

# Prior Authorization Requirements for Delaware CAID/CHIP Effective October 1, 2017



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Delaware CAID/CHIP participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **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:** 800-366-7304
- **Fax:** 877-877-8230; fax form is available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Delaware > Manuals and Forms > Prior Authorization Fax Request Form.

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43845 43860 95980	0313T 0317T 43770 43846 43881 95981	0314T 43644 43775 43847 43882 95982	0315T 43645 43842 43848 64590
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	64721			
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting	66821	66982	66984	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cataract surgery (cont'd)</b>	Prior authorization not required if performed at a participating ambulatory surgery center				
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Colonoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	45378	45380	45384	45385
<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  <b><u>For codes with an asterisk:</u></b>  Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	11960 14040* 15821 15847 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	11971 14060* 15822 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13101* 14301* 15823 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966	13132* 15820 15830 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924
<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i>  Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i>	A9280 E0194 E0300 E0329 E0466 E0483 E0636 E0642 E0656 E0670 E0692 E0710 E0766 E0786 E0986	A9900 E0265 E0302 E0445 E0470 E0485 E0637 E0650 E0667 E0673 E0693 E0745 E0782 E0947 E1002	A9999 E0266 E0304 E0457 E0471 E0486 E0638 E0651 E0668 E0675 E0694 E0762 E0783 E0948 E1003	E0193 E0277 E0328 E0465 E0472 E0620 E0641 E0652 E0669 E0691 E0700 E0764 E0784 E0984 E1004

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V5283 V5290	E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5286	E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 V5281 V5287	E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5282 V5288
<p><b>Ears, nose and throat procedures</b></p>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	21320 69631	30140	30520	69436
<p><b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	<p>Prior authorization required</p>	B4034 B4102 B4150	B4035 B4103 B4152	B4036 B4104 B4153	B4100 B4149 B4155

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Enteral services (cont'd)		B4158 B9000	B4159 B9002	B4160 B9998	B4161
Experimental or investigational	Prior authorization required	33477 61863 61886 62292 65767 95967 0271T A9276 E1831	36514 61864 62264 64555 66180 95978 A4638 A9277 S1040	54240 61867 62290 64722 95965 0269T A6000 A9278	55866 61868 62291 65765 95966 0270T A9274 E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
Gender dysphoria treatment	Prior authorization required	55970	55980	These <b>surgical codes</b> with the following <b>DX codes:</b> F64.0      F64.1      F64.2      F64.8 F64.9      Z87.890	
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
Hernia repair	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes								
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	<table border="0"> <tr> <td>G0156</td> <td>G0162</td> <td>G0299</td> <td>G0300</td> </tr> <tr> <td>S9122</td> <td>S9123</td> <td>S9124</td> <td>S9474</td> </tr> </table>	G0156	G0162	G0299	G0300	S9122	S9123	S9124	S9474
G0156	G0162	G0299	G0300							
S9122	S9123	S9124	S9474							
<b>Injectable medications</b>	Prior authorization required	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585      J0586      J0587      J0588</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Ellyso®</b> J3060</p> <p><b>Exondys 51™</b> C9484</p> <p><b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Nucala®</b> J2182</p> <p><b>Probuphine®</b> J0570</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> C9489</p> <p><b>Synagis®</b> 90378</p> <p><b>Unclassified*</b> J3490      J3590</p> <p><b>Xolair®</b></p>								

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		J2357			
		*For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
<b>Liver biopsy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	47000			
<b>Miscellaneous services</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0431	A0435	A0436	
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5790 L5814	L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5795 L5816	L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5811	L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5812 L5822

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623	L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	T1000	T1002		
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525
<p><b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	30400 30450	30410 30460	30420 30462	30430 30465



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
<b>Tonsillectomy and adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	42820 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</b>	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Upper gastrointestinal endoscopy (cont'd)</b>	Prior authorization not required if performed at a participating ambulatory surgery center	
<b>Urologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 54161 55040 55700 57288
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 36473 36475 36478 37700 37718 37722 37780
<b>Wound vac</b>	Prior authorization required	E2402

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> > For Health Care Professionals > Delaware > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b><u>Injectable chemotherapy drugs that require prior authorization:</u></b>  <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that</li> </ul>

Additional Advance Notification and Prior Authorization Programs		
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Chemotherapy (cont'd)		<p>have a Q code</p> <ul style="list-style-type: none"> <li>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</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p>
Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<p><b><u>Injectable colony stimulating factor drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>J1442 filgrastim (Neupogen®)</li> <li>J1447 tbo-filgrastim (Granix®)</li> <li>J2505 pegfilgrastim (Neulasta®)</li> <li>J2820 sargramostim (Leukine®)</li> <li>Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p>
Radiology	<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>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com &gt; For Health Care Professionals &gt; Delaware &gt; Radiology &gt; CPT Code List</b>.</p>

Additional Advance Notification and Prior Authorization Programs			
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization	
<b>Transplants</b>	Prior authorization required	For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.	
		32850	32851 32852 32853
		32854	32855 32856 33930
		33933	33935 33940 33944
		33945	38208 38209 38210
		38212	38213 38214 38215
		38232	38240 38241 38242
		44132	44133 44135 44136
		44137	44715 44720 44721
		47133	47135 47140 47141
		47142	47143 47144 47145
		47146	47147 48551 48552
		48554	50300 50320 50323
		50325	50340 50360 50365
		50370	50380 50547 S2060
		S2061	S2152
<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .	
		0051T	0052T 0053T 33975
		33976	33979 33981 33982
		33983	Q0507 Q0508 Q0509