

## General Information

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

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

- **Online:** [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 877-842-3210

**Prior authorization is not required for emergency or urgent care.**

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

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

### Included Plans

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

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

UnitedHealthcare Dual Complete<sup>®</sup> (HMO SNP), (HMO-POS SNP), (PPO SNP), (Regional PPO SNP)

UnitedHealthcare<sup>®</sup> Chronic Complete (HMO SNP)

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

Oxford Mosaic Network

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

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

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

**Excluded Plans**

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

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

**Hawaii:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 77000, 77007; AARP<sup>®</sup> MedicareComplete Choice<sup>®</sup> Essential – Group 77003, 77008

**Illinois:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> – Group 17243, 17244, 17245, 17246; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 18027, 18028, 18029, 18030; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 – Group 55860; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Access Group 55306, 55307, 55430, 55431

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

**Utah:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 - Group 42000; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 - Group 42022; AARP<sup>®</sup> MedicareComplete Essential<sup>®</sup> - Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020

**Erickson Advantage<sup>®</sup> Plans**

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

Please refer to the Medica HealthCare and Preferred Care Partners Prior Authorization Requirements located at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Clinician Resources > Advance and Admission Notification Requirements > Advance Notification Lists.

**UnitedHealthcare Medicare Direct<sup>SM</sup> (PFFS)**

**Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)**

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

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

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

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

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

**Exclusions for the Medicare prior authorization reduction program apply to:**

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

**OR**

- These health plan group numbers:

12200	12225	12226	12227	12228	12229	12230	12231	12232	12233	12234	12235
12236	12237	12238	12239	12240	12241	12242	12243	12244	12245	12246	12247
12248	12250	12251	12252	12305	12306	12307	12308	12309	12310	12311	12312
12313	12314	12315	12316	12317	12320	12350	12351	12354	12355	12356	12357
12358	12359	12361	12362	12363	12365	12366	12367	12368	12369	12370	12371
12372	12373	12374	12375	12376	12377	12378	12379	12380	12381	12382	12383
12384	12385	12386	12387	12388	12389	12390	12391	12392	12393	12394	12395
12396	12397	12398	12402	12420	12421	12461	12462	12463	12467	12468	12469
12470	12472	12473	12474	12475	12553	12554	12555	12556	12557	12558	12559
12560	12561	12562	12563	12564	12565	12566	12567	12568	12569	12570	12571
12572	12573	12574	12575	12576	12577	12578	12579	12580	12581	12582	12583
12584	12585	12586	12587	12588	12590	12591	12592	12593	12594	12595	12596
12597	12598	12599	12600	12601	12602	12612	12613	12614	12616	12617	12618
12620	12621	12622	12623	12624	12625	12626	12627	12628	12629	12630	12631
12632	12633	12634	12635	12636	12637	12638	12639	12640	12643	12644	12647
12657	12658	12659	12660	12661	12662	12663	12664	12666	12667	12671	12672
12673	12674	12675	12676	12677	12679	12680	12681	12682	12683	12685	12686
12688	12689	12690	12694	12698	12699	12701	12702	12751	12752	12775	12776
12777	12778	12779	12780	12781	12782	12783	12785	12786	12787	12788	12789
12790	12791	12792	12800	12801	12805	12808	12809	12810	12811	12812	12813
12814	12815	12816	12817	12818	12819	12820	12821	12822	12823	12824	12825
12826	12828	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	13225
13226	13240	13250	13252	13253	13254	13256	13257	13258	13259	13260	13261
13262	13263	13264	13265	13266	13267	13268	13269	13275	13276	13277	13278
13281	13284	13285	13286	13287	13288	13289	13290	13291	13292	13293	13294
13295	13302	13303	13304	13305	13306	13307	13308	13311	13314	13315	13319
13321	13323	13325	13327	13343	13344	13345	13346	13347	13348	13349	13350
13351	13400	13401	13402	13425	13450	13451	13452	13453	13454	13456	13457
13458	13459	13460	13501	13502	13503	13504	13505	13506	13507	13508	13509
13510	13511	13512	13513	13514	13515	13516	13517	13518	13519	13520	13521
13522	13550	13551	13552	13553	13554	13555	13556	13557	13558	13559	13560
13561	13562	13563	13564	13565	13566	13567	13568	13569	13570	13571	13572

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13573	13574	13575	13600	13601	13602	13603	13604	13605	13606	13607	13608
13609	13610	13611	13612	13613	13614	13615	13616	13617	13618	13619	13620
13621	13622	13623	13624	13625	13626	13627	13628	13629	13630	13631	13632
13633	13634	13635	13636	13637	13638	13639	13640	13641	13642	13643	13644
13645	13646	13647	13648	13649	13650	13651	13665	13666	13667	13668	13669
13670	13671	13672	13673	13674	13675	13676	13677	13678	13679	13680	13681
13682	13683	13684	13685	13686	13687	13688	13689	13690	13691	13692	13694
13695	13696	13697	13698	13699	13700	13701	13702	13703	13705	13706	13707
13715	13716	13717	13718	13719	13720	13721	13722	13723	13724	13735	13746
13747	13748	13749	13750	13751	13752	13753	13754	13755	13756	13757	13758
13759	13760	13761	13762	13763	13800	13801	13840	13850	13875	13876	13877
13878	13879	13880	13881	13882	13883	13900	13904	13908	13912	13916	13920
13924	13928	13932	13936	13937	13938	13939	13944	13946	13950	13951	13952
13953	13954	13955	13956	13957	13967	13968	13969	13970	13971	13972	15500
15501	15600	15627	15628	15629	15630	15631	15632	15633	15634	15635	15636
15637	15638	15639	15640	15641	15642	15643	15644	15645	15646	15647	15648
15901	15902	15903	15904	15905	15906	15907	15908	16101	16103	16104	16105
16106	16107	16108	16110	16111	16112	16113	16114	16115	16116	16117	16118
16119	16120	16121	16124	16125	16128	16130	16131	16132	16133	16134	16137
16139	16140	16141	16142	16143	16144	16147	16148	16149	16150	16151	16152
16153	16154	16155	16156	16157	16158	16159	16160	16161	16162	16163	16164
16165	55013	55036	55037	55069	55070	55077	55078	55094	55114	55313	55336
55369	55370	55377	55394	55400	55401	55411	55412	55414	55870	55871	55872
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 Solutions Plans			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy  <b>Plan exclusions:</b> 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
		<b>Notification or prior authorization is <u>not</u> required for the following diagnosis codes:</b>  C50.019 C50.011 C50.012 C50.111			

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<b>Breast reconstruction (non-mastectomy) (cont'd)</b>		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			
<b>Cochlear implants and other auditory implants</b> 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	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
<b>Plan exclusions:</b> • Medicare prior authorization reduction					
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required  Advance notification required for services whether scheduled as inpatient or outpatient	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
		21255	21256	21260	21261
		21263	21267	21268	21275
		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		67900	67901	67902	67903
		67904	67906	67908	67909
		67912	67950	67961	67966
		Q2026			

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<b>Durable medical equipment (DME)</b>  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	Prior authorization required  Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i> .  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> .  Some payer groups may have different DME advance notification requirements for members through their benefit plans. <b><u>For Medicare Advantage plans:</u></b>  Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.	E0470	E0471	E0472	E0601
		E0650	E0651	E0652	E0655
		E0656	E0660	E0665	E0666
		E0667	E0668	E0669	E0671
		E0672	E0673	E0675	E1230
		E1239	E2310	E2311	E2321
		K0800	K0801	K0802	K0806
		K0808	K0812	K0813	K0814
		K0815	K0816	K0820	K0821
		K0822	K0823	K0824	K0825
		K0826	K0827	K0828	K0829
		K0830	K0831	K0835	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
K0885	K0886	K0890	K0891		
K0898	K0899				
<b>Durable medical equipment (DME): more than \$1,000</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$1,000  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	Prior authorization required  Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i> .  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> .  Some payer groups may have different DME advance notification requirements for members through their benefit plans. <b><u>For Medicare Advantage plans:</u></b>  Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.	E0170	E0193	E0194	E0203
		E0246	E0277	E0300	E0302
		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
		E0785	E0786	E0830	E0970
		E0983	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1017	E1018
		E1020	E1029	E1030	E1035
		E1036	E1037	E1050	E1070
		E1084	E1085	E1086	E1087
		E1089	E1100	E1110	E1161
		E1170	E1171	E1172	E1180
E1190	E1195	E1200	E1222		
E1224	E1227	E1228	E1229		

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans																																																																															
<b>Durable medical equipment (DME): more than \$1,000 (cont'd)</b>		E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1812 K0044 K0051 K0073 K0455 K0744	E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 K0020 K0046 K0056 K0098 K0609 K0745	E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 K0037 K0047 K0065 K0105 K0730 K0746	E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 K0039 K0050 K0072 K0108 K0743																																																																												
<b>Gender dysphoria treatment</b>  <b>Plan exclusions: None</b>	Prior authorization required	55970    55980  These <b>surgical codes when billed</b> with one of the following <b>DX codes</b> :  <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> </table> <table border="0"> <tr> <td>14000</td> <td>14001</td> <td>14020</td> <td>14021</td> </tr> <tr> <td>14040</td> <td>14041</td> <td>14060</td> <td>14061</td> </tr> <tr> <td>14301</td> <td>14302</td> <td>15734</td> <td>15738</td> </tr> <tr> <td>15750</td> <td>15757</td> <td>15758</td> <td>15775</td> </tr> <tr> <td>15776</td> <td>15780</td> <td>15781</td> <td>15782</td> </tr> <tr> <td>15783</td> <td>15788</td> <td>15789</td> <td>15792</td> </tr> <tr> <td>15793</td> <td>19303</td> <td>19304</td> <td>20926</td> </tr> <tr> <td>21899</td> <td>31599</td> <td>31899</td> <td>53410</td> </tr> <tr> <td>53420</td> <td>53425</td> <td>53430</td> <td>54125</td> </tr> <tr> <td>54400</td> <td>54401</td> <td>54405</td> <td>54408</td> </tr> <tr> <td>54520</td> <td>54660</td> <td>54690</td> <td>55175</td> </tr> <tr> <td>55180</td> <td>55866</td> <td>56625</td> <td>56800</td> </tr> <tr> <td>56805</td> <td>57106</td> <td>57110</td> <td>57291</td> </tr> <tr> <td>57292</td> <td>57295</td> <td>57296</td> <td>57335</td> </tr> <tr> <td>57426</td> <td>58661</td> <td>58720</td> <td>58940</td> </tr> <tr> <td>64856</td> <td>64892</td> <td>64896</td> <td>92507</td> </tr> <tr> <td>92508</td> <td></td> <td></td> <td></td> </tr> </table>				F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			14000	14001	14020	14021	14040	14041	14060	14061	14301	14302	15734	15738	15750	15757	15758	15775	15776	15780	15781	15782	15783	15788	15789	15792	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	14020	14021																																																																														
14040	14041	14060	14061																																																																														
14301	14302	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																																																																																	

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<b>Home health care services – non-nutritional</b>  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	No notification required for service days 1-60  Advance notification required for service day 61 and beyond	G0156	S9122		
<b>Home health care services – nutritional</b> Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	Prior authorization required only in outpatient settings, to include patient's home	B4149 B4155 B4161	B4150 B4158	B4152 B4159	B4153 B4160
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	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
<b>Hysterectomy (vaginal) – inpatient only</b>  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	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 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial (jaw) functional impairment  <b>Plan exclusions:</b> None	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245



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<b>Orthotics: more than \$1,000</b> Orthotics with a retail purchase or a cumulative rental cost of more than \$1,000  <b>Plan exclusions:</b> None	Prior authorization required	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2128
		L2136	L2232	L2320	L2387
		L2520	L2525	L2526	L2627
		L2628	L2800	L2861	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209
		L3211	L3212	L3213	L3214
		L3215	L3250	L3251	L3252
		L3253	L3254	L3255	L3257
		L3265	L3320	L3485	L3649
		L3674	L3720	L3764	L3765
		L3766	L3891	L3900	L3901
		L3904	L3921	L3956	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L4000
		L4030	L4040	L4045	L4050
		L4055	L4631		
<b>Orthopedic surgeries</b> Spine and joint surgeries  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	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

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Orthopedic surgeries (cont'd)		22865	22867	22869	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	0195T	0196T	0200T
				0201T	J7330
Potentially unproven services (including experimental/ investigational)  Plan exclusions: None	Prior authorization required	28890	36514	64405	64555
	Services, including medications, determined not to be effective for treatment of a medical condition	64722	64744	66180	95965
	Services determined not to have a beneficial effect on health outcomes due to:  <ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>	95966			
Prosthetics Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000  Plan exclusions: None	Prior authorization required	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649

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<b>Prosthetics (cont'd)</b> Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
L8043	L8044	L8049	L8499		
L8505	L8604	L8609	L8699		
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation  <b>Plan exclusions:</b> None	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p><b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required</p> <p>Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP)</p> <p>Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies</p>	21685 42145	41512	41530	41599
<p><b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required</p>	63650	63655	63685	
<p><b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required</p>	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
<p><b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required</p>	36473 37718	36475 37722	36478 37780	37700

**Other Advance Notification & Prior Authorization Programs**

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p><b>Behavioral health services</b> Behavioral health services through a designated behavioral health network</p> <p><b>Plan exclusions:</b> 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><b>Cardiology prior authorization program</b></p>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance</p>	<p>The physician may request prior authorization:</p> <ol style="list-style-type: none"> <li><b>Online: <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a></b> &gt; Notifications/Prior Authorizations &gt; Cardiology Notification &amp; Authorization -</li> </ol>

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p><b>Cardiology prior authorization program (cont'd)</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li><b>New York:</b> AARP<sup>®</sup> MedicareComplete<sup>®</sup> – Group 66093; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 66074 &amp; 66091; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 – Group 13012 &amp; 66092; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 3 - Group 66089; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Essential – Group 66075; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.</li> <li>UnitedHealthcare MedicareComplete<sup>®</sup> Choice (PPO) – Group 42023</li> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance</p> <p>For more information, please see the <i>Cardiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>Submission &amp; Status 2. <b>Phone:</b> 866-889-8054</p> <p>Additional details, including a list of the CPT codes requiring prior authorization, is available at <b>UnitedHealthcareOnline.com</b> &gt; Clinician Resources &gt; Cardiology &gt; Medicare Advantage Cardiology Prior Authorization Program.</p>
<p><b>End-stage renal disease/dialysis services</b></p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>Medicare prior authorization reduction</li> </ul>	<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><b>Note:</b> 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 <b>866-561-7518</b>.</p>
<p><b>Out-of-network services</b></p> <p>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>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</p>	

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<p><b>Out-of-network services (cont'd)</b></p> <p><b>Plan exclusions:</b> None</p>	<p>or no coverage.</p> <p><b><u>Advance notification is required for Medicare Advantage members when:</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	
<p><b>Physical therapy occupational therapy – Oxford Mosaic</b></p> <p>Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis</p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>• Medicare Advantage</li> </ul>	<p>Prior authorization required</p>	<p>Please call the number on the member's health plan ID card.</p>
<p><b>Radiology prior authorization</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>• UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>• <b>New York:</b> AARP<sup>®</sup> MedicareComplete<sup>®</sup> – Group 66093; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 66074 &amp; 66091; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 – Group 13012 &amp; 66092; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 3 – Group 66089; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Essential – Group 66075; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management</li> </ul>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> <p>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"> <li>1. <b>Online:</b> <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization - Submission &amp; Status</li> <li>2. <b>Phone:</b> 866-889-8054</li> </ol> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Clinician Resources &gt; Radiology &gt; Medicare Advantage Radiology Prior Authorization Program.</p>

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<p><b>Radiology prior authorization (cont'd)</b>            Organization (CMO) will continue.</p> <ul style="list-style-type: none"> <li>UnitedHealthcare MedicareComplete® Choice (PPO) – Group 42023</li> <li>Medicare prior authorization reduction</li> </ul>		
<p><b>Therapeutic radiology services</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li><b>New York:</b> AARP® MedicareComplete® – Group 66093; AARP® MedicareComplete® Plan 1 – Group 66074 &amp; 66091; AARP® MedicareComplete® Plan 2 – Group 13012 &amp; 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.</li> <li>UnitedHealthcare MedicareComplete® Choice (PPO) – Group 42023</li> <li>Medicare prior authorization reduction</li> </ul>	<p>Prior authorization required</p>	<p><b>Intensity modulated radiation therapy (IMRT)</b></p> <p>77385 77386 G6015 G6016</p> <p><b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b></p> <p>77371 77372 77373 G0173 G0251 G0339 G0340</p> <p>For Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit <b>UnitedHealthcareOnline.com</b> &gt; Clinician Resources &gt; Oncology &gt; Medicare Advantage Therapeutic Radiation.</p>
<p><b>Transplant of tissue or organs</b>            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><b>Plan exclusions:</b> None</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the Optum Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p><b>Evaluation for transplant</b></p> <p>99205</p> <p><b>Bone marrow harvest</b></p> <p>38240 38241 38242</p> <p><b>Heart/lung</b></p> <p>33930 33935</p> <p><b>Heart</b></p> <p>33940 33944 33945</p> <p><b>Lung</b></p> <p>32850 32851 32852 32853 32854 32856 S2060 S2061</p>

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