

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



This list represents our advance notification/prior authorization review requirements as referenced in the [UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2016 Administrative Guide for Commercial and Medicare Products](#). Updates to the list are announced routinely in the UnitedHealthcare Network Bulletin. If you have questions, please call Provider Services at 877-842-3210. Thank you.

Prior authorization is required for in-network services for the following plans:

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

UnitedHealthcare Medicare Advantage HMO, HMO-POS, PPO and RPPO plans including AARP[®] MedicareComplete[®], AARP[®] MedicareComplete Secure Horizons, AARP[®] MedicareComplete Focus, UnitedHealthcare The Villages MedicareComplete, UnitedHealthcare MedicareComplete plans for both individual and employer group members and group plans sold under UnitedHealthcare Group Medicare Advantage (PPO).

Missouri/Illinois: Additional referral required from member's primary care physician for most services. AARP[®] MedicareComplete, AARP[®] MedicareComplete Essential, HMO and AARP[®] MedicareComplete Plus Plan 1, HMO-POS gatekeeper benefit plans **Group ID: 55013, 55280, 55288, 55293, 55294, 55313, 55400, 55401, 55411, 55412, 55913, 55933** and UnitedHealthcare Group Medicare Advantage (HMO) plan **Group ID 55016, 55036, 55037, 55069, 55070, 55077, 55078, 55094, 55114, 55162, 55163, 55165, 55166, 55305, 55316, 55336, 55369, 55370, 55377, 55394, 55414, 55436, 55437, 55438, 55439, 55759, 55760, 55770, 55771, 55924**

For more information regarding Missouri/Illinois, please go to [UnitedHealthcareOnline.com](#) > Tools and Resources > Product & Services > Medicare > Medicare Solutions Missouri/Illinois Market > Quick Reference Guide Missouri/Illinois Market' Referral Process Basics

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

UnitedHealthcare Chronic Complete (HMO SNP)

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

Oxford Mosaic Network

Effective Jan. 1, 2016: 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 are subject to the protocols an additional manual, as described in the Benefit Plan section of the UnitedHealthcare Provider Administrative Guide. Some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an additional manual and, therefore, are subject to the Administrative Guide.

The following plans do not require prior authorization:

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. Please refer to the respective Supplements within the [UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2015 Administrative Guide for Commercial and Medicare Products](#) or the [Physician, Health Care Professional, Facility and Ancillary Provider 2015 UnitedHealthcare West Capitated Administrative Guide for Commercial and Medicare Advantage Products](#) for details.

Hawaii: AARP[®] MedicareComplete Plan 1 – Group 77000 & 77007 and AARP[®] MedicareComplete Choice Essential – Group 77003 & 77008.

New York: AARP[®] MedicareComplete - Group 66093, AARP[®] MedicareComplete Plan 1 - Group 66074 and 66091, AARP[®] MedicareComplete Plan 2 - Group 13012 and 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.

Excluded Plans (cont'd.)

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 Senior Care Options (HMO SNP)

UnitedHealthcare Medicare Direct™ (PFFS)

Sierra Spectrum (Sierra Health & Life)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

Preferred Care

Other benefit plans such as Medicaid, CHIP and Uninsured that are not Medicare Advantage

Prior Authorization is required for the following procedures and services for the Current Procedure Terminology (CPT) Codes described in outpatient and inpatient settings unless otherwise noted.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery Plan exclusions: Erickson Advantage	Bariatric surgery and other obesity services are not covered in some benefit plans in some situations. There is a Center of Excellence requirement for coverage of bariatric surgery/services.	43633	43644	43645	43659
		43770	43771	43772	43773
		43774	43775	43843	43845
		43846	43847	43848	43860
		43860*	43865*	43886	43887
		43888	43999*	44799*	64590*
		*Prior authorization is required for the following diagnosis codes listed: E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45, Z68.51 - Z68.54, Z98.84			
Bone growth stimulator		20974	20975	20979	E0747
		E0748	E0749	E0760	
Breast reconstruction (non mastectomy) Reconstruction of the breast or other than following mastectomy		11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366
		19367	19368	19369	19370
		19371	19380	19396	L8600
		Notification or prior authorization is not required for the following diagnosis			

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Breast reconstruction (non mastectomy) (cont'd.)		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 and other auditory implants		69714 69715 69717 69718 69930 L8614 L8615 L8616 L8617 L8618 L8619 L8621 L8622 L8623 L8624 L8627 L8628 L8690 L8691 L8692 L8693			
Cosmetic and reconstructive surgery Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		11960 11971 15820 15821 15822 15823 15830 15847 15876 17106 17107 17108 17999 21137 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21208 21209 21230 21235 21248 21249 21255 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 21296 21299 21740 21742 21743 28344 30540 30545 30560 30620 31295 31296 31297 36468 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923			

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive surgery (cont'd.)		67924 Q2026	67950	67961	67966
<p>Durable medical equipment</p> <p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plans.</p>	<p>Advance notification required only in outpatient setting (to include home).</p> <p>Prosthetics are not DME (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage Members.</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid).</p> <p>Some payer groups may have different DME advance notification requirements</p> <p>Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	<p>E0650 E0656 E0666 E0671 E1230 E2321 K0806 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899</p>	<p>E0651 E0657 E0667 E0672 E1239 K0800 K0807 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890</p>	<p>E0652 E0660 E0668 E0673 E2310 K0801 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891</p>	<p>E0655 E0665 E0669 E0675 E2311 K0802 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898</p>
<p>Durable medical equipment: more than \$1,000</p>	<p>Advance notification required only in outpatient setting (to include home).</p> <p>Prosthetics are not durable medical equipment (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage members.</p> <p>Some home health care services may qualify under the durable medical equipment requirement</p>	<p>A7025 E0117 E0153 E0161 E0171 E0186 E0194 E0203 E0221 E0232 E0241 E0249</p>	<p>E0112 E0140 E0155 E0162 E0172 E0187 E0198 E0205 E0225 E0236 E0243 E0251</p>	<p>E0113 E0144 E0158 E0167 E0175 E0191 E0200 E0210 E0230 E0238 E0244 E0256</p>	<p>E0116 E0147 E0159 E0170 E0182 E0193 E0202 E0220 E0231 E0239 E0246 E0265</p>

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment: more than \$1,000 (cont'd.)</p> <p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plans. Durable medical equipment with a retail purchase or cumulative rental cost over \$1,000</p>	<p>but are not subject to the \$1,000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid).</p> <p>Some payer groups may have different durable medical equipment advance notification requirements Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	<p>E0266 E0276 E0291 E0297 E0315 E0328 E0370 E0465 E0472 E0572 E0601 E0605 E0617 E0635 E0640 E0700 E0761 E0783 E0830 E0880 E0930 E0944 E0948 E0959 E0969 E0983 E0988 E1004 E1008 E1014 E1018 E1035 E1070 E1087 E1161 E1180 E1221 E1227 E1232 E1236 E1270 E1295 E1300 E1510 E1550 E1580 E1600</p>	<p>E0270 E0277 E0292 E0300 E0316 E0329 E0373 E0466 E0481 E0574 E0602 E0606 E0618 E0636 E0692 E0710 E0764 E0784 E0840 E0890 E0936 E0945 E0952 E0966 E0970 E0984 E0994 E1005 E1009 E1015 E1020 E1036 E1084 E1089 E1170 E1190 E1222 E1228 E1233 E1237 E1280 E1296 E1310 E1520 E1560 E1590 E1615</p>	<p>E0273 E0280 E0293 E0302 E0325 E0350 E0459 E0470 E0483 E0580 E0603 E0610 E0619 E0637 E0693 E0740 E0770 E0785 E0850 E0900 E0941 E0946 E0957 E0967 E0974 E0985 E1002 E1006 E1010 E1016 E1029 E1037 E1085 E1100 E1171 E1195 E1223 E1229 E1234 E1238 E1285 E1297 E1399 E1530 E1570 E1592 E1620</p>	<p>E0275 E0290 E0296 E0304 E0326 E0352 E0462 E0471 E0571 E0585 E0604 E0616 E0625 E0639 E0694 E0746 E0782 E0786 E0870 E0920 E0942 E0947 E0958 E0968 E0980 E0986 E1003 E1007 E1011 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1224 E1231 E1235 E1250 E1290 E1298 E1500 E1540 E1575 E1594 E1625</p>

UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment: more than \$1000 (cont'd.)		E1630 E1636 E1812 K0037 K0046 K0056 K0073 K0108 K0603 K0607 K0730 K0737 K0746	E1632 E1637 K0017 K0039 K0047 K0065 K0077 K0455 K0604 K0608 K0734 K0743	E1634 E1639 K0018 K0043 K0050 K0070 K0098 K0601 K0605 K0609 K0735 K0744	E1635 E1699 K0020 K0044 K0051 K0072 K0105 K0602 K0606 K0672 K0736 K0745
Home health care - Non-nutritional	<p>Advance notification required only in outpatient setting (to include home).</p> <p>For service days 1-60, no notification is required.</p> <p>For service days 61 and beyond, the services in the next column require prior authorization or advance notification.</p>	<p>Nursing services in the home</p> <p>G0156 G0163 G0164 G0299 G0300 S9122 S9123 S9124 S9474 T1000</p> <p>Therapies in the home: occupational, physical, tespiratory and speech</p> <p>G0151 G0152 G0153 G0157 G0158 G0159 S9128 S9129 S9131 99503</p> <p>Social worker in the home - Five visits maximum per calendar year</p> <p>S9127 G0155</p>			
Home health care - nutritional	<p>Advance notification required only in outpatient setting (to include home).</p> <p>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p>	<p>B4149</p> <p>B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162</p>			
Hysterectomy – inpatient only vaginal hysterectomies	<p>No authorization required for outpatient vaginal hysterectomies.</p> <p>For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.</p>	<p>58260 58262 58263 58267 58270 58275 58280 58290 58291 58292 58293 58294</p>			

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic Surgeries	For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.	58150 58542 58571 58552	58152 58543 58572 58553	58180 58544 58573 58554	58541 58570 58550
Non-emergency air transport	Non-urgent ambulance transportation by air between specified locations	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial functional impairment Orthognathic surgery (cont'd.)		21120 21125 21143 21150 21159 21194 21199 21244	21121 21127 21145 21151 21160 21195 21206 21245	21122 21141 21146 21154 21188 21196 21210 21246	21123 21142 21147 21155 21193 21198 21215 21247
Orthotics: more than \$1,000 Orthotics with a retail purchase or cumulative rental cost more than \$1,000.	Advance notification required only in outpatient setting (to include home).	L0112 L0160 L0430 L0466 L0484 L0492 L0624 L0633 L0700 L0830 L0972 L0980 L1000 L1020 L1050 L1085 L1120 L1230	L0113 L0170 L0452 L0468 L0486 L0621 L0629 L0634 L0710 L0859 L0974 L0982 L1001 L1025 L1060 L1090 L1200 L1240	L0140 L0200 L0462 L0480 L0490 L0622 L0631 L0636 L0810 L0861 L0976 L0984 L1005 L1030 L1070 L1100 L1210 L1250	L0150 L0220 L0464 L0482 L0491 L0623 L0632 L0638 L0820 L0970 L0978 L0999 L1010 L1040 L1080 L1110 L1220 L1260

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics: more than \$1,000 (cont'd.)		L1270	L1280	L1290	L1300
		L1310	L1499	L1600	L1610
		L1620	L1630	L1640	L1650
		L1660	L1680	L1685	L1690
		L1700	L1710	L1720	L1730
		L1755	L1834	L1844	L1847
		L1904	L1910	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2035	L2036	L2037
		L2038	L2040	L2050	L2060
		L2070	L2080	L2090	L2126
		L2128	L2132	L2134	L2136
		L2180	L2182	L2184	L2186
		L2188	L2190	L2192	L2200
		L2210	L2220	L2230	L2232
		L2240	L2250	L2260	L2270
		L2300	L2310	L2320	L2335
		L2370	L2375	L2380	L2385
		L2387	L2390	L2395	L2405
		L2415	L2425	L2430	L2492
		L2500	L2510	L2520	L2525
		L2526	L2530	L2540	L2550
		L2570	L2580	L2600	L2610
		L2620	L2622	L2627	L2628
		L2630	L2640	L2650	L2660
		L2670	L2680	L2750	L2760
		L2768	L2780	L2785	L2795
		L2800	L2810	L2830	L2850
		L2861	L3000	L3001	L3002
		L3003	L3010	L3030	L3031
		L3050	L3070	L3080	L3090
		L3100	L3140	L3150	L3160
		L3170	L3201	L3202	L3203
		L3204	L3206	L3207	L3208

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics: more than \$1,000 (cont'd.)		L3209	L3211	L3212	L3213
		L3214	L3215	L3216	L3217
		L3219	L3221	L3222	L3225
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3330	L3334	L3340
		L3350	L3360	L3370	L3380
		L3400	L3410	L3420	L3430
		L3440	L3450	L3455	L3460
		L3465	L3470	L3480	L3485
		L3500	L3510	L3520	L3530
		L3540	L3550	L3560	L3570
		L3580	L3590	L3595	L3640
		L3649	L3674	L3720	L3762
		L3764	L3765	L3766	L3891
		L3900	L3901	L3904	L3917
		L3921	L3925	L3927	L3929
		L3956	L3961	L3962	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L3980	L3995
		L4000	L4010	L4020	L4030
		L4040	L4045	L4050	L4055
		L4060	L4070	L4080	L4090
		L4110	L4130	L4392	L4394
		L4398	L4631		
Orthopedic surgeries Spine and joint surgeries		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

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthopedic surgeries (cont'd.)		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			
<p>Part B Occupational, speech or physical therapy provided in a skilled nursing facility</p> <p>Applies only to Erickson Advantage Members residing in a long-term care facility</p> <p>Plan exclusions: UnitedHealthcare Medicare Advantage (Including UnitedHealthcare Nursing Home plans)</p>		<p>For UnitedHealthcare Medicare Advantage plans, see the <i>Physical Therapy/Occupational Therapy</i> in the Other Notification Requirements section.</p>			

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Potentially unproven services (including experimental/investigational)	Services, including medications, determined to be ineffective effective for treating the medical condition and/or to have no beneficial effect on health outcomes. This determine is made when there is insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.	28890	36514	64405	64555
		64722	64744	66180	95965
		95966			
Prosthetics: more than \$1,000 Prosthetics with a retail or cumulative rental cost more than \$1,000.	Advance notification required only in outpatient setting (to include home).	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5410	L5420	L5430
		L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5611	L5613	L5614	L5616
		L5617	L5618	L5620	L5624
		L5626	L5628	L5629	L5630
		L5631	L5632	L5634	L5636
		L5637	L5638	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5676	L5677	L5678	L5680
		L5681	L5682	L5683	L5684
		L5686	L5688	L5690	L5692
		L5694	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5706	L5707	L5710
		L5711	L5712	L5714	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5781	L5782
		L5785	L5790	L5795	L5810
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5850	L5855	L5856

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L5857	L5858	L5910	L5920
		L5925	L5930	L5960	L5961
		L5966	L5968	L5970	L5971
		L5972	L5973	L5975	L5978
		L5979	L5980	L5981	L5985
		L5987	L5988	L5990	L6000
		L6010	L6020	L6025	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6386	L6388	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6600	L6605
		L6610	L6611	L6615	L6616
		L6620	L6621	L6623	L6624
		L6625	L6628	L6629	L6630
		L6632	L6635	L6637	L6638
		L6639	L6640	L6641	L6642
		L6645	L6646	L6647	L6648
		L6650	L6655	L6660	L6665
		L6670	L6675	L6676	L6677
		L6680	L6682	L6684	L6687
		L6688	L6689	L6690	L6691
		L6692	L6693	L6695	L6696
		L6697	L6698	L6703	L6704
		L6706	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6721	L6722	L6805
		L6810	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7260	L7261	L7266	L7362
L7364	L7366	L7367	L7400		
L7401	L7402	L7403	L7404		
L7405	L7499	L7600	L8031		
L8032	L8035	L8039	L8040		

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L8041 L8045 L8049 L8410 L8480 L8507 L8515 L8610 L8641 L8684	L8042 L8046 L8310 L8415 L8485 L8511 L8603 L8612 L8642 L8695	L8043 L8047 L8320 L8435 L8499 L8512 L8604 L8613 L8658 L8699	L8044 L8048 L8330 L8465 L8505 L8514 L8609 L8630 L8670
Proton beam therapy Focused radiation therapy using beams of protons	Indicate whether proton beam therapy is performed as part of a clinical trial. Please reference the Clinical Trials sections.	77520 77522 77523 77525			
Rhinoplasty Treatment of nasal functional impairment and septal deviation		30400 30410 30420 30430 30435 30450 30460 30462			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient, 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.	21685 41512 41530 41599 42145			
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management		63650 63655 63685			
Therapies: occupational, physical, respiratory and speech	Outpatient rehabilitation services provided in the home or on an ambulatory basis when provided by a physical or occupational therapist	For UnitedHealthcare Medicare Advantage plans, advance notification and/or prior authorization is only required for therapies in the home, please see Home Health section.			

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities		36475 37722	36478 37780	37700	37718

Other Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
Behavioral health services Plan exclusions: Erickson Advantage	Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network. Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services.
Cardiology prior authorization program Plan Exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans, and United Healthcare Assisted Living Plan For more information, refer to the Cardiology Prior Authorization Protocol for Medicare Advantage section of the Administrative Guide		Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants and for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes before providing the service. Request prior authorization one of the following ways: 1. At UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization-Submission & Status

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
<p>Cardiology prior authorization program (cont'd)</p>		<p>2. By calling 866-889-8054</p> <p>For more information, and to see a list of the CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program</p>
<p>End stage renal disease dialysis services</p> <p>Services for treating end stage renal disease, including outpatient dialysis services as defined by but not limited to the revenue and CPT codes referenced in this section, require advance notification.</p>	<p>Advance notification required when members are referred to an out of network provider for dialysis services.</p> <p>Advance notification is not required for end stage renal disease when a UnitedHealthcare Medicare Solutions member travels outside of the service area.</p> <p>Please check your Agreement with UnitedHealthcare to see if there are any restrictions on out-of-network referrals.</p>	<p>Verbal Notification is required.</p> <p>Please call Kidney Resource Services at 866-561-7518 to refer members into UnitedHealthcare's disease management program.</p>
<p>Out-of-network services</p>		<p>Your Agreement with UnitedHealthcare may include restrictions on referrals to out-of-network care providers and these referrals may result in increased out-of-pocket expenses.</p> <p>For UnitedHealthcare Medicare Advantage Members:</p> <p>Advance notification is required for UnitedHealthcare Medicare Advantage members when:</p> <p>A network physician or health care professional refers them to an out-of-network care provider and the member's benefit plan does not cover out-of-network services even when there are no network providers available for required specialty services.</p>

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
<p>Physical and occupational therapy - Oxford Mosaic</p> <p>Plan exclusions: UnitedHealthcare Medicare Advantage</p>	<p>Outpatient rehabilitation services provided in the home or on an ambulatory basis when provided by a physical or occupational therapist</p>	<p>Please call the number on the member's ID card.</p>
<p>Radiology Prior Authorization</p> <p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans and United Healthcare Assisted Living Plan.</p> <p>See additional information in the <i>Outpatient Radiology Prior Authorization Protocol</i> for Medicare Advantage section of the Administrative Guide</p>		<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures referred to as "advanced outpatient imaging procedures."</p> <p>The health care professional ordering the advanced outpatient imaging procedure is responsible for obtaining prior authorization any of the following ways before rendering the procedure.</p> <ol style="list-style-type: none"> At UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status By calling our Clinical Request Line at 866-889-8054 <p>For more information, including a list of CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
<p>Therapeutic radiology services</p> <p>Plan exclusions: Erickson Advantage UnitedHealthcare Community Plan other than UnitedHealthcare Medicare Advantage plans</p>		<p>Intensity modulated radiation therapy</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic radiosurgery and stereotactic body radiation therapy</p> <p>77371 77372 77373 G0173 G0251 G0339 G0340</p> <p>For UnitedHealthcare Medicare Advantage, see the therapeutic radiation prior authorization requirements and instructions at UnitedHealthcareOnline.com > Clinician Resources > Cancer-Oncology > Medicare Advantage Therapeutic Radiation</p>
<p>Transplant of tissue or organs</p> <p>Organ or tissue transplant or transplant related services before pre-treatment or evaluation</p>	<p>Must request for transplant or transplant-related services before pre-treatment or evaluation.</p>	<p>For transplant services, call 888-936-7246 or the notification number on the back of the member's ID card.</p> <p>Evaluation for Transplant</p> <p>99205</p> <p>Bone Marrow Harvest</p> <p>38207 38240 38241 38242</p> <p>Heart/Lung</p> <p>33930 33935</p> <p>Heart</p> <p>33940 33944 33945</p> <p>Lung</p> <p>32850 32851 32852 32853 32854 32856 S2060 S2061</p> <p>Kidney</p> <p>50300 50320 50323 50340 50360 50365 50370 50380 50547</p> <p>Pancreas</p> <p>48551 48552 48554</p> <p>Liver</p> <p>47135 47136 47143 47147</p> <p>Intestine</p> <p>44132 44133 44135 44136</p> <p>Services related to transplants</p>

**UnitedHealthcare Medicare Solutions
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
Transplant of tissue or organs (cont'd.)		32855 33933 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		Call 888-936-7246 or the notification number on the back of the member's ID card. 0051T 0052T 0053T 33975 33976 33979 33981 33982 33983

Exceptions to Advance Notification/Prior Authorization Requirements

Procedures & Services	Additional Information	UnitedHealthcare Medicare Plan Exceptions
UnitedHealthcare Medicare Advantage plans with out –of-network benefits		Advance notification is not required for UnitedHealthcare Medicare Advantage and Medicare Advantage Group PPO members whose plans have out-of-network benefits when the member chooses an out-of-network provider even though an in-network provider is available.