

Advance Notification Requirements for Ohio Effective February 1, 2017



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:

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
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 69930	69714	69715	69718
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 21282 21743	11971 17108 21139 21180 21184 21260 21268 21295 28344	15847 17999 21172 21181 21230 21261 21275 21740 30540	17106 21137 21175 21182 21235 21263 21280 21742 30545

**Advance Notification Requirements for Ohio
Effective February 1, 2017**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive (cont'd)		30560 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961	67900 67904 67911 67916 67923 67966	67901 67906 67912 67917 67924 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 E0304 E0457 E0470 E0601 E0667 E0784 E0986 E1005 E1009 E1161 E1233 E1237 E2310 E2325 E2330 E2511 E8000 K0007 K0730	E0194 E0328 E0460 E0471 E0638 E0668 E0947 E1002 E1006 E1010 E1230 E1234 E1238 E2311 E2327 E2343 E2512 E8001 K0011	E0277 E0329 E0465 E0472 E0650 E0669 E0948 E1003 E1007 E1018 E1231 E1235 E1300 E2321 E2328 E2373 E2599 E8002 K0014	E0302 E0445 E0466 E0483 E0651 E0700 E0984 E1004 E1008 E1030 E1232 E1236 E2204 E2322 E2329 E2510 E2616 K0005 K0108
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4152 B4160	B4035 B4103 B4153 B4161	B4036 B4104 B4155 B9002	B4100 B4150 B4159 B9998
Experimental and investigational	Prior authorization required	33477 61863 61886 62292 95965 S1040	36514 61864 62264 64555 95966	54240 61867 62290 64722 95967	55866 61868 62291 66180 95978
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	

**Advance Notification Requirements for Ohio
Effective February 1, 2017**



Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Gender dysphoria treatment	Prior authorization required	Prior authorization required for all diagnosis: 55970 55980 Prior Authorization required with diagnosis codes F64.1, F64.2, F64.8, F64.9 and Z89.890: 14020 14302 15734 15738			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0154	G0156	G0299	G0300
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

**Advance Notification Requirements for Ohio
Effective February 1, 2017**



<p>Orthognathic surgery Treatment of maxillofacial/jaw functional impairment</p>	<p>Prior authorization required</p>	<p>21121 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</p>
<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 L0480 L0482 L0484 L0486 L0629 L0631 L0632 L0634 L0636 L0640 L0700 L0710 L0810 L0859 L1000 L1200 L1300 L1310 L1680 L1685 L1720 L1730 L1755 L1832 L1834 L1840 L1844 L1845 L1846 L1860 L1945 L1970 L2000 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2060 L2106 L2108 L2126 L2128 L2136 L2350 L2510 L2525 L2526 L2627 L2628 L3000 L3160 L3201 L3202 L3203 L3204 L3206 L3207 L3215 L3216 L3217 L3219 L3221 L3222 L3230 L3251 L3252 L3253 L3674 L3720 L3730 L3740 L3763 L3764 L3900 L3901 L3971 L4000 L4010 L4020 L4631 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5280 L5301 L5321 L5331 L5341 L5400 L5420 L5510 L5535 L5540 L5560 L5580 L5585 L5590 L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5639 L5640 L5642 L5643 L5645 L5646 L5647 L5648 L5649 L5651 L5653 L5661 L5673 L5681 L5682 L5683 L5700 L5701 L5702 L5705 L5706 L5707 L5716 L5718 L5722 L5724 L5728 L5790 L5795 L5811</p>

**Advance Notification Requirements for Ohio
Effective February 1, 2017**



<p>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</p>		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5857
		L5930	L5950	L5960	L5962
		L5964	L5966	L5976	L5979
		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			
<p>Private duty nursing</p>	Prior authorization required	T1000	T1001		
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<p>Respite services</p>	Prior authorization required	H0045	S5150	S5151	
<p>Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
<p>Sinuplasty</p>	Prior authorization required	31295	31296	31297	
<p>Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>	Prior authorization required	21685	41599	42145	
<p>Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management</p>	Prior authorization required	63650	63655	63685	
<p>Spinal surgery</p>	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

Spinal surgery (cont'd)		22855	22856	22861	22864	
		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		
	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 37722	36478 37780	37700	37718

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), Levoleucovorin (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>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<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 1665"> <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		
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																																																													

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<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 1502 630"> <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
0051T	0052T	0053T	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											