

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 in the following section.

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

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Eligibility & Benefits application
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

The following 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 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 from member's primary care physician is also required for most services. AARP® MedicareComplete, and AARP® MedicareComplete Essential, HMO and AARP® MedicareComplete Plus Plan 1, HMO-POS Gatekeeper benefit plans **Group 55013, Group 55280, Group 55288, Group 55293, Group 55294, Group 55313, Group 55400, Group 55401, Group 55411, Group 55412, Group 55913, Group 55933,** and UnitedHealthcare Group Medicare Advantage (HMO) plans **Group 55016, Group 55036, Group 55037, Group 55069, Group 55070, Group 55077, Group 55078, Group 55094, Group 55377, Group 55394, Group 55414, Group 55759, Group 55760, Group 55770, Group 55771, Group 55924.** Please refer to the Quick Reference Guide Missouri/Illinois Market referral process basics at UnitedHealthcareOnline.com > Tools and Resources > Product & Services > Medicare > Referral Required Plans > 2016 Quick Reference Guide - Missouri/Illinois Plans.

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)

Effective Jan. 1, 2017: UnitedHealthcare MedicareComplete Choice (PPO) **Group 42023**

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 2016 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.

Prior authorization 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 2016 at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides.

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

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

New York: AARP® MedicareComplete Plan 1 - Group 66074, AARP® MedicareComplete Plan 2 - Group 13012, AARP® MedicareComplete Essential - Group 66075, and AARP® MedicareComplete Mosaic - Group 66076. The existing process for obtaining authorization from Montefiore Care Management Organization (CMO) continues.

Utah: AARP® MedicareComplete Plan 1 - Group 42000, AARP® MedicareComplete Plan 2 - Group 42022, AARP® MedicareComplete Essential - Group 42004, and UnitedHealthcare Group Medicare Advantage – Group 42020

Erickson Advantage® Plans

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

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans																				
<p>Bariatric surgery Bariatric surgery and specific obesity-related services, whether scheduled as inpatient or outpatient</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Erickson Advantage 	<p>Prior authorization required</p> <p>As a reminder, bariatric surgery and other obesity services aren't covered by some benefit plans. In some situations, there's a Center of Excellence (COE) requirement for coverage of bariatric surgery and services.</p>	<table border="0"> <tr> <td>43633</td> <td>43644</td> <td>43645</td> <td>43659</td> </tr> <tr> <td>43770</td> <td>43771</td> <td>43772</td> <td>43773</td> </tr> <tr> <td>43774</td> <td>43775</td> <td>43843</td> <td>43845</td> </tr> <tr> <td>43846</td> <td>43847</td> <td>43848</td> <td>43886</td> </tr> <tr> <td>43887</td> <td>43888</td> <td></td> <td></td> </tr> </table> <p>Prior authorization is required for 43860, 43865, 43999, 44799, 64590 for the following diagnosis codes listed:</p> <p>E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.39, Z68.41 – Z68.45, Z68.51 – Z68.54, Z98.84</p>	43633	43644	43645	43659	43770	43771	43772	43773	43774	43775	43843	43845	43846	43847	43848	43886	43887	43888		
43633	43644	43645	43659																			
43770	43771	43772	43773																			
43774	43775	43843	43845																			
43846	43847	43848	43886																			
43887	43888																					

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Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: None	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 a 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: None	Prior authorization required	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691	69718 L8616 L8627 L8692

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<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 15822 15876 17999 21172 21181 21208 21248 21260 21268 21295 21742 30545 31296 67901 67906 67912 67917 67924 Q2026</p>	<p>11971 15823 17106 21137 21175 21182 21209 21249 21261 21275 21296 21743 30560 31297 67902 67908 67914 67921 67950</p>	<p>15820 15830 17107 21138 21179 21183 21230 21255 21263 21280 21299 28344 30620 36468 67903 67909 67915 67922 67961</p>	<p>15821 15847 17108 21139 21180 21184 21235 21256 21267 21282 21740 30540 31295 67900 67904 67911 67916 67923 67966</p>
<p>Durable medical equipment (DME)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Erickson Advantage Institutional Special Needs Plans (ISNP) 	<p>Prior authorization required</p> <p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics and 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:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	<p>E0470 E0650 E0656 E0666 E0671 E1230 E2321 K0806 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899</p>	<p>E0471 E0651 E0657 E0667 E0672 E1239 K0800 K0807 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890</p>	<p>E0472 E0652 E0660 E0668 E0673 E2310 K0801 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891</p>	<p>E0601 E0655 E0665 E0669 E0675 E2311 K0802 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898</p>

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<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>	A7025	E0112	E0113	E0116
<p>Plan exclusions:</p> <ul style="list-style-type: none"> Erickson Advantage Institutional Special Needs Plans (ISNP) 	<p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i>.</p>	E0117	E0140	E0144	E0147
	<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>	E0153	E0155	E0158	E0159
	<p>Some payer groups may have different DME advance notification requirements for members through their benefit plans.</p>	E0161	E0162	E0167	E0170
	<p><u>For Medicare Advantage:</u></p>	E0171	E0175	E0182	E0186
	<p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0187	E0191	E0193	E0194
		E0198	E0200	E0202	E0203
		E0205	E0210	E0225	E0236
		E0239	E0246	E0249	E0251
		E0256	E0275	E0276	E0277
		E0280	E0290	E0291	E0292
		E0293	E0300	E0302	E0304
		E0316	E0325	E0326	E0328
		E0329	E0350	E0352	E0370
		E0373	E0459	E0462	E0465
		E0466	E0483	E0572	E0574
		E0580	E0585	E0602	E0603
		E0604	E0605	E0606	E0610
		E0616	E0617	E0618	E0619
		E0635	E0636	E0639	E0640
		E0692	E0693	E0694	E0700
		E0710	E0740	E0746	E0761
		E0764	E0770	E0782	E0783
		E0784	E0785	E0786	E0830
		E0840	E0850	E0870	E0880
		E0890	E0900	E0920	E0930
		E0941	E0942	E0944	E0945
		E0946	E0947	E0948	E0952
		E0957	E0958	E0959	E0966
		E0967	E0968	E0969	E0970
		E0974	E0980	E0983	E0984
		E0985	E0986	E0988	E0994
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1014	E1015
		E1016	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	E1221	E1222
		E1223	E1224	E1227	E1228

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Durable medical equipment (DME): more than \$1,000 (cont'd)		E1229 E1234 E1238 E1296 E1399 E1530 E1570 E1592 E1620 E1634 E1639 K0018 K0043 K0050 K0070 K0098 K0601 K0605 K0672 K0745	E1231 E1235 E1270 E1297 E1500 E1540 E1575 E1594 E1625 E1635 E1699 K0020 K0044 K0051 K0072 K0105 K0602 K0607 K0730 K0746	E1232 E1236 E1280 E1298 E1510 E1550 E1580 E1600 E1630 E1636 E1812 K0037 K0046 K0056 K0073 K0108 K0603 K0608 K0743	E1233 E1237 E1295 E1310 E1520 E1560 E1590 E1615 E1632 E1637 K0017 K0039 K0047 K0065 K0077 K0455 K0604 K0609 K0744
Home health care services – non-nutritional Plan exclusions: None	No notification required for service days 1-60 Advance notification required for service day 61 and beyond <u>For UnitedHealthcare Community Plan Medicare (DSNP):</u> Advance notification required at day 1	G0156	S9122		
Home health care services – nutritional Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home Plan exclusions: None	Prior authorization required only in outpatient settings, to include patient's home	B4149 B4154 B4159	B4150 B4155 B4160	B4152 B4157 B4161	B4153 B4158 B4162
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: None	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 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570

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Hysterectomy (vaginal) – inpatient only Plan exclusions: None	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: None	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
		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	L0113	L0140	L0150
		L0160	L0170	L0200	L0220
		L0452	L0462	L0464	L0466
		L0468	L0480	L0482	L0484
		L0486	L0490	L0491	L0492
		L0621	L0622	L0623	L0624
		L0629	L0631	L0632	L0633
		L0634	L0636	L0638	L0700
		L0710	L0810	L0820	L0830
		L0859	L0861	L0970	L0972
		L0974	L0976	L0978	L0980
		L0982	L0984	L0999	L1000
		L1001	L1005	L1010	L1020
		L1025	L1030	L1040	L1050
		L1060	L1070	L1080	L1085
		L1090	L1100	L1110	L1120
		L1200	L1210	L1220	L1230
		L1240	L1250	L1260	L1270
		L1280	L1290	L1300	L1310
		L1499	L1600	L1610	L1620
L1630	L1640	L1650	L1660		
L1680	L1685	L1690	L1700		

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Orthotics: more than \$1,000 (cont'd)		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	L3209
		L3211	L3212	L3213	L3214
		L3215	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

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Orthotics: more than \$1,000 (cont'd)		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 (spine and joint surgeries) Plan exclusions: None	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			

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<p>(Part B) Occupational therapy, speech therapy or physical therapy provided in a skilled nursing facility (SNF)</p> <p><i>Applies only to Erickson Advantage Members residing in a long-term care facility</i></p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare Advantage including UnitedHealthcare Nursing Home plans 	<p>Prior authorization required</p>	<p>For Medicare Advantage, please see <i>Physical therapy/occupational therapy</i> in the "Other Advance Notification & Prior Authorization Programs" section</p>			
<p>Potentially unproven services (including experimental/investigational)</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes due to:</p> <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 	<p>28890 64722 95966</p>	<p>36514 64744</p>	<p>64405 66180</p>	<p>64555 95965</p>
<p>Prosthetics</p> <p>Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>L5010 L5100 L5200 L5250 L5312 L5400 L5460 L5520 L5560 L5590 L5611 L5617 L5626 L5631 L5637 L5642 L5647 L5652</p>	<p>L5020 L5105 L5210 L5270 L5321 L5410 L5500 L5530 L5570 L5595 L5613 L5618 L5628 L5632 L5638 L5643 L5648 L5653</p>	<p>L5050 L5150 L5220 L5280 L5331 L5420 L5505 L5535 L5580 L5600 L5614 L5620 L5629 L5634 L5639 L5644 L5649 L5654</p>	<p>L5060 L5160 L5230 L5301 L5341 L5430 L5510 L5540 L5585 L5610 L5616 L5624 L5630 L5636 L5640 L5646 L5651 L5655</p>

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Prosthetics (cont'd)		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
		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	L6026	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
		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

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans			
Prosthetics (cont'd)		L6712 L6721 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7364 L7401 L7405 L8032 L8041 L8045 L8049 L8410 L8480 L8507 L8515 L8610 L8641 L8684	L6713 L6722 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7366 L7402 L7499 L8035 L8042 L8046 L8310 L8415 L8485 L8511 L8603 L8612 L8642 L8695	L6714 L6805 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7367 L7403 L7600 L8039 L8043 L8047 L8320 L8435 L8499 L8512 L8604 L8613 L8658 L8699	L6715 L6810 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7362 L7400 L7404 L8031 L8040 L8044 L8048 L8330 L8465 L8505 L8514 L8609 L8630 L8670
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge Plan exclusions: None	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: None	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

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Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management Plan exclusions: None	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: None	Prior authorization required	61885 64568 L8680 L8682 L8685 L8686 L8687 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: None	Prior authorization required	36475 36478 37700 37718 37722 37780

Other Advance Notification & Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
Behavioral health services Behavioral health services through a designated behavioral health network Plan exclusions: Erickson Advantage	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 health plan ID card when referring for mental health or substance abuse/substance use services.
Cardiology prior authorization program Plan exclusions: <ul style="list-style-type: none"> • Erickson Advantage • UnitedHealthcareWest • MedicareComplete Secure Horizons plans in California • UnitedHealthcare Nursing Home Plans • United Healthcare Assisted Living Plan • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents 	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance For more information, please see the <i>Cardiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.	The physician may request prior authorization: <ol style="list-style-type: none"> 1. Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission & Status 2. Phone: 866-889-8054 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.

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<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: None</p>	<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 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>
<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>

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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</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Erickson Advantage • UnitedHealthcare Nursing Home Plans • United Healthcare Assisted Living Plan • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents 	<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 in the Administrative Guide.</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 Advantage Radiology Prior Authorization Program.</p>																																				
<p>Therapeutic radiology services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Erickson Advantage • Community Plans that are not Medicare Advantage • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents 	<p>Prior authorization required</p>	<p>Intensity modulated radiation therapy (IMRT)</p> <table border="0"> <tr> <td>77385</td> <td>77386</td> <td>G6015</td> <td>G6016</td> </tr> </table> <p>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</p> <table border="0"> <tr> <td>77371</td> <td>77372</td> <td>77373</td> <td>G0173</td> </tr> <tr> <td>G0251</td> <td>G0339</td> <td>G0340</td> <td></td> </tr> </table> <p>For Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UnitedHealthcareOnline.com > Clinician Resources > Oncology > Medicare Advantage Therapeutic Radiation.</p>	77385	77386	G6015	G6016	77371	77372	77373	G0173	G0251	G0339	G0340																									
77385	77386	G6015	G6016																																			
77371	77372	77373	G0173																																			
G0251	G0339	G0340																																				
<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> <table border="0"> <tr> <td>99205</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Bone marrow harvest</td> </tr> <tr> <td>38207</td> <td>38240</td> <td>38241</td> <td>38242</td> </tr> <tr> <td colspan="4">Heart/lung</td> </tr> <tr> <td>33930</td> <td colspan="3">33935</td> </tr> <tr> <td colspan="4">Heart</td> </tr> <tr> <td>33940</td> <td>33944</td> <td colspan="2">33945</td> </tr> <tr> <td colspan="4">Lung</td> </tr> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> </table>	99205				Bone marrow harvest				38207	38240	38241	38242	Heart/lung				33930	33935			Heart				33940	33944	33945		Lung				32850	32851	32852	32853
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Transplant of tissue or organs (cont'd)		32854	32856	S2060	S2061
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47136	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	
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. 33975 33976 33979 33981 33982 33983 0051T 0052T 0053T			