

# Prior Authorization Requirements for Rhode Island Effective October 1, 2017



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Rhode Island participating professional care providers. 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:** 866-950-7757; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Rhode Island > Provider Forms > Prior Authorization Fax Form 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.

Facilities must provide admission notification even if advance notification was provided by a physician and a pre-service coverage approval is on file.

Prior authorization is the process where health care providers seek approval before rendering a service as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Adult day services</b>	Prior authorization required	S5102			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 64590	0313T 0317T 43659 43845 43860 95980	0314T 43644 43770 43846 43881 95981	0315T 43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting	64721			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Carpal tunnel surgery (cont'd)</b>	Prior authorization not required if performed at a participating ambulatory surgery center				
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	
<b>Cochlear and other auditory implants</b> 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
<b>Colonoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	45378	45380	45384	45385
<b>Cosmetic and reconstructive</b> 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  <b>For codes with an asterisk:</b>  Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	11960 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966
<b>Durable medical equipment (DME): more than \$500</b> 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> .	A9279 E0193 E0270 E0304 E0457 E0470 E0485 E0637 E0650 E0667	A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0638 E0651 E0668	A9900 E0265 E0300 E0329 E0465 E0472 E0620 E0641 E0652 E0669	A9999 E0266 E0302 E0445 E0466 E0483 E0636 E0642 E0656 E0670

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		E0673	E0675	E0691	E0692
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0782	E0783	E0784	E0786
		E0947	E0948	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1229	E1230
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1250	E1260	E1285
		E1290	E1300	E1310	E1825
		E1830	E1840	E2100	E2204
		E2227	E2228	E2230	E2300
		E2301	E2310	E2311	E2312
		E2321	E2322	E2325	E2327
		E2328	E2329	E2330	E2331
		E2343	E2351	E2370	E2373
		E2375	E2376	E2510	E2511
		E2512	E2599	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
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Ear, nose and throat procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	These <b>surgical codes</b> with the following <b>DX codes</b> : F64.0      F64.1      F64.2      F64.8 F64.9      Z87.890	
		14000 15738 19303 53430 54690 56800 58150 58290 58543 58553 58572 58940	14001 15750 19304 54125 55175 56805 58180 58291 58544 58554 58573 64856	14041 15757 20926 54520 55180 57110 58260 58541 58550 58570 58661 64892	15734 15758 53410 54660 56625 57335 58262 58542 58552 58571 58720 64896
<b>Gynecologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
<b>Hernia repair</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	G0156 G0493	G0162 G0494	G0299 G0495	G0300 G0496

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Home health care (cont'd)		S9122 S9123 S9124 S9474
Hospice	Prior authorization required	T2042 T2043 T2044 T2045
Injectable medications	Prior authorization required	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585 J0586 J0587 J0588</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®</b> J3060</p> <p><b>Exondys 51™</b> C9484</p> <p><b>IVIG</b> 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Makena®</b> J1725 J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Probuphine®</b> J0570</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> C9489</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified**</b> J3490 J3590</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		<b>Xolair®*</b> J2357  *Please obtain prior notification for Acthar, Synagis® and Xolair® through OptumRx prior notifications services at <b>800-310-6826</b> .  **For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.			
<b>Joint replacement</b> 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
<b>Liver biopsy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	47000			
<b>Miscellaneous services</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500</b> 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 patient's home</p>	<p>L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716</p>	<p>L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718</p>	<p>L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722</p>	<p>L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5840
		L5845	L5848	L5856	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6026	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	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L7499	L8035
		L8040	L8041	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8500	L8609	L8610
		L8612	L8631	L8659	V2623
		V2627			
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0095T 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	0098T 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	0164T 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	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Tonsillectomy and adenoidectomy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	42820 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	43235	43239	43249	
<b>Urologic procedures</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	50590 52224 52281 52352 55040	52000 52234 52310 52353 55700	52005 52235 52332 52356 57288	52204 52260 52351 54161
<b>Vagus nerve stimulation</b> 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
<b>Vein procedures</b> 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 37700	36473 37718	36475 37722	36478 37780
<b>Wound vac</b>	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
<b>Behavioral health services</b> Behavioral health services through a designated behavioral health network	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Cardiology (cont'd)		Professionals > Rhode Island > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.																																																												
Inpatient admissions	Notification with service detail required (i.e., CPT/HCPCS code)																																																													
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Rhode Island &gt; Radiology &gt; CPT Code List.</p>																																																												
Transplants	Prior authorization required	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's ID card.</p> <table border="0" data-bbox="1062 1297 1495 1822"> <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																																																											
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50325	50340	50360	50365																																																											
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