

Prior Authorization Requirements for Delaware Long Term Care Effective October 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Delaware Long Term Care (LTC) 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 > 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			
Abdominal paracentesis	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49083			
Bariatric surgery 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) 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
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	64721			
Cataract surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if	66821	66982	66984	

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Cataract surgery (cont'd)	performed at a participating ambulatory surgery center				
Cochlear and other auditory implants 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
Colonoscopy	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
Cosmetic and reconstructive 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 For codes with an asterisk: 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
Durable medical equipment (DME): more than \$500 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 services</i>	A9280 E0194 E0300 E0329 E0466 E0483 E0637 E0650 E0667 E0675 E0694 E0762 E0947	A9900 E0265 E0302 E0445 E0470 E0485 E0638 E0651 E0668 E0691 E0700 E0764 E0948	A9999 E0266 E0304 E0457 E0471 E0486 E0641 E0652 E0669 E0692 E0710 E0766 E0984	E0193 E0277 E0328 E0465 E0472 E0636 E0642 E0656 E0670 E0693 E0745 E0784 E0986

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		E1002 E1006 E1010 E1035 E1090 E1220 E1232 E1236 E1250 E1300 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5283 V5290	E1003 E1007 E1011 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0011 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V5286	E1004 E1008 E1018 E1086 E1140 E1230 E1234 E1238 E1285 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 V5281 V5287	E1005 E1009 E1030 E1089 E1161 E1231 E1235 E1239 E1290 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 V5282 V5288
Ears, nose and throat procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102	B4035 B4103	B4036 B4104	B4100 B4149

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Enteral services (cont'd)		B4150 B4158 B9000	B4152 B4159 B9002	B4153 B4160 B9998	B4155 B4161
Experimental and investigational	Prior authorization required	33477 61863 61886 62292 65767 95967 0271T E0231	36514 61864 62264 64555 66180 95978 A4638 E1831	54240 61867 62290 64722 95965 0269T A6000 S1040	55866 61868 62291 65765 95966 0270T A9274
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 surgical codes with the following DX codes : F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890	
		14000 15738 19303 53430 54690 56800 58150 58290 58543 58553 58572 58940	14001 15750 19304 54125 55175 56805 58180 58291 58544 58554 58573 64856	14041 15757 20926 54520 55180 57110 58260 58541 58550 58570 58661 64892	15734 15758 53410 54660 56625 57335 58262 58542 58552 58571 58720 64896
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			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 S9122	G0162 S9123	G0299 S9124	G0300 S9474
Injectable medications	Prior authorization required	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Elelyso® J3060</p> <p>Exondys 51™ C9484</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Soliris®* J1300</p> <p>Spinraza™ C9489</p> <p>Synagis®* 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair®</p>			

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Injectable medications (cont'd)		J2357			
		*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
		** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.			
Joint replacement 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		
Liver biopsy	Prior authorization required if performed in an outpatient hospital setting	47000			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Miscellaneous services	Prior authorization required if performed in an outpatient hospital setting	20680			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Non-emergent air ambulance transport	Prior authorization required	A0431	A0436		
Ophthalmologic	Prior authorization required if performed in an outpatient hospital setting	65426	65730	65855	66170
		66761	67028	67036	67040
	Prior authorization not required if performed at a participating ambulatory surgery center	67228	67311	67312	
Orthognathic surgery 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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	<p>L0112 L0464 L0486 L0632 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</p>	<p>L0170 L0480 L0624 L0634 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</p>	<p>L0456 L0482 L0629 L0636 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</p>	<p>L0462 L0484 L0631 L0637 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</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	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	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L7499	L8035	L8040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8500	L8609	L8610	L8612
		L8631	L8659	V2623	V2627
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000	T1002		

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Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30450	30410 30460	30420 30462	30430 30465
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307
Tonsillectomy and adenoidectomy	Prior authorization required if performed in an outpatient hospital setting	42820 42830	42821	42825	42826

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Tonsillectomy and adenoidectomy (cont'd)	Prior authorization not required if performed at a participating ambulatory surgery center				
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	43235	43239	43249	
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	50590 52224 52281 52352 55040	52000 52234 52310 52353 55700	52005 52235 52332 52356 57288	52204 52260 52351 54161
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures 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	36473 37718	36475 37722	36478 37780	37700
Wound vac	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
Behavioral health services	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.
Cardiology	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	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 . For more details and the CPT codes that

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Cardiology (cont'd)	stress echoes prior to performance	require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Delaware > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.																																																												
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>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 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 UHCCommunityPlan.com > For Health Care Professionals > Delaware > Radiology > CPT Code List.</p>																																																												
Transplants	Prior authorization required	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table>	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		
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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>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 855-282-8929.</p> <p>33975 33976 33979 33981 33982 33983 0051T 0052T 0053T Q0507 Q0508 Q0509</p>