

Prior Authorization Requirements for Delaware Long Term Care Effective April 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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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 0313T 0314T 0315T 0316T 0317T 43644 43645 43648 43770 43775 43842 43845 43846 43847 43848 43860 43881 43882 64590 95980 95981 95982
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 20975 20979 E0747 E0748 E0760
BRCA genetic testing	Prior authorization required	81162 81211 81212 81213 81214 81215 81216 81217 81432 81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19318 19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 L8600
Cardiovascular	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	36561 36590
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if	64721

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Carpal tunnel surgery (cont'd)	performed at a participating ambulatory surgery center				
Cataract surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	
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	A9280 E0194 E0297 E0328 E0465 E0472 E0601	A9900 E0265 E0300 E0329 E0466 E0483 E0636	A9999 E0266 E0302 E0445 E0470 E0485 E0637	E0193 E0277 E0304 E0457 E0471 E0486 E0638

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>the cost threshold – see <i>Home health services</i></p>	<p>E0641 E0652 E0669 E0692 E0710 E0766 E0984 E1004 E1008 E1018 E1086 E1140 E1230 E1234 E1238 E1285 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V5286</p>	<p>E0642 E0656 E0670 E0693 E0745 E0784 E0986 E1005 E1009 E1030 E1089 E1161 E1231 E1235 E1239 E1290 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 V5281 V5287</p>	<p>E0650 E0667 E0675 E0694 E0762 E0947 E1002 E1006 E1010 E1035 E1090 E1220 E1232 E1236 E1250 E1300 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 V5282 V5288</p>	<p>E0651 E0668 E0691 E0700 E0764 E0948 E1003 E1007 E1011 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0011 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5283 V5290</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																															
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 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161																																																												
Experimental and investigational	Prior authorization required	0269T 0283T 54240 61867 62290 64722 95965 A4638 E1831	0270T 0285T 55866 61868 62291 65765 95966 A6000 S1040	0271T 33477 61863 61886 62292 65767 95967 A9274	0282T 36514 61864 62264 64555 66180 95978 E0231																																																												
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916																																																													
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287																																																												
Gender dysphoria treatment	Prior authorization required	55970	55980	<p>These surgical codes with the following DX codes:</p> <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>14000</td> <td>14001</td> <td>14020</td> <td>14021</td> </tr> <tr> <td>14041</td> <td>14302</td> <td>15734</td> <td>15738</td> </tr> <tr> <td>15750</td> <td>15757</td> <td>15758</td> <td>19303</td> </tr> <tr> <td>19304</td> <td>20926</td> <td>53410</td> <td>53430</td> </tr> <tr> <td>54125</td> <td>54520</td> <td>54660</td> <td>54690</td> </tr> <tr> <td>55175</td> <td>55180</td> <td>56625</td> <td>56800</td> </tr> <tr> <td>56805</td> <td>57110</td> <td>57335</td> <td>58150</td> </tr> <tr> <td>58180</td> <td>58260</td> <td>58262</td> <td>58290</td> </tr> <tr> <td>58291</td> <td>58541</td> <td>58542</td> <td>58543</td> </tr> <tr> <td>58544</td> <td>58550</td> <td>58552</td> <td>58553</td> </tr> <tr> <td>58554</td> <td>58570</td> <td>58571</td> <td>58572</td> </tr> <tr> <td>58573</td> <td>58661</td> <td>58720</td> <td>58940</td> </tr> <tr> <td>64856</td> <td>64892</td> <td>64896</td> <td></td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			14000	14001	14020	14021	14041	14302	15734	15738	15750	15757	15758	19303	19304	20926	53410	53430	54125	54520	54660	54690	55175	55180	56625	56800	56805	57110	57335	58150	58180	58260	58262	58290	58291	58541	58542	58543	58544	58550	58552	58553	58554	58570	58571	58572	58573	58661	58720	58940	64856	64892	64896	
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14000	14001	14020	14021																																																														
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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
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	Acthar® J0800 Botox® J0585 J0586 J0587 J0588 Cerezyme® J1786 Cinqair® J2786 Ellelyso® J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Nucala® J2182 Probuphine® J0570 Synagis®* 90378			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		<p>Unclassified** J3490 J3590</p> <p>Xolair®* J2357</p> <p>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes J3490 and J3590, prior authorization is only required when billed with ICD-10 diagnosis code G35 for drug Ocrevus™.</p>			
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 Prior authorization not required if performed at a participating ambulatory surgery center	47000			
Miscellaneous services	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	20680			
Non-emergent air ambulance transport	Prior authorization required	A0431	A0436		
Ophthalmologic	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	
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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	30465
Orthotics and prosthetics: more than \$500 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
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3253	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3765	L3766	L3900	L3901
		L3904	L3905	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400

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>		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5681
		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5781	L5782	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

**Prior Authorization Requirements for Delaware Long Term Care
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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		L7190 L8035 L8043 L8047 L8610 V2623	L7191 L8040 L8044 L8499 L8612 V2627	L7405 L8041 L8045 L8500 L8631	L7499 L8042 L8046 L8609 L8659
Private duty nursing	Prior authorization required	T1000	T1002		
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
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	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63003 63015 63030 63046 63056 63081 63101	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63005 63016 63040 63047 63064 63085 63102

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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	
Tonsillectomy and adenoidectomy	Prior authorization required if performed in an outpatient hospital setting	42820	42821	42825	42826
	Prior authorization not required if performed at a participating ambulatory surgery center	42830			
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	
	Prior authorization not required if performed at a participating ambulatory surgery center				
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Vagus nerve stimulation 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
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	36475	36478	37700
		37718	37722	37780	
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	<p>Prior authorization required</p> <p>Many of our benefit plans 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 and substance abuse/substance use services.</p>																																				
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Delaware > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>																																				
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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Delaware > Radiology > CPT Code List.</p>																																				
Transplants	<p>Prior authorization required</p>	<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" data-bbox="1062 1570 1495 1879"> <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> </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
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																																			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																								
Transplants (cont'd)		<table border="0"> <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>	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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50370	50380	50547	S2060																							
S2061	S2152																									
Ventricular assist devices (VAD) 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 855-282-8929 . <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509												
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