

Advance Notification/Prior Authorization Requirements for Delaware CAID/CHIP Effective July 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Delaware CAID/CHIP contracted/participating providers (in-patient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Phone **800-366-7304**//Fax 877-877-8230
- Online: [http:// www.uhccommunityplan.com](http://www.uhccommunityplan.com)
- All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.
- Non-emergency Inpatient Admissions, including planned surgeries, require prior authorization

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|---|--|--|--|--|
| Bariatric surgery | Inpatient and Outpatient bariatric surgery and obesity-related services | 43644 43770 43774 43845 43860 43886 95980 0313T 0317T | 43645 43771 43775 43846 43865 43887 95981 0314T | 43647 43772 43842 43847 43881 43888 95982 0315T | 43648 43773 43843 43848 43882 64590 0312T 0316T |
| Bone growth stimulator | Electronic stimulation or ultrasound to heal fractures | 20974 E0748 | 20975 E0749 | 20979 E0760 | E0747 |
| BRCA genetic testing | | 81162 81214 81432 | 81211 81215 81433 | 81212 81216 | 81213 81217 |
| Breast reconstruction (non-mastectomy) | Reconstruction of the breast other than following mastectomy | 19316 19328 19350 19366 19370 L8600 | 19318 19330 19357 19367 19371 | 19324 19340 19361 19368 19380 | 19325 19342 19364 19369 19396 |
| Cochlear and other auditory implants | Medical device with a portion surgically implanted within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | 69710 69718 L8616 L8627 L8692 | 69714 69930 L8617 L8628 L8693 | 69715 L8614 L8618 L8690 | 69717 L8615 L8619 L8691 |
| Cosmetic and reconstructive procedures | Advance notification required for both inpatient and outpatient. Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function | 11960 15822 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 | 11971 15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 | 15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 | 15821 15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|--|--|--|--|--|
| Cosmetic and reconstructive procedures (cont'd.) | | 67917 67924 | 67921 67950 | 67922 67961 | 67923 67966 |
| Durable medical equipment (DME) more than \$500 | <p>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 – outpatient only</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold (see <i>Home Health Care Services</i>).</p> | A9280 E0194 E0277 E0302 E0445 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 | A9900 E0265 E0296 E0304 E0457 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827 K0831 | A9999 E0266 E0297 E0328 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 | E0193 E0274 E0300 E0329 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 |

| 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 a cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>) Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold (see <i>Home Health Care Services</i>). | K0838 | K0839 | K0840 | K0841 |
| | | K0842 | K0843 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | | K0858 | K0859 | K0860 | K0861 |
| | | K0862 | K0863 | K0864 | K0868 |
| | | K0869 | K0870 | K0871 | K0877 |
| | | K0878 | K0879 | K0880 | K0884 |
| | | K0885 | K0886 | K0890 | K0891 |
| | | K0898 | Q0479 | Q0480 | Q0481 |
| | | Q0482 | Q0483 | Q0484 | Q0489 |
| | | Q0490 | Q0491 | Q0495 | Q0496 |
| | | Q0502 | Q0503 | Q0504 | Q0506 |
| | | T1999 | V5281 | V5282 | V5283 |
| | | V5284 | V5285 | V5286 | V5287 |
| | | V5288 | V5289 | V5290 | |
| Enteral services | At-home nutritional therapy either enteral or through a gastrostomy tube | B4034 | B4035 | B4036 | B4100 |
| | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4154 |
| | | B4155 | B4157 | B4158 | B4159 |
| | | B4160 | B4161 | B4162 | B9000 |
| | | B9002 | B9998 | | |
| Experimental or investigational | | 33477 | 36514 | 54240 | 55866 |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61886 | 62264 | 62290 | 62291 |
| | | 62292 | 64555 | 64722 | 65765 |
| | | 65767 | 66180 | 95250 | 95251 |
| | | 95965 | 95966 | 95967 | 95978 |
| | | 0269T | 0270T | 0271T | 0282T |
| | | 0283T | 0285T | A4638 | A6000 |
| | | A9274 | A9276 | A9277 | A9278 |
| | | E0231 | E1831 | S1040 | S8262 |
| Femoroacetabular impingement syndrome (FAI) | | 29914 | 29915 | 29916 | |
| | | | | | |
| Functional endoscopic sinus surgery (FESS) | | 31237 | 31239 | 31240 | 31254 |
| | | 31255 | 31256 | 31267 | 31276 |
| | | 31287 | 31288 | | |
| Home health care | | G0151 | G0152 | G0153 | G0155 |
| | | G0156 | G0157 | G0158 | G0162 |
| | | G0299 | G0300 | S9122 | S9123 |
| | | S9124 | S9127 | S9128 | S9129 |
| | | S9131 | S9474 | T1021 | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|--|-------|-------|-------|
| Injectable medications | | Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Synagis 90378 Xolair J2357 | | | |
| Joint replacement | Outpatient and inpatient joint replacement and total hip and knee replacement procedures | 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 | | |
| Non-emergent air | Ambulance Transport | A0431 | A0435 | A0436 | |
| Orthognathic surgery | Treatment of maxillofacial (jaw) functional impairment | 21121 | 21122 | 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 |
| | | 30465 | | | |
| Orthotics and prosthetics – more than \$500 | Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only | L0112 | L0170 | L0456 | L0458 |
| | | L0460 | L0462 | L0464 | L0470 |
| | | L0480 | L0482 | L0484 | L0486 |
| | | L0488 | L0491 | L0624 | L0629 |
| | | L0631 | L0632 | L0634 | L0635 |
| | | L0636 | L0637 | L0638 | L0639 |
| | | L0640 | L0700 | L0710 | L0810 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|--|-------|-------|-------|
| Orthotics and prosthetics – more than \$500 (cont'd.) | Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only | L0820 | L0830 | L0859 | L1000 |
| | | L1005 | L1200 | L1300 | L1310 |
| | | L1499 | L1680 | L1685 | L1686 |
| | | L1690 | L1700 | L1710 | L1720 |
| | | L1730 | L1755 | L1832 | L1834 |
| | | L1840 | L1843 | L1844 | L1845 |
| | | L1846 | L1860 | L1932 | L1945 |
| | | L1950 | L1951 | L1970 | L2000 |
| | | L2005 | L2010 | L2020 | L2030 |
| | | L2034 | L2036 | L2037 | L2038 |
| | | L2060 | L2106 | L2108 | L2114 |
| | | L2116 | L2126 | L2128 | L2132 |
| | | L2134 | L2136 | L2350 | L2510 |
| | | L2525 | L2526 | L2627 | L2628 |
| | | L2999 | L3000 | L3010 | L3020 |
| | | L3031 | 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 | L3960 | L3961 | L3962 |
| | | L3967 | L3971 | L3973 | L3975 |
| | | L3976 | L3977 | L3978 | L3999 |
| | | L4000 | L4010 | L4020 | L4631 |
| | | L5000 | L5010 | L5020 | L5050 |
| | | L5060 | L5100 | L5105 | L5150 |
| | | L5160 | L5200 | L5210 | L5220 |
| | | L5230 | L5250 | L5270 | L5280 |
| | | L5301 | L5312 | L5321 | L5331 |
| | | L5341 | L5400 | 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 | L5679 | L5681 | L5682 | | |
| L5683 | L5700 | L5701 | L5702 | | |
| L5703 | L5705 | L5706 | L5707 | | |
| L5716 | L5718 | L5722 | L5724 | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|---|---|--|--|
| Orthotics and prosthetics – more than \$500 (cont'd.) | Orthotics and prosthetics codes listed with a retail purchase or a cumulative rental cost of \$500 or more – outpatient only | L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 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 | L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 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 | L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 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 | L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 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 |
| Private duty nursing | | T1000 | T1002 | | |
| Proton Beam Therapy | Focused radiation therapy using beams of protons (tiny particles with a positive charge) | 77520 | 77522 | 77523 | 77525 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|---|---|---|---|
| Rhinoplasty and septoplasty | Treating nasal functional impairment and septal deviation | 30400 30450 | 30410 30460 | 30420 30462 | 30430 |
| Sinuplasty | | 31295 | 31296 | 31297 | |
| Sleep apnea procedures and surgeries | Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | 21685 | 41530 | 41599 | 42145 |
| Sleep studies | | 95805 95811 | 95807 | 95808 | 95810 |
| Spinal stimulator for pain management | Spinal cord stimulators when implanted for pain management | 63650 | 63655 | 63685 | |
| Spinal surgery | Inpatient and outpatient spinal surgeries | 22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 | 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 | 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 | 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 |
| Vagus nerve stimulation | Implantation of a device that sends electrical impulses into one of the cranial nerves. | 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. | 36468 37718 | 36475 37722 | 36478 37780 | 37700 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes |
|-------------------------|------------------------|--|
| Wound vac | | E2402 |

Additional Advance Notification and Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | |
|---|---|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Behavioral health services | Behavioral health services through a designated behavioral health network. 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 ID card to refer for mental health and substance abuse/substance use services. | | | | | | | | | | | | | | | | |
| Cardiology prior authorization program | Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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. | Request prior authorization by calling 866-889-8054 . For more information, including a list of the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Delaware > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk. | | | | | | | | | | | | | | | | |
| Out-of-network services | When a network provider refers a member to a non-network provider | All out-of-network services require prior authorization | | | | | | | | | | | | | | | | |
| Radiology prior authorization | Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures. Advanced imaging procedures that require prior authorization are called advanced outpatient imaging procedures. | Physicians ordering advanced outpatient imaging procedures are responsible for requesting prior authorization before scheduling the procedure by calling 866-889-8054 . For more information about this prior authorization requirement, including a list of the CPT codes that require prior authorization, go to UHCommunityPlan.com > For Health Care Professionals > Delaware > Radiology > CPT Code List. | | | | | | | | | | | | | | | | |
| Transplants | | For transplant services, call OptumHealth at 800-418-4994 and send fax requests to 877-814-0488 . <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>38207</td> <td>38208</td> <td>38209</td> </tr> </table> | 32850 | 32851 | 32852 | 32853 | 32854 | 32855 | 32856 | 33930 | 33933 | 33935 | 33940 | 33944 | 33945 | 38207 | 38208 | 38209 |
| 32850 | 32851 | 32852 | 32853 | | | | | | | | | | | | | | | |
| 32854 | 32855 | 32856 | 33930 | | | | | | | | | | | | | | | |
| 33933 | 33935 | 33940 | 33944 | | | | | | | | | | | | | | | |
| 33945 | 38207 | 38208 | 38209 | | | | | | | | | | | | | | | |

Additional Advance Notification and Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization | | | |
|-----------------------------------|--|---|---|---|--|
| Transplants (cont'd.) | | 38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060 | 38212 38232 44132 44137 47133 47142 47146 48554 50325 50370 S2061 | 38213 38240 44133 44715 47135 47143 47147 50300 50340 50380 S2152 | 38214 38241 44135 44720 47140 47144 48551 50320 50360 50547 |
| Ventricular assist devices | A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow | Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's ID card. 33975 33976 33979 33981 33982 33983 0051T 0052T 0053T Q0507 Q0508 Q0509 | | | |