

Prior Authorization Requirements for Iowa Effective July 1, 2016



This list represents United Healthcare Community Plan inpatient and outpatient prior authorization requirements for Iowa in-network. All services from out-of-network physicians, facilities and health care providers require prior authorization.

Submit prior authorization requests by fax or online for all services except radiology, cardiology and behavioral health*:

- **Online:** Submit prior authorization requests using Link.by signing in to UnitedHealthcareOnline.com using your Optum ID. You will be redirected to Link after sign-in. If you don't have an Optum ID or need help remembering your ID or password, the Link sign-in screens will guide you through the process.
- **Fax: 888-899-1680**
 - Prior Authorization Request Form available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Forms](#) or
 - Pharmacy Prior Authorization Forms available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Pharmacy Program.

*Behavioral health requests: Submit online at UnitedHealthcareOnline.com or by phone at 888-650-3462.

*Radiology and cardiology prior authorization requests: Follow the instructions on UnitedHealthcareOnline.com > Link > UnitedHealthcare Community Plan > For Health Care Professionals > Iowa > Radiology or Cardiology.

If you have questions, please call Provider Services at **888-650-3462**. Thank you.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Inpatient and outpatient bariatric surgery and specific obesity-related services	0312T 0316T 43647 43771 43775 43846 43865 43887 95981	0313T 0317T 43648 43772 43842 43847 43881 43888 95982	0314T 43644 43659 43773 43843 43848 43882 64590 97802	0315T 43645 43770 43774 43845 43860 43886 95980 97803
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 except for after mastectomy	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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.	69710 69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691
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	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME) - more than \$500	DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0641 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130

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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 Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)	E1140 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287	E1161 E1230 E1234 E1238 E1285 E1399 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	E1220 E1231 E1235 E1239 E1290 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289	E1226 E1232 E1236 E1250 E1300 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Enteral services	In-home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162 B9999	B4100 B4149 B4154 B4159 B9000
Experimental or investigational		33477 61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9988	36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S0810 S2102 S9990	54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S3652 S9991	55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S8262
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for all procedure codes for dates of service on or after 7/1/2016.	31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Gender dysphoria		55970	55980		
Home health care	Personal care services	S9122			
Home & community based services	Prior authorization through Community-based Case Manager during care planning assessment and determination of needs				
Injectable medications	*Call 888-650-3462 for prior authorization	Acthar J0800 Botox J0585 Cerezyme J1786 Elelyso J3060 IVIG 90283	J0586	J0587	J0588 J1459
		90284	J1459	J1556	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena/17P J1725 J2675 Synagis* 90378 VPRIV J3385 Xolair* J2357			
Joint replacement	Outpatient and inpatient joint 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 J7330 S2112			
Non-emergent air ambulance transport		A0430 A0431 A0435 A0436 S9960 S9961			
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	Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	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 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			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics – more than \$500 (cont'd)</p>	<p>Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.</p>	<p>L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856</p>	<p>L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857</p>	<p>L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858</p>	<p>L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd)	Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	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 L8609 L8659	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 L8610 V2623	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 L8612 V2627	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 L8605 L8631
Pediatric Day Services (PDHC)	Child Care Medical Services	T1024			
Private duty nursing		T1000			
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty		31295	31296	31297	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	42145	41599
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	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
		0095T	0098T	0164T	
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	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	36468	36475	36478	37700
		37718	37722	37780	
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
<p>Behavioral health services</p>	<p>Behavioral health services through a designated behavioral health network.</p> <p>Requests can be submitted online at UnitedHealthcareOnline.com or by phone at 888-650-3462.</p>	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <ul style="list-style-type: none"> • Inpatient Mental Health and Substance Use Services (includes detoxification and residential treatment) • Psychiatric Medical Institutions for Children (PMIC) • Partial Hospitalization • Day Treatment • Intensive Outpatient • Peer Support Services (H0038) • Autism Services (H2014, H2019, H0031, H0032, G9012, S5108, S4110) • Assertive Community Treatment (ACT) - H0040 • Integrated Services and Supports (Wrap-around services) - H2022 • Crisis Respite - H0045
<p>Cardiology</p>		<p>Request prior authorization by calling 888-650-3462.</p> <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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 more information, including a list of the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > <i>For Health Care Professionals > Iowa > Cardiology</i></p>
<p>Long term services and support for home and community – based services</p>		<p>Prior authorization through Case Manager during care planning assessment and determination of needs</p>
<p>Inpatient hospital services</p>	<p>Inpatient includes acute inpatient, acute rehabilitation and Skilled Nursing Facility</p>	<p>Admission notification/prior authorization required</p>
<p>Out-of-network services</p>	<p>A recommendation to a provider who is not contracted with UnitedHealthcare Community Plan of Iowa</p>	<p>All out-of-network services require prior authorization.</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Radiology		<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.</p> <p>Request prior authorization by calling 888-650-3462.</p> <p>For more information and a list of CPT codes that require prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Iowa > Radiology.</p>
Transplants		<p>For transplant services, call 888-650-3462</p>
Ventricular assist devices	<p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Call 888-650-3462 Or Fax 888-899-1680</p>