

Advance Notification Requirements for Ohio Effective October 1, 2016



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Ohio participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Prior Authorization and Notification application on your Link dashboard.
- **Phone:** 800-366-7304
- **Fax:** 866-839-6454; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Fax Request.

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 – pregnancy termination	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
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 19340 19361 19368	19318 19342 19364 19369	19328 19350 19366 19370	19330 19357 19367 19371
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 69718 L8623	69714 69930 L8624	69715 L8621	69717 L8622
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	11960 17107 21138 21179 21183 21256 21267	11971 17108 21139 21180 21184 21260 21268	15847 17999 21172 21181 21230 21261 21275	17106 21137 21175 21182 21235 21263 21280

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Cosmetic and reconstructive (cont'd)		21282	21295	21740	21742
		21743	28344	30540	30545
		30560	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
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>	E0193	E0194	E0277	E0302
		E0304	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0472	E0483
		E0601	E0638	E0650	E0651
		E0666	E0667	E0668	E0669
		E0700	E0784	E0947	E0948
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1018
		E1030	E1161	E1226	E1230
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1300	E2204	E2310	E2311
		E2321	E2322	E2325	E2327
		E2328	E2329	E2330	E2343
		E2373	E2510	E2511	E2512
		E2599	E2614	E2616	E2620
		E2621	E8000	E8001	E8002
		K0005	K0007	K0011	K0014
		K0108	K0730	Q0479	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4150
		B4152	B4153	B4155	B4159
		B4160	B4161	B9000	B9002
		B9998			
Experimental and investigational	Prior authorization required	33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	66180
		95965	95966	95967	95978
		S1040			
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			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0151 G0156	G0152 G0299	G0153 G0300	G0154
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Eleyso J3060 IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Synagis* 90378 Xolair* J2357 *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
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
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 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

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<p>Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	<p>L0170 L0484 L0631 L0636 L0710 L1200 L1685 L1730 L1840 L1846 L2000 L2034 L2060 L2116 L2134 L2525 L3000 L3201 L3206 L3217 L3230 L3674 L3763 L3960 L4020 L5020 L5105 L5210 L5280 L5341 L5535 L5585 L5610 L5616 L5643 L5648 L5661 L5682 L5702 L5716 L5728 L5812 L5822 L5830 L5930 L5964</p>	<p>L0470 L0486 L0632 L0639 L0810 L1300 L1686 L1755 L1843 L1860 L2010 L2036 L2106 L2126 L2136 L2526 L3010 L3202 L3207 L3219 L3251 L3720 L3764 L3971 L4631 L5050 L5150 L5220 L5301 L5400 L5540 L5590 L5611 L5639 L5645 L5649 L5673 L5683 L5705 L5718 L5790 L5814 L5824 L5840 L5950 L5966</p>	<p>L0480 L0488 L0634 L0640 L0859 L1310 L1690 L1832 L1844 L1945 L2020 L2037 L2108 L2128 L2350 L2627 L3020 L3203 L3215 L3221 L3252 L3730 L3900 L4000 L5000 L5060 L5160 L5230 L5321 L5420 L5560 L5595 L5613 L5640 L5646 L5651 L5679 L5700 L5706 L5722 L5795 L5816 L5826 L5845 L5960 L5976</p>	<p>L0482 L0629 L0635 L0700 L1000 L1680 L1720 L1834 L1845 L1970 L2030 L2038 L2114 L2132 L2510 L2628 L3160 L3204 L3216 L3222 L3253 L3740 L3901 L4010 L5010 L5100 L5200 L5250 L5331 L5510 L5580 L5600 L5614 L5642 L5647 L5653 L5681 L5701 L5707 L5724 L5811 L5818 L5828 L5857 L5962 L5979</p>

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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		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6500
		L6550	L6570	L6623	L6686
		L6687	L6689	L6690	L6692
		L6693	L6704	L6707	L6708
		L6709	L6900	L6905	L6910
		L6915	L8035	L8500	V2623
		V2627			
Private duty nursing	Prior authorization required	T1000	T1001		
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
Respite services	Prior authorization required	H0045			
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
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	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
		22899	63001	63003	63005
		63011	63012	63015	63016

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd)		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
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	36475 36478 37700 37718 37722 37780

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p>

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<p>Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare</p>	<p>Prior authorization required for out-of-network services</p>																																																																									
<p>Radiology</p>	<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 UHCCommunityPlan.com > For Health Care Professionals > Ohio > Radiology > CPT Code List.</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 ID card.</p> <table border="0" data-bbox="1063 1136 1495 1766"> <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> <tr><td>38210</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38232</td><td>38240</td><td>38241</td></tr> <tr><td>38242</td><td>44132</td><td>44133</td><td>44135</td></tr> <tr><td>44136</td><td>44137</td><td>44715</td><td>44720</td></tr> <tr><td>44721</td><td>47133</td><td>47135</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47143</td><td>47144</td></tr> <tr><td>47145</td><td>47146</td><td>47147</td><td>48160</td></tr> <tr><td>48550</td><td>48551</td><td>48552</td><td>48554</td></tr> <tr><td>48556</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50327</td><td>50328</td><td>50329</td></tr> <tr><td>50340</td><td>50360</td><td>50365</td><td>50370</td></tr> <tr><td>50380</td><td>50547</td><td>54680</td><td>60512</td></tr> <tr><td>S2053</td><td>S2054</td><td>S2055</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2065</td><td>S2103</td><td>S2152</td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	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	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	S2053	S2054	S2055	S2060	S2061	S2065	S2103	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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table data-bbox="1068 537 1500 632"> <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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