)

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 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at **UHCprovider.com** > Menu > Administrative 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 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at UHCprovider.com > Menu > Administrative Guides.

Florida: AARP[®] MedicareComplete[®] (HMO) – Group 82958, 82960, 82963, 82969, 82977, 82978, 82980; AARP[®] MedicareComplete[®] Focus (HMO) – Group 82970; 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[®] (HMO) – Group 17243, 17244; AARP[®] MedicareComplete[®] Plan 1 (HMO) – Group 18027, 18028; AARP[®] MedicareComplete[®] Plan 2 (HMO) – Group 55860; AARP[®] MedicareComplete[®] Access (HMO) – Group 55306, 55307, 55430, 55431

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

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

UnitedHealthcare Medicare DirectSM (PFFS)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

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

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 Medica and Preferred Care Partners of Florida groups above, please refer to the Medica Healthcare and Preferred Care Partners for Prior Authorization Requirements located at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.

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

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 Alabama, Arkansas, Connecticut, Idaho, Kansas, Missouri, North Carolina, Rhode Island and Wisconsin**

OR

- **These health plan group numbers:**

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	12249	12250	12251	12252	12253	12299	12305	12306	12307	12308	12309
12310	12311	12312	12313	12314	12315	12316	12317	12320	12322	12323	12324
12325	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	12399	12402
12404	12405	12406	12407	12408	12409	12410	12411	12412	12413	12414	12415
12416	12417	12418	12419	12420	12421	12422	12423	12424	12425	12467	12468
12469	12470	12471	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
12753	12775	12776	12777	12778	12779	12780	12781	12782	12783	12785	12786
12787	12788	12789	12790	12791	12792	12793	12794	12795	12796	12797	12798
12799	12800	12801	12805	12808	12809	12810	12811	12812	12813	12814	12815
12816	12817	12818	12819	12820	12821	12822	12823	12824	12825	12826	12827
12828	12830	12831	12832	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	12951	12975	12976	12985
12986	12987	12988	12989	12990	12991	13200	13201	13202	13207	13208	13209
13211	13212	13213	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	13297	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	13461	13501	13502	13503

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13504	13505	13506	13507	13508	13509	13510	13511	13512	13513	13514	13515
13516	13517	13518	13519	13520	13521	13522	13523	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	13576	13577
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	13708	13715	13716
13717	13718	13719	13720	13721	13722	13723	13724	13726	13735	13746	13747
13748	13749	13750	13751	13752	13753	13754	13755	13756	13757	13758	13759
13760	13761	13762	13763	13764	13765	13766	13800	13801	13802	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	15650	15651	15652	15653	15654	15655	15656	15657	15658
15659	15800	15801	15901	15902	15903	15904	15905	15906	15907	15908	15909
15990	15991	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	16166	16167	16168	16169	16170
16171	16172	16173	27070	27075	55013	55036	55069	55070	55077	55078	55094
55114	55313	55336	55369	55370	55377	55394	55400	55401	55411	55412	55414
55870	55874	55875	55877	55878	55879	55913	55924	55933	68089	68090	68092
68094	68118	68124	68125	68132	68138	68139	68140	68141	68142	68153	68181
68182	68183	68184	68192	68197	97000	97001	97002	97003	97004	97005	

Procedures and Services	Additional Information	Codes for Medicare Advantage 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	20975	20979	E0747
		E0748	E0749	E0760	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy Plan exclusions: None	Prior authorization required	11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366

Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
<p>Breast reconstruction (non-mastectomy) (cont'd)</p>		<p>19367 19368 19369 19370 19371 19380 19396 L8600</p> <p>Prior authorization is <u>not</u> required for the following diagnosis codes:</p> <p>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</p>			
<p>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</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>69714 69715 69718 69930 L8614 L8619 L8690 L8691 L8692</p>			
<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>	<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</p>			

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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Cosmetic and reconstructive procedures (cont'd)		30620	31295	31296	31297
		67900	67901	67902	67903
		67904	67906	67908	67909
		67912	67950	67961	67966
		Q2026			
Durable medical equipment (DME) Plan exclusions: <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	Prior authorization required	E0470	E0471	E0472	E0650
	Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i> .	E0651	E0652	E0655	E0656
	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> .	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
	Some payer groups may have different DME advance notification requirements for members through their benefit plans.	K0827	K0828	K0829	K0830
		K0831	K0835	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
	<u>For Medicare Advantage plans:</u>	K0850	K0851	K0852	K0853
	Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.	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				
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 Plan exclusions: <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	Prior authorization required	E0170	E0193	E0194	E0203
	Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i> .	E0246	E0277	E0300	E0302
	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> .	E0304	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0466	E0483	E0603
		E0616	E0617	E0618	E0635
		E0636	E0639	E0640	E0692
		E0693	E0694	E0700	E0710
		E0740	E0746	E0761	E0764
		E0770	E0782	E0783	E0784
	Some payer groups may have different DME advance notification requirements for members through their benefit plans.	E0785	E0786	E0830	E0970
		E0983	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
	<u>For Medicare Advantage plans:</u>	E1010	E1011	E1017	E1018
	Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior	E1020	E1029	E1030	E1035
		E1036	E1037	E1050	E1070

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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans																																																																							
Durable medical equipment (DME): more than \$1,000 (cont'd)	authorization regardless of the cost.	E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1812 K0044 K0051 K0073 K0455 K0744	E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 K0020 K0046 K0056 K0098 K0609 K0745	E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 K0037 K0047 K0065 K0105 K0730 K0746	E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 K0039 K0050 K0072 K0108 K0743																																																																				
Gender dysphoria treatment Plan exclusions: None	Prior authorization required	55970	55980	These surgical codes when billed with one of the following DX codes : <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>15775</td> <td>15776</td> <td>15780</td> <td>15781</td> </tr> <tr> <td>15782</td> <td>15783</td> <td>15788</td> <td>15789</td> </tr> <tr> <td>15792</td> <td>15793</td> <td>19303</td> <td>19304</td> </tr> <tr> <td>20926</td> <td>21899</td> <td>31599</td> <td>31899</td> </tr> <tr> <td>53410</td> <td>53420</td> <td>53425</td> <td>53430</td> </tr> <tr> <td>54125</td> <td>54400</td> <td>54401</td> <td>54405</td> </tr> <tr> <td>54408</td> <td>54520</td> <td>54660</td> <td>54690</td> </tr> <tr> <td>55175</td> <td>55180</td> <td>55866</td> <td>56625</td> </tr> <tr> <td>56800</td> <td>56805</td> <td>57106</td> <td>57110</td> </tr> <tr> <td>57291</td> <td>57292</td> <td>57295</td> <td>57296</td> </tr> <tr> <td>57335</td> <td>57426</td> <td>58661</td> <td>58720</td> </tr> <tr> <td>58940</td> <td>64856</td> <td>64892</td> <td>64896</td> </tr> <tr> <td>92507</td> <td>92508</td> <td></td> <td></td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			14000	14001	14041	15734	15738	15750	15757	15758	15775	15776	15780	15781	15782	15783	15788	15789	15792	15793	19303	19304	20926	21899	31599	31899	53410	53420	53425	53430	54125	54400	54401	54405	54408	54520	54660	54690	55175	55180	55866	56625	56800	56805	57106	57110	57291	57292	57295	57296	57335	57426	58661	58720	58940	64856	64892	64896	92507	92508		
F64.0	F64.1	F64.2	F64.8																																																																						
F64.9	Z87.890																																																																								
14000	14001	14041	15734																																																																						
15738	15750	15757	15758																																																																						
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15782	15783	15788	15789																																																																						
15792	15793	19303	19304																																																																						
20926	21899	31599	31899																																																																						
53410	53420	53425	53430																																																																						
54125	54400	54401	54405																																																																						
54408	54520	54660	54690																																																																						
55175	55180	55866	56625																																																																						
56800	56805	57106	57110																																																																						
57291	57292	57295	57296																																																																						
57335	57426	58661	58720																																																																						
58940	64856	64892	64896																																																																						
92507	92508																																																																								

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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required 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.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) – inpatient only Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	No prior authorization required for outpatient vaginal hysterectomies 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.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	A0430	A0431	A0435	A0436
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

**UnitedHealthcare Medicare
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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
<p>Orthotics: more than \$1,000 (cont'd) Orthotics with a retail purchase or a cumulative rental cost of more than \$1,000</p>		L2040 L2080 L2136 L2520 L2628 L3201 L3206 L3211 L3215 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055	L2050 L2090 L2232 L2525 L2800 L3202 L3207 L3212 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L2060 L2126 L2320 L2526 L2861 L3203 L3208 L3213 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045	L2070 L2128 L2387 L2627 L3160 L3204 L3209 L3214 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050
<p>Orthopedic surgeries Spine and joint surgeries</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 23470 24362 27125 27137 27446 29866 29915 63005 63016 63040 63047 63056 63081 63101	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22867 23472 24363 27130 27138 27447 29867 29916 63011 63017 63042 63050 63064 63085 63102	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 22869 24360 27120 27132 27412 27486 29868 63001 63012 63020 63045 63051 63075 63087 63170	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 22899 24361 27122 27134 27445 27487 29914 63003 63015 63030 63046 63055 63077 63090 63172

**UnitedHealthcare Medicare
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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Orthopedic surgeries (cont'd)		63173	63180	63182	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	0195T	0196T	0200T
		0201T	J7330		
Potentially unproven services (including experimental/investigational)	Prior authorization required	28890	36514	64405	64555
Plan exclusions: None	Services, including medications, determined not to be effective for treatment of a medical condition	64722	64744	66180	95965
	95966				
	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 				
Prosthetics: more than \$1,000	Prior authorization required	L5010	L5020	L5050	L5060
Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000		L5100	L5105	L5150	L5160
Plan exclusions: None		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

**UnitedHealthcare Medicare
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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Prosthetics: more than \$1,000 (cont'd) Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000		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
		L8505	L8604	L8609	L8699
Rhinoplasty Treatment of nasal functional impairment and septal deviation Plan exclusions: None	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
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	41512	41530	41599
		42145			
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	64568		

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 and stress echocardiograms 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>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.</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>To enroll or refer a Medicare member to the Optum Kidney Resource Service, please call 866-561-7518.</p>

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>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 – 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 who request these Advanced Outpatient Imaging Procedures:</p> <ul style="list-style-type: none"> • Certain PET scans • Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the <i>Outpatient Radiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</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 notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<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 G0251 G0339 G0340</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 Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UHCprovider.com/priorauth > Oncology.</p>
<p>Transplant of tissue or organs 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 and CAR T-cell therapy services including Kymriah[™] (tisagenlecleucel) and Yescarta[™] (axicabtagene ciloleucel), 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 99205</p> <p>Bone marrow harvest 38240 38241 38242</p> <p>Heart/lung 33930 33935</p> <p>Heart 33940 33944 33945</p> <p>Lung 32850 32851 32852 32853 32854 32856 S2060 S2061</p> <p>Kidney 50300 50320 50323 50340</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization			
<p>Transplant of tissue or organs (cont'd)</p>		50360 50547	50365	50370	50380
		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47143	47147	
		Intestine			
		44132	44133	44135	44136
		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	
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes			
		38206	38999	J3490	J9999
		M0075	S2107		
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p> <p>Plan exclusions: None</p>		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.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			