

General Information

This list contains prior authorization requirements for UnitedHealthcare Medicare Advantage (to include UnitedHealthcare Dual Complete and other plans listed in the “Included Plans” table below) participating care providers for inpatient and outpatient services. Health plans excluded from the requirements are listed in the “Excluded Plans” section on Page 2.

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member’s health plan ID card says “Referral Required,” certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician. You can find more information about the referral process in the 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at **UHCprovider.com** > Menu > Administrative Guides.

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

Included Plans

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

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

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

UnitedHealthcare[®] Chronic Complete (HMO SNP)

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

AARP[®] MedicareComplete[®] Mosaic (HMO)

Care Improvement Plus[®] Products: Gold Rx (PPO SNP and Regional PPO SNP), Medicare Advantage (PPO and Regional PPO), Silver Rx (Regional PPO SNP), Dual Advantage (Regional PPO SNP)

UnitedHealthcare Community Plan Medicare Advantage benefit plans subject to an additional manual, as further described in the benefit plan section of the 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at **UHCprovider.com** > Menu > Administrative Guides. As explained in the benefit plan section, some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an additional manual and are therefore subject to the Administrative Guide.

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

Excluded Plans

The UnitedHealthcare Prior Authorization Program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the 2018 UnitedHealthcare Administrative Guide for Commercial and Medicare Advantage Including UnitedHealthcare West Fee-for-Service at UHCprovider.com > Menu > Administrative Guides.

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

Hawaii: AARP[®] MedicareComplete[®] Plan 1 – Group 77000, 77007; AARP[®] MedicareComplete Choice[®] Essential – Group 77003, 77008

Illinois: AARP[®] MedicareComplete[®] (HMO) – Group 17243, 17244; AARP[®] MedicareComplete[®] Plan 1 (HMO) – Group 18027, 18028; AARP[®] MedicareComplete[®] Plan 2 (HMO) – Group 55860; AARP[®] MedicareComplete[®] Access (HMO) – Group 55306, 55307, 55430, 55431

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

Utah: AARP[®] MedicareComplete[®] Plan 1 - Group 42000; AARP[®] MedicareComplete[®] Plan 2 - Group 42022; AARP[®] MedicareComplete Essential[®] - Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020

Erickson Advantage[®] Plans

UnitedHealthcare Medicare DirectSM (PFFS)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

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

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

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

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

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

Exclusions for the Medicare prior authorization reduction program apply to:

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

OR

- **These health plan group numbers:**

12200	12225	12226	12227	12228	12229	12230	12231	12232	12233	12234	12235
12236	12237	12238	12239	12240	12241	12242	12243	12244	12245	12246	12247
12248	12249	12250	12251	12252	12253	12299	12305	12306	12307	12308	12309
12310	12311	12312	12313	12314	12315	12316	12317	12320	12322	12323	12324
12325	12350	12351	12354	12355	12356	12357	12358	12359	12361	12362	12363
12365	12366	12367	12368	12369	12370	12371	12372	12373	12374	12375	12376
12377	12378	12379	12380	12381	12382	12383	12384	12385	12386	12387	12388
12389	12390	12391	12392	12393	12394	12395	12396	12397	12398	12399	12402
12404	12405	12406	12407	12408	12409	12410	12411	12412	12413	12414	12415
12416	12417	12418	12419	12420	12421	12422	12423	12424	12425	12467	12468
12469	12470	12471	12471	12472	12473	12474	12475	12553	12554	12555	12556
12557	12558	12559	12560	12561	12562	12563	12564	12565	12566	12567	12568
12569	12570	12571	12572	12573	12574	12575	12576	12577	12578	12579	12580
12581	12582	12583	12584	12585	12586	12587	12588	12590	12591	12592	12593
12594	12595	12596	12597	12598	12599	12600	12601	12602	12612	12613	12614
12616	12617	12618	12620	12621	12622	12623	12624	12625	12626	12627	12628
12629	12630	12631	12632	12633	12634	12635	12636	12637	12638	12639	12640
12643	12644	12647	12657	12658	12659	12660	12661	12662	12663	12664	12666
12667	12671	12672	12673	12674	12675	12676	12677	12679	12680	12681	12682
12683	12685	12686	12688	12689	12690	12694	12698	12699	12701	12702	12751
12752	12753	12775	12776	12777	12778	12779	12780	12781	12782	12783	12785
12786	12787	12788	12789	12790	12791	12792	12793	12794	12795	12796	12797
12798	12799	12800	12801	12805	12808	12809	12810	12811	12812	12813	12814
12815	12816	12817	12818	12819	12820	12821	12822	12823	12824	12825	12826
12827	12828	12830	12831	12832	12849	12851	12852	12853	12854	12855	12856
12857	12860	12861	12862	12863	12864	12865	12866	12867	12868	12869	12870
12871	12872	12873	12874	12875	12876	12877	12878	12879	12880	12881	12882
12883	12885	12886	12889	12892	12894	12895	12898	12899	12951	12975	12976
12985	12986	12987	12988	12989	12990	12991	13200	13201	13202	13207	13208
13209	13211	13212	13213	13225	13226	13240	13250	13252	13253	13254	13256
13257	13258	13259	13260	13261	13262	13263	13264	13265	13266	13267	13268
13269	13275	13276	13277	13278	13281	13284	13285	13286	13287	13288	13289
13290	13291	13292	13293	13294	13295	13297	13302	13303	13304	13305	13306
13307	13308	13311	13314	13315	13319	13321	13323	13325	13327	13343	13344
13345	13346	13347	13348	13349	13350	13351	13400	13401	13402	13425	13450
13451	13452	13453	13454	13456	13457	13458	13459	13460	13461	13501	13502

Exclusions for the Medicare prior authorization reduction program apply to:

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

OR

- **These health plan group numbers:**

13503	13504	13505	13506	13507	13508	13509	13510	13511	13512	13513	13514
13515	13516	13517	13518	13519	13520	13521	13522	13523	13550	13551	13552
13553	13554	13555	13556	13557	13558	13559	13560	13561	13562	13563	13564
13565	13566	13567	13568	13569	13570	13571	13572	13573	13574	13575	13576
13577	13600	13601	13602	13603	13604	13605	13606	13607	13608	13609	13610
13611	13612	13613	13614	13615	13616	13617	13618	13619	13620	13621	13622
13623	13624	13625	13626	13627	13628	13629	13630	13631	13632	13633	13634
13635	13636	13637	13638	13639	13640	13641	13642	13643	13644	13645	13646
13647	13648	13649	13650	13651	13665	13666	13667	13668	13669	13670	13671
13672	13673	13674	13675	13676	13677	13678	13679	13680	13681	13682	13683
13684	13685	13686	13687	13688	13689	13690	13691	13692	13694	13695	13696
13697	13698	13699	13700	13701	13702	13703	13705	13706	13707	13708	13715
13716	13717	13718	13719	13720	13721	13722	13723	13724	13726	13735	13746
13747	13748	13749	13750	13751	13752	13753	13754	13755	13756	13757	13758
13759	13760	13761	13762	13763	13764	13765	13766	13800	13801	13802	13840
13850	13875	13876	13877	13878	13879	13880	13881	13882	13883	13884	13885
13900	13904	13908	13912	13916	13920	13924	13928	13932	13936	13937	13938
13939	13944	13946	13950	13951	13952	13953	13954	13955	13956	13957	13967
13968	13969	13970	13971	13972	15500	15501	15600	15627	15628	15629	15630
15631	15632	15633	15634	15635	15636	15637	15638	15639	15640	15641	15642
15643	15644	15645	15646	15647	15648	15650	15651	15652	15653	15654	15655
15656	15657	15658	15659	15800	15801	15802	15901	15902	15903	15904	15905
15906	15907	15908	15909	15990	15991	16101	16103	16104	16105	16106	16107
16108	16110	16111	16112	16113	16114	16115	16116	16117	16118	16119	16120
16121	16124	16125	16128	16130	16131	16132	16133	16134	16137	16139	16140
16141	16142	16143	16144	16147	16148	16149	16150	16151	16152	16153	16154
16155	16156	16157	16158	16159	16160	16161	16162	16163	16164	16165	16166
16167	16168	16169	16170	16171	16172	16173	16174	27070	27075	55013	55036
55069	55070	55077	55078	55094	55114	55313	55336	55369	55370	55377	55394
55400	55401	55411	55412	55414	55870	55874	55875	55877	55878	55879	55913
55924	55933	68089	68090	68092	68094	68118	68124	68125	68132	68138	68139
68140	68141	68142	68153	68181	68182	68183	68184	68192	68197	97000	97001
97002	97003	97004	97005								

**UnitedHealthcare Medicare
Prior Authorization Requirements
Effective April 1, 2018**



Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	20974 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
		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 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: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691

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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
<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>	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			
<p>Durable medical equipment (DME)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> 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 plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0470	E0471	E0472	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			
		<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>Plan exclusions:</p> <ul style="list-style-type: none"> 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</p>	E0170	E0193
E0246	E0277			E0300	E0302
E0304	E0316			E0328	E0329
E0350	E0373			E0459	E0462
E0465	E0466			E0483	E0603
E0616	E0617			E0618	E0635
E0636	E0639			E0640	E0692

Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
<p>Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$1,000</p>	<p>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 plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0693 E0740 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1812 K0044 K0051 K0073 K0455 K0744	E0694 E0746 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 K0020 K0046 K0056 K0098 K0609 K0745	E0700 E0761 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 K0037 K0047 K0065 K0105 K0730 K0746	E0710 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 K0039 K0050 K0072 K0108 K0743
<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	55970 55980			<p>These surgical codes when billed with one of the following DX codes:</p> <p>F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p>14000 14001 14041 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 19304 20926 21899 31599 31899 53410 53420 53425 53430</p>

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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Gender dysphoria treatment (cont'd)		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		
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) – inpatient only Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	No prior authorization required for outpatient vaginal hysterectomies Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Injectable medications Plan exclusions: None	Prior authorization required	Radicava® C9493 Spinraza™ J2326 Unclassified codes* C9399 J3490 J3590 <i>*For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Luxturna™ and Radicava.</i>			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations Plan exclusions: <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment Plan exclusions: None	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198

**UnitedHealthcare Medicare
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Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Orthognathic surgery (cont'd)		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthotics: more than \$1,000 Orthotics with a retail purchase or a cumulative rental cost of more than \$1,000 Plan exclusions: None	Prior authorization required	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		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		
Orthopedic surgeries Spine and joint surgeries Plan exclusions: • Medicare prior authorization reduction	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

Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Orthopedic surgeries (cont'd)		22810 22830 22855 22865 23470 24362 27125 27137 27446 29866 29915 63005 63016 63040 63047 63056 63081 63101 63173 63190 63196 63200	22812 22849 22856 22867 23472 24363 27130 27138 27447 29867 29916 63011 63017 63042 63050 63064 63085 63102 63180 63191 63197 0195T	22818 22850 22861 22869 24360 27120 27132 27412 27486 29868 63001 63012 63020 63045 63051 63075 63087 63170 63182 63194 63198 0196T	22819 22852 22864 22899 24361 27122 27134 27445 27487 29914 63003 63015 63030 63046 63055 63077 63090 63172 63185 63195 63199 0200T
Potentially unproven services (including experimental/investigational) Plan exclusions: None	Prior authorization required Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	28890 64722 95966	36514 64744	64405 66180	64555 95965
Prosthetics: more than \$1,000 Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000 Plan exclusions: None	Prior authorization required	L5010 L5100 L5200 L5250 L5312 L5400 L5510 L5540	L5020 L5105 L5210 L5270 L5321 L5420 L5520 L5560	L5050 L5150 L5220 L5280 L5331 L5500 L5530 L5570	L5060 L5160 L5230 L5301 L5341 L5505 L5535 L5580

**UnitedHealthcare Medicare
Prior Authorization Requirements
Effective April 1, 2018**



Procedures and Services	Additional Information	Codes for Medicare Advantage Plans			
Prosthetics: more than \$1,000 (cont'd) Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699
Rhinoplasty Treatment of nasal functional impairment and septal deviation Plan exclusions: None	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	Codes for Medicare Advantage Plans
<p>Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<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 – not sleep studies</p>	<p>21685 41512 41530 41599 42145</p>
<p>Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>63650 63655 63685</p>
<p>Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>61885 64568</p>

Other Advance Notification & Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Behavioral health services Behavioral health services through a designated behavioral health network</p> <p>Plan exclusions: None</p>	<p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health or substance abuse/substance use services.</p>
<p>Cardiology prior authorization program</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) New York: AARP® MedicareComplete® – Group 66093; AARP® MedicareComplete® Plan 1 – Group 66074 & 66091; AARP® MedicareComplete® Plan 2 – Group 13012 & 66092; AARP® MedicareComplete® Plan 3 - Group 66089; AARP® 	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance</p> <p>For more information, please see the <i>Cardiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology.</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Cardiology prior authorization program (cont'd)</p> <p>MedicareComplete[®] Essential – Group 66075; AARP[®] MedicareComplete[®] Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.</p> <ul style="list-style-type: none"> • UnitedHealthcare MedicareComplete[®] Choice (PPO) – Group 42023 • Medicare prior authorization reduction 		
<p>Chemotherapy</p> <p>Plan exclusions: None</p>	<p>Notification required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis for plan members in FL, GA and WI.</p>	<p>Injectable chemotherapy drugs that require notification for plan members in FL, GA and WI:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For notification, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
<p>End-stage renal disease/dialysis services</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Medicare prior authorization reduction 	<p>Advance notification is required if a member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for our members, even when they may have out-of-network benefits.</p> <p>Advance notification isn't required for ESRD when a Medicare Solutions member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network</p>	<p>To enroll or refer a Medicare member to the Optum Kidney Resource Service, please call 866-561-7518.</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Out-of-network services A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare</p> <p>Plan exclusions: None</p>	<p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the UnitedHealthcare network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for Medicare Advantage members when:</u></p> <ul style="list-style-type: none"> • A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. • A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed. 	
<p>Radiology prior authorization</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • UnitedHealthcare[®] Nursing Home and UnitedHealthcare[®] Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) • New York: AARP[®] MedicareComplete[®] – Group 66093; AARP[®] MedicareComplete[®] Plan 1 – Group 66074 & 66091; AARP[®] MedicareComplete[®] Plan 2 – Group 13012 & 66092; AARP[®] MedicareComplete[®] Plan 3 – Group 66089; AARP[®] MedicareComplete[®] Essential – Group 66075; AARP[®] MedicareComplete[®] Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue. • UnitedHealthcare MedicareComplete[®] Choice (PPO) – Group 42023 • Medicare prior authorization reduction 	<p>Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:</p> <ul style="list-style-type: none"> • Certain PET scans • Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the <i>Outpatient Radiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Therapeutic radiology services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • New York: AARP[®] MedicareComplete[®] – Group 66093; AARP[®] MedicareComplete[®] Plan 1 – Group 66074 & 66091; AARP[®] MedicareComplete[®] Plan 2 – Group 13012 & 66092; AARP[®] MedicareComplete[®] Plan 3 - Group 66089; AARP[®] MedicareComplete[®] Essential – Group 66075; AARP[®] MedicareComplete[®] Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue. • UnitedHealthcare MedicareComplete[®] Choice (PPO) – Group 42023 • Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>Intensity modulated radiation therapy (IMRT)</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</p> <p>77371 77372 77373 G0173 G0251 G0339 G0340</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UHCprovider.com/priorauth > Oncology.</p>
<p>Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Request for transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah[™] (tisagenlecleucel) and Yescarta[™] (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Evaluation for transplant 99205</p> <p>Bone marrow harvest 38240 38241 38242</p> <p>Heart/lung 33930 33935</p> <p>Heart 33940 33944 33945</p> <p>Lung 32850 32851 32852 32853 32854 32856 S2060 S2061</p> <p>Kidney 50300 50320 50323 50340</p>

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization			
Transplant of tissue or organs (cont'd)		50360 50547	50365	50370	50380
		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47143	47147	
		Intestine			
		44132	44133	44135	44136
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes			
		38206	38999	J3490	J9999
		Q2040	Q2041	S2107	
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.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			