

Prior Authorization will be REQUIRED for In-Network Services for the following Plans:

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) plan **Group 55016, Group 55036, Group 55037, Group 55069, Group 55070, Group 55077, Group 55078, Group 55094, Group 55114, Group 55162, Group 55163, Group 55316, Group 55336, Group 55369, Group 55370, Group 55377, Group 55394, Group 55414, Group 55759, Group 55760, Group 55770, Group 55771, Group 55924** refer to the "Quick Reference Guide Missouri/Illinois Market' Referral Process Basics at UnitedHealthcareOnline.com > *Tools and Resources* > *Product & Services* > *Medicare* > *Medicare Solutions Missouri/Illinois Market*

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 1/1/16: Care Improvement Plus Products: Gold Rx (PPO SNP and Regional PPO SNP), Medicare Advantage (PPO and Regional PPO), Silver Rx (Regional PPO SNP), Dual Advantage (Regional PPO SNP)

UnitedHealthcare Community Plan Medicare Advantage benefit plans subject to an Additional Manual, as further described in the Benefit Plan section of the UnitedHealthcare Provider Administrative Guide. As explained in the Benefit Plan section of the Guide, some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an Additional Manual and, therefore, are subject to the Administrative Guide.

Prior Authorization will NOT apply to the following Plans:

Excluded Plans

The UnitedHealthcare Prior Authorization Program will not apply to the aforementioned 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 2014 Administrative Guide for Commercial and Medicare Products* or *the Physician, Health Care Professional, Facility and Ancillary Provider 2014 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 Plan 1 - Group 66074, AARP[®] MedicareComplete Plan 2 - Group 13012, AARP[®] MedicareComplete Essential - Group 66075, AARP[®] MedicareComplete Mosaic - Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.

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Excluded Plans (Continued)

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

Procedures & Services	Additional Information	Codes for UnitedHealthcare Medicare Plans			
<p>Bariatric Surgery</p> <p>Plan Exclusions: Erickson Advantage</p> <p>Bariatric Surgery and specific obesity-related services whether scheduled as inpatient or outpatient</p>	<p>As a reminder, bariatric surgery and other obesity services are not covered in some benefit plans in some situations, there is a Center of Excellence (COE) requirement for coverage of bariatric surgery/services.</p>	43633	43644	43645	43659
		43770	43771	43772	43773
		43774	43775	43843	43845
		43846	43847	43848	43886
		43887	43888		
		<p>Prior Authorization is required for 43860, 43865, 43999, 44799, 64590 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</p>			
<p>Bone Growth Stimulator</p> <p>Plan Exclusions: None</p>	<p>Use of either electronic stimulation or ultrasound to heal fractures</p>	20974	20975	20979	E0747
		E0748	E0749	E0760	
<p>Breast Reconstruction (Non Mastectomy)</p> <p>Plan Exclusions: None</p>	<p>Reconstruction of the breast or other than following mastectomy</p>	11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366
		19367	19368	19369	19370
		19371	19380	19396	L8600
		<p>Notification or Prior Authorization is not required for the following diagnosis codes: C50.019 C50.011 C50.012 C50.111</p>			

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Breast Reconstruction (Non Mastectomy) (cont'd.)		C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82 Z90.10 Z42.1	C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929	C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81	C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10 D05.81 Z85.3 Z90.13 Z90.13
Cochlear Implants and Other Auditory Implants Plan Exclusions: None	A medical device, including a portion that is surgically implanted, within the inner ear and an external portion to help persons with profound sensorineural deafness to achieve conversational speech	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691	69718 L8616 L8627 L8692
Cosmetic & Reconstructive Plan Exclusions: None	We require Advance Notification for such services whether scheduled as inpatient or outpatient. 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 15822 15876 17999 21172 21181 21208 21248 21260 21268 21295 21742 30545 31296 67901 67906 67912	11971 15823 17106 21137 21175 21182 21209 21249 21261 21275 21296 21743 30560 31297 67902 67908 67914	15820 15830 17107 21138 21179 21183 21230 21255 21263 21280 21299 28344 30620 36468 67903 67909 67915	15821 15847 17108 21139 21180 21184 21235 21256 21267 21282 21740 30540 31295 67900 67904 67911 67916

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Cosmetic & Reconstructive (cont'd.)		67917 67924 Q2026	67921 67950	67922 67961	67923 67966
Durable Medical Equipment (DME) Plan Exclusions: Erickson Advantage Institutional Special Needs Plans (ISNP)	Prosthetics are not DME (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage Members. Some Home Health Care services may qualify under the DME requirement but are not subject to the \$1000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid). Some payer groups may have different DME Advance Notification requirements imposed upon members through their benefit plans. For Medicare Advantage: Power Mobility Devices/Accessories, Lymphedema Pumps and Pneumatic Compressors require notification or prior authorization regardless of the cost.	E0650 E0656 E0666 E0671 E1230 E2321 K0806 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 E0601	E0651 E0657 E0667 E0672 E1239 K0800 K0807 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 E0470	E0652 E0660 E0668 E0673 E2310 K0801 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 E0471	E0655 E0665 E0669 E0675 E2311 K0802 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 E0472
DME - Greater Than \$1000 Plan Exclusions: Erickson Advantage Institutional Special Needs Plans (ISNP) DME with a retail purchase cost or a cumulative rental cost over \$1,000	Prosthetics are not DME (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage Members. Some Home Health Care services may qualify under the DME requirement but are not subject to the \$1000 retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid). Some payer groups may have different DME Advance Notification requirements imposed upon Members through their benefit plans.	A7025 E0117 E0153 E0161 E0171 E0187 E0198 E0205 E0239 E0256 E0280 E0293 E0316 E0329 E0373	E0112 E0140 E0155 E0162 E0175 E0191 E0200 E0210 E0246 E0275 E0290 E0300 E0325 E0350 E0459	E0113 E0144 E0158 E0167 E0182 E0193 E0202 E0225 E0249 E0276 E0291 E0302 E0326 E0352 E0462	E0116 E0147 E0159 E0170 E0186 E0194 E0203 E0236 E0251 E0277 E0292 E0304 E0328 E0370 E0465

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DME - Greater Than \$1000 (cont'd.)	For Medicare Advantage: Power Mobility Devices/Accessories, Lymphedema Pumps and Pneumatic Compressors require notification or prior authorization regardless of the cost.	E0466 E0580 E0604 E0616 E0635 E0692 E0710 E0764 E0784 E0840 E0890 E0941 E0946 E0957 E0967 E0974 E0985 E1002 E1006 E1010 E1016 E1029 E1037 E1085 E1100 E1171 E1195 E1223 E1229 E1234 E1238 E1296 E1399 E1530 E1570 E1592 E1620 E1634 E1639 K0018 K0043 K0050	E0483 E0585 E0605 E0617 E0636 E0693 E0740 E0770 E0785 E0850 E0900 E0942 E0947 E0958 E0968 E0980 E0986 E1003 E1007 E1011 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1575 E1594 E1625 E1635 E1699 K0020 K0044 K0051	E0572 E0602 E0606 E0618 E0639 E0694 E0746 E0782 E0786 E0870 E0920 E0944 E0948 E0959 E0969 E0983 E0988 E1004 E1008 E1014 E1018 E1035 E1070 E1087 E1161 E1180 E1221 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1580 E1600 E1630 E1636 E1812 K0037 K0046 K0056	E0574 E0603 E0610 E0619 E0640 E0700 E0761 E0783 E0830 E0880 E0930 E0945 E0952 E0966 E0970 E0984 E0994 E1005 E1009 E1015 E1020 E1036 E1084 E1089 E1170 E1190 E1222 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1590 E1615 E1632 E1637 K0017 K0039 K0047 K0065

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DME - Greater Than \$1000 (cont'd.)		K0070 K0098 K0601 K0605 K0672 K0745	K0072 K0105 K0602 K0607 K0730 K0746	K0073 K0108 K0603 K0608 K0743	K0077 K0455 K0604 K0609 K0744
Home Health Care - Non-nutritional Plan Exclusions: None	For Service Days 1-60, no notification is required. For Service Days 61 and beyond, the following services based in the home required Advance Notification or Advance Notification:	G0156 G0300 S9474	G0163 S9122 T1000	G0164 S9123	G0299 S9124
Home Health Care - Nutritional Plan Exclusions: None	Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	B4149 B4154 B4159	B4150 B4155 B4160	B4152 B4157 B4161	B4153 B4158 B4162
Hysterectomy – Inpatient Only Vaginal Hysterectomies	No Authorization required for outpatient vaginal hysterectomies. NOTE: (For Claims purposes) OON/Non-Par claims without pre-determinations will be reviewed for medical necessity post service/prepayment.	58260 58270 58291	58262 58275 58292	58263 58280 58293	58267 58290 58294
Hysterectomy – Inpatient and Outpatient Procedures Abdominal and Laparoscopic Surgeries	NOTE: (For Claims purposes) OON/Non-Par claims without pre-determinations will be reviewed for medical necessity post service/prepayment.	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Non-Emergency Air Transport Plan Exclusions: None	Non-urgent ambulance transportation by air between specified locations	A0430	A0431	A0435	A0436
Orthognathic Surgery Plan Exclusions: None Treatment of maxillofacial (jaw) functional impairment		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

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<p>Orthotics - Greater Than \$1000</p> <p>Plan Exclusions: None</p> <p>Orthotics with a retail purchase cost or a cumulative rental cost over \$1000.</p>		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
		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		

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Orthotics - Greater Than \$1000 (cont'd.)		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
		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 Plan Exclusions: None 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

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Orthopedic Surgeries – (cont'd.)		22830 22855 22865 24360 27120 27132 27412 27486 29868 63001 63012 63020 63045 63051 63075 63087 63170 63182 63194 63198 0195T J7330	22849 22856 22899 24361 27122 27134 27445 27487 29914 63003 63015 63030 63046 63055 63077 63090 63172 63185 63195 63199 0196T	22850 22861 23470 24362 27125 27137 27446 29866 29915 63005 63016 63040 63047 63056 63081 63101 63173 63190 63196 63200 0200T	22852 22864 23472 24363 27130 27138 27447 29867 29916 63011 63017 63042 63050 63064 63085 63102 63180 63191 63197 0171T 0201T
Part B Occupational Therapy, Speech Therapy or Physical Therapy Provided in a Skilled Nursing Facility (SNF) Applies only to Erickson Advantage Members residing in a long-term care facility Plan Exclusions: Medicare Advantage (Including UnitedHealthcare Nursing Home plans)		For Medicare Advantage, see the <i>Physical Therapy/Occupational Therapy</i> in the Other Notification Requirements section of this List.			

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<p>Potentially Unproven Services (Including Experimental/ Investigational)</p> <p>Plan Exclusions: None</p>	<p>Services, including medications, that are determined not to be effective for treatment of the medical condition and/or not to have a beneficial effect on health outcomes due to insufficient and inadequate clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published peer-reviewed medical literature</p>	<p>28890 64722 95966</p>	<p>36514 64744</p>	<p>64405 66180</p>	<p>64555 95965</p>
<p>Prosthetics</p> <p>Plan Exclusions: None</p> <p>Prosthetics with a retail purchase cost or a cumulative rental cost over \$1000.</p>		<p>L5010 L5100 L5200 L5250 L5312 L5400 L5460 L5520 L5560 L5590 L5611 L5617 L5626 L5631 L5637 L5642 L5647 L5652 L5656 L5676 L5681 L5686 L5694 L5699 L5703 L5711 L5718 L5728 L5785 L5811 L5818 L5828 L5848</p>	<p>L5020 L5105 L5210 L5270 L5321 L5410 L5500 L5530 L5570 L5595 L5613 L5618 L5628 L5632 L5638 L5643 L5648 L5653 L5658 L5677 L5682 L5688 L5696 L5700 L5706 L5712 L5722 L5780 L5790 L5812 L5822 L5830 L5850</p>	<p>L5050 L5150 L5220 L5280 L5331 L5420 L5505 L5535 L5580 L5600 L5614 L5620 L5629 L5634 L5639 L5644 L5649 L5654 L5661 L5678 L5683 L5690 L5697 L5701 L5707 L5714 L5724 L5781 L5795 L5814 L5824 L5840 L5855</p>	<p>L5060 L5160 L5230 L5301 L5341 L5430 L5510 L5540 L5585 L5610 L5616 L5624 L5630 L5636 L5640 L5646 L5651 L5655 L5666 L5680 L5684 L5692 L5698 L5702 L5710 L5716 L5726 L5782 L5810 L5816 L5826 L5845 L5856</p>

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Prosthetics (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	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	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	L7362	L7364
		L7366	L7367	L7400	L7401
L7402	L7403	L7404	L7405		
L7499	L7600	L8031	L8032		

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Prosthetics (cont'd.)		L8035 L8042 L8046 L8310 L8415 L8485 L8511 L8603 L8612 L8642 L8695	L8039 L8043 L8047 L8320 L8435 L8499 L8512 L8604 L8613 L8658 L8699	L8040 L8044 L8048 L8330 L8465 L8505 L8514 L8609 L8630 L8670	L8041 L8045 L8049 L8410 L8480 L8507 L8515 L8610 L8641 L8684
Proton Beam Therapy Plan Exclusions: None Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)	Upon submission indicate if Proton Beam Therapy is performed as part of a clinical trial. Please reference the "Clinical Trials" sections of this Guide.	77520	77522	77523	77525
Rhinoplasty Plan Exclusions: None	Treatment of nasal functional impairment and septal deviation	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures & Surgeries Plan Exclusions: None 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 includes laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures, not sleep studies.	21685 42145	41512	41530	41599
Spinal Stimulator for Pain Management Plan Exclusions: None	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Therapies: Occupational, Physical, Respiratory and Speech	Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist or an occupational therapist	For Medicare Advantage, Advance Notification/ Prior Authorization only required for therapies in the home, please see Home Health category above.			

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Vagus Nerve Stimulation Plan Exclusions: None	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein Procedures Plan Exclusions: None	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	36475 37722	36478 37780	37700	37718

Other Advance Notification & Prior Authorization Programs

Procedures & 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 Customer's health care ID card when referring for any mental health or substance abuse/substance use services.
Cardiology Prior Authorization Program Plan Exclusions: Erickson Advantage, UnitedHealthcareWest MedicareComplete Secure Horizons plans in California, UnitedHealthcare Nursing Home Plans and United Healthcare Assisted Living Plan. See additional information in the <i>Cardiology Prior Authorization</i> Protocol for Medicare Advantage section of the Administrative Guide	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.	Prior Authorization may be requested by the physician through any of the following: 1. Online: UnitedHealthcareOnline.com > <i>Notifications/Prior Authorizations > Cardiology Notification & Authorization-Submission & Status</i> 2. Phone: 866-889-8054 Additional details, including a list of the CPT codes for which Prior Authorization is required, available at UnitedHealthcareOnline.com > <i>Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program.</i>

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Procedures & Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
<p>End Stage Renal Disease/Dialysis Services</p> <p>Services for the treatment of End Stage Renal Disease (ESRD), 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>If members are referred to an out of network provider for dialysis services, Advance Notification is required for the purposes of steerage to an In Network dialysis center to avoid high cost-shares to our Members even when they may have out of network benefits.</p> <p>Advance Notification is not required for end stage renal disease when a Medicare Customer travels outside of the service area.</p> <p>Note that your agreement with us may include restrictions on referring Members outside the UnitedHealthcare network.</p>	<p>Verbal Notification is required.</p> <p>Please contact Optum KRS at 866-561-7518 for Medicare Member Enrollment/referral into UHC ESRD Disease Management Program.</p>
<p>Out-of-Network Services</p> <p>Plan Exclusions: None</p>	<p>A recommendation from a network physician, or health care provider to a hospital, physician, or other health care provider who is not contracted with UnitedHealthcare</p>	<p>Please note that your agreement with UnitedHealthcare may include restrictions on directing Members outside 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>For Medicare Advantage Members:</p> <p>Advance Notification is required for Medicare Advantage members when:</p> <p>A network physician or health care professional directs a Customer to a Facility, physician, or other health care professional who does not participate in the UnitedHealthcare network, where a Customer's benefit plan does not have benefits for out-of-network services.</p> <p>A network physician or health care professional directs a Customer to a facility, physician, or other health care professional who does not participate in the UnitedHealthcare network, where a</p>

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<p>Out-of-Network Services (cont'd.)</p>		<p>Customer's benefit plan does have benefits for out-of-network services, but there are no network providers available for the type of specialty services needed by the Customer.</p>
<p>Physical Therapy Occupational Therapy - Oxford Mosaic</p> <p>Plan Exclusions: Medicare Advantage</p>	<p>Outpatient rehabilitation services, whether provided at home, or on an ambulatory basis, when provided by a physical therapist or an occupational therapist</p>	<p>Please call the number on the Customer's health care 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, Nuclear Medicine, and Nuclear Cardiology procedures The advanced imaging procedures for which Prior Authorization is required are referred to as "Advanced Outpatient Imaging Procedures."</p> <p>The physician/health care professional ordering an Advanced Outpatient Imaging Procedure is responsible requesting Prior Authorization number and completing the Prior Authorization process prior to scheduling the procedure.</p>	<p>Ordering physicians/health care professionals must request a Prior Authorization number by contacting UnitedHealthcare through any of the following:</p> <ol style="list-style-type: none"> 1. Online: UnitedHealthcareOnline.com > <i>Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status</i> 2. Phone: (866) 889-8054 <p>Additional details regarding this Prior Authorization requirement, including a list of the CPT codes for which Prior Authorization is required are available online at: UnitedHealthcareOnline.com > <i>Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program</i></p>
<p>Therapeutic Radiology Services</p> <p>Plan Exclusions: Erickson Advantage Community Plans that are not Medicare Advantage</p>		<p>Intensity Modulated Radiation Therapy (IMRT)</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)</p> <p>77371 77372 77373 G0173 G0251 G0339 G0340</p> <p>Reference UnitedHealthcareOnline.com for Medicare Advantage</p>

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Therapeutic Radiology Services (cont'd.)		Therapeutic Radiation Prior Authorization requirements. Medicare Advantage prior authorization instructions can be found at UnitedHealthcareOnline.com > <i>Clinician Resources > Cancer-Oncology > Medicare Advantage Therapeutic Radiation</i>
Transplant of Tissue or Organs Plan Exclusions: None Organ or tissue transplant or transplant related services prior to pre-treatment or evaluation	Request for transplant or transplant-related services prior to pre-treatment or evaluation.	For transplant services, call OptumHealth directly at 888-936-7246 or the notification number on the back of the health care ID card. Evaluation for Transplant 99205 Bone Marrow Harvest 38207 38240 38241 38242 Heart/Lung 33930 33935 Heart 33940 33944 33945 Lung 32850 32851 32852 32853 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

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Procedures & Services	Additional Information	Codes for UnitedHealthcare Medicare Plans
<p>Ventricular Assist Devices</p> <p>Plan Exclusions: None</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p>		<p>Call OptumHealth directly at 888-936-7246 or the notification number on the back of the health care ID card.</p> <p>33975 33976 33979 33981 33982 33983 0051T 0052T 0053T</p>

EXCEPTIONS to Advance Notification/Prior Authorization Requirement

Procedures & Services	Additional Information	UnitedHealthcare Medicare Plan Exceptions
<p>MA with Out-of-Network Benefits</p>	N/A	<p>Advance Notification is not required for <u>Medicare Advantage Members whose plans have out-of-network benefits</u>, if the Customer is choosing an out-of-network provider even though an in-network provider is available.</p> <p>Advance Notification is not required for UnitedHealthcare <u>Medicare Advantage Group PPO</u> Members, regardless of whether an in-network provider is available.</p>