

Prior Authorization Requirements for Nebraska Effective September 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Nebraska 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:** 866-604-3267
- **Fax:** 866-622-1428; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Nebraska > Provider Forms > Medical Prior Authorization Request Fax 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			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 43882 95982	0313T 0317T 43659 43845 43860 64590	0314T 43644 43770 43846 43865 95980	0315T 43645 43775 43847 43881 95981
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0749	20975 E0760	E0747	E0748
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
Cochlear implants 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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p>	<p>11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966</p>	<p>11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026</p>	<p>15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950</p>	<p>15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961</p>
<p>Durable medical equipment (DME): more than \$750 DME codes listed with a retail purchase or cumulative rental cost of more than \$750</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>A9279 E0194 E0302 E0445 E0466 E0483 E0636 E0642 E0656 E0691 E0745 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1825 E2204 E2310 E2322 E2329 E2351 E2376</p>	<p>A9900 E0265 E0304 E0457 E0470 E0485 E0637 E0650 E0669 E0692 E0766 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1830 E2227 E2311 E2325 E2330 E2370 E2510</p>	<p>A9999 E0266 E0328 E0460 E0471 E0486 E0638 E0651 E0670 E0693 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1840 E2228 E2312 E2327 E2331 E2373 E2511</p>	<p>E0193 E0300 E0329 E0465 E0472 E0601 E0641 E0652 E0675 E0694 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1310 E2100 E2230 E2321 E2328 E2343 E2375 E2512</p>

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Durable medical equipment (DME): more than \$750 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$750		E2599	E2616	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0007
		K0008	K0011	K0013	K0014
		K0108	K0606	K0730	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	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
		K0899	T1999	T5999	V2786
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4102
		B4103	B4104	B4149	B4150
		B4152	B4153	B4158	B4159
		B4160	B4161	B9000	B9002
		B9998			
Experimental and investigational	Prior authorization required	0191T	0269T	0270T	0271T
		33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	65767
		66180	95965	95966	95967
		95978	A4638	A9274	A9276
		A9277	A9278	E1831	S0810
		S2102	S9988	S9990	S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
Home health services	Prior authorization required only in outpatient settings, to include patient's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
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>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena® J1725 J2675</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Synagis®* 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair®* J2357</p> <p><i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i></p> <p><i>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™ and Ocrevus™.</i></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	J7330	S2112

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Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249 30465
Orthotics and prosthetics: more than \$750 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750	Prior authorization required only in outpatient settings, to include patient's home	L0112 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1840 L1945 L2020 L2037 L2128 L2627 L3201 L3206 L3214 L3219 L3251 L3649 L3740 L3901 L3967 L3976 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1844 L2000 L2030 L2038 L2136 L2628 L3202 L3207 L3215 L3221 L3252 L3671 L3765 L3904 L3971 L3977 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1846 L2005 L2034 L2108 L2350 L2999 L3203 L3212 L3216 L3222 L3253 L3674 L3766 L3905 L3973 L3978 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570	L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1860 L2010 L2036 L2126 L2525 L3160 L3204 L3213 L3217 L3230 L3265 L3730 L3900 L3961 L3975 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$750 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5645
		L5647	L5649	L5651	L5681
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5795	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5930	L5950	L5960	L5961
		L5964	L5966	L5968	L5973
		L5979	L5980	L5981	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	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	L6624
		L6693	L6696	L6697	L6707
		L6708	L6709	L6712	L6713
		L6714	L6715	L6880	L6881
		L6900	L6905	L6910	L6915
		L7007	L7008	L7009	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8609
		L8610	L8612	L8631	L8659
		V2623	V2627		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
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	30410	30420	30430
		30435	30450	30460	30462
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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
Spinal surgery	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		
		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	36468	36473	36475	36478		
		37700	37718	37722	37780		
Wound vac	Prior authorization required	E2402					

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p>Behavioral health services</p>	<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>																																																												
<p>Transplants</p>	<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="1052 766 1495 1297"> <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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<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> <table border="0" data-bbox="1052 1514 1495 1619"> <tr><td>0051T</td><td>0052T</td><td>0053T</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																
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