

Prior Authorization Requirements for Nebraska Effective October 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:** 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:** 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 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>A9900 E0265 E0304 E0457 E0470 E0485 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>A9999 E0266 E0328 E0460 E0471 E0486 E0641 E0652 E0675 E0694 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1310 E2100 E2230 E2321 E2328 E2343 E2375 E2512</p>	<p>E0193 E0300 E0329 E0465 E0472 E0636 E0642 E0656 E0691 E0745 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1825 E2204 E2310 E2322 E2329 E2351 E2376 E2599</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$750 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$750		E2616	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0007	K0008
		K0011	K0013	K0014	K0108
		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	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>Exondys 51™ C9484</p> <p>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena® J1725 J2675</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®* J2357</p>			

*Please obtain prior notification for Synagis

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		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 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
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
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	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1844 L2000 L2030 L2038 L2136 L2628 L3202 L3207 L3215 L3221 L3252 L3671 L3765	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1846 L2005 L2034 L2108 L2350 L2999 L3203 L3212 L3216 L3222 L3253 L3674 L3766	L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1860 L2010 L2036 L2126 L2525 L3160 L3204 L3213 L3217 L3230 L3265 L3730 L3900

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>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</p>		L3901	L3904	L3905	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4020	L4631	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	L5643	L5645
		L5647	L5649	L5651	L5681
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	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			
<p>Pediatric medical daycare</p>	<p>Prior authorization required</p>	<p>T1024</p>			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 30435 30465	30410 30450	30420 30460	30430 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	
Spinal surgery	Prior authorization required	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	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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
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.
Transplants	Prior authorization required	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. 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
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 . 0051T 0052T 0053T 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509