

Advance Notification Requirements for Ohio Effective July 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Ohio, participating providers, in/outpatient. Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 800-366-7304
- **Fax:** 866-839-6454
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

The request for non-covered codes does not meet criteria under Ohio (OAC) Medicaid Rules because the service has been requested using codes that do not appear to be covered and on review it appears that other covered codes can meet your needs.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Abortions (pregnancy termination)	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
Bariatric surgery	Authorization done by Health Care Authority Inpatient and outpatient bariatric surgery and specific obesity-related services	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	20974 E0748	20975	20979	E0747
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except when following mastectomy	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 and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718	69714 69930	69715	69717
Cosmetic and reconstructive procedures	Advance notification required for inpatient and outpatient cosmetic and reconstructive procedures 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 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902	11971 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903	15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904	17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906

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Cosmetic and reconstructive procedures (cont'd.)		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
Durable medical equipment (DME) more than \$500	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior Authorization required for all requests related to wheelchair or parts</p> <p>Prosthetics are not DME (See <i>Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the cost threshold (see <i>Home Health Care Services</i>)</p>	A6549	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	E1399	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/ parenteral services	In home nutritional therapy either enteral or through a gastrostomy tube	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4150
		B4152	B4153	B4154	B4155
		B4157	B4158	B4159	B4160
		B4161	B4162	B9000	B9002
		B9998	B9999		
Experimental and investigational	Prior authorization required	33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	66180
		95250	95251	95965	95966
		95967	95978	96002	S1040
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery		31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Gender dysphoria		31899			
Genetic testing		81479	88299		

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Hearing aid & service		V5014	V5267		
Home health services to include private duty nursing	A home visit and assessment must be conducted for Aged, Blind and Disabled (ABD) members under age 21 Prior authorization required for private duty nursing for members under than 21	G0151 G0156 T1001	G0152 G0299	G0153 G0300	G0154 T1000
Hospice		T2042	T2043	T2044	T2045
Incontinence supplies		A4335			
Injectable medications		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			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	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 for all non-emergent ground and air ambulance transport	A0430	A0431	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd.)		30465			
<p>Orthotics and prosthetics – more than \$500 Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior authorization is required for DME repairs (E1399/K0108)</p>	L0170 L0484 L0631 L0636 L0710 L1000 L1680 L1720 L1834 L1845 L1970 L2030 L2038 L2114 L2132 L2510 L2628 L3160 L3204 L3216 L3222 L3253 L3740 L3901 L4010 L5000 L5060 L5160 L5230 L5321 L5420 L5560 L5595 L5613 L5640 L5646 L5651 L5679 L5700 L5706 L5722 L5795 L5816 L5826	L0470 L0486 L0632 L0639 L0810 L1200 L1685 L1730 L1840 L1846 L2000 L2034 L2060 L2116 L2134 L2525 L3000 L3201 L3206 L3217 L3230 L3674 L3763 L3960 L4020 L5010 L5100 L5200 L5250 L5331 L5510 L5580 L5600 L5614 L5642 L5647 L5653 L5681 L5701 L5707 L5724 L5811 L5818 L5828	L0480 L0488 L0634 L0640 L0859 L1300 L1686 L1755 L1843 L1860 L2010 L2036 L2106 L2126 L2136 L2526 L3010 L3202 L3207 L3219 L3251 L3720 L3764 L3971 L4210 L5020 L5105 L5210 L5280 L5341 L5535 L5585 L5610 L5616 L5643 L5648 L5661 L5682 L5702 L5716 L5728 L5812 L5822 L5830	L0482 L0629 L0635 L0700 L0999 L1310 L1690 L1832 L1844 L1945 L2020 L2037 L2108 L2128 L2350 L2627 L3020 L3203 L3215 L3221 L3252 L3730 L3900 L4000 L4631 L5050 L5150 L5220 L5301 L5400 L5540 L5590 L5611 L5639 L5645 L5649 L5673 L5683 L5705 L5718 L5790 L5814 L5824 L5840

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		L5845 L5960 L5976 L5982 L5988 L6050 L6120 L6250 L6350 L6450 L6623 L6690 L6707 L6905 L8035	L5857 L5962 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6500 L6686 L6692 L6708 L6910 L8500	L5930 L5964 L5980 L5986 L6010 L6100 L6200 L6310 L6370 L6550 L6687 L6693 L6709 L6915 V2623	L5950 L5966 L5981 L5987 L6020 L6110 L6205 L6320 L6400 L6570 L6689 L6704 L6900 L7510 V2627
Private duty nursing		T1000	T1001		
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rate negotiation – unclassified category		15999 21089 23929 26989 28899 31299 36299 38999 40899 42299 43252 44799 45999 47579 49659 50949 54699 58579 59898 64999 67399 68899 69979 75959 77399 78199 78599	19499 21499 24940 27299 29799 31599 37799 39499 41821 42699 43289 44899 46999 47999 49906 51999 55559 58679 59899 65757 67599 69399 75956 77499 78299 78699	20999 21899 24999 27599 29999 32999 38129 39599 41850 42999 43499 44979 47379 48999 49999 53899 55899 58999 60659 66999 67999 69799 75957 76999 77799 78399 78799	21088 22999 25999 27899 30999 33999 38589 40799 41899 43206 43999 45499 47399 49329 50549 54440 58578 59897 60699 67299 68399 69949 75958 77299 78099 78499 78999

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Rate negotiation – unclassified category (cont'd.)		79999 86849 87999 88749 90999 92700 93799 94776 95943 96549 34841 34845 A4421 A6206 A6502 A6506 A6510 E1017 E2378 K0195 S8422 S8426 V2799	81099 86923 88199 89240 91299 92992 93998 94777 95999 96999 34842 34846 A4606 A6239 A6503 A6507 A6511 E1228 E2609 K0733 S8423 S8427	84999 86960 88375 89398 92499 92993 94774 94799 96020 99199 34843 34847 A4649 A6256 A6504 A6508 A6512 E2313 E2617 S8420 S8424 S8428	85999 86999 88399 90899 92633 93299 94775 95199 96379 34839 34844 34848 A6205 A6501 A6505 A6509 E0240 E2374 G0472 S8421 S8425 S9435
Respite services	Prior authorization required for ABD members under 21 years	H0045			
Septoplasty/rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400 30410 30420 30430 30435 30450 30460 30462			
Sinuplasty		31295 31296 31297			
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685 41530 41599 42145			
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 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	61885	64568		
Vein procedures	Removal and ablation of the main trunks and named branches of the saphenous veins for treating of venous disease and varicose veins of the extremities	36475	36478	37700	37718
		37722	37780		

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 when referring for mental health and substance abuse/substance use services.
Cardiology prior authorization program	Prior Authorization required for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.	Rendering physician should request prior authorization by calling 866-889-8054 . For additional details, including a list of the CPT codes that require prior authorization, to UHCCommunityPlan.com > For Health Care Professionals > Ohio > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
Out-of-network services	A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services
Radiology prior authorization	Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.	Request prior authorization by calling 866- 889-8054 . Additional details, including a list of the CPT codes that require

Additional Advance Notification and Prior Authorization Programs

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Radiology prior authorization (cont'd.)	The ordering provider is responsible for completing the prior authorization process before scheduling the procedure.	prior authorization, go to: UHCCommunityPlan.com > For Health Care Professionals > Ohio > Radiology > CPT Code List.																																																																								
Transplants		For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care ID card. <table border="0" data-bbox="1063 630 1502 1270"> <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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Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card. <table border="0" data-bbox="1063 1365 1502 1472"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																												
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