

# Advance Notification Requirements for Wisconsin Effective October 1, 2016



## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of Wisconsin 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:** 866-604-3267
- **Fax:** 800-897-8317; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Wisconsin > Manuals and Forms > Prior Authorization Fax Request 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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	0312T 0316T 43647 43771 43775 43847 43881 95981	0313T 0317T 43648 43772 43842 43848 43882 95982	0314T 43644 43659 43773 43843 43860 64590	0315T 43645 43770 43774 43846 43865 95980
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	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 other than following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371 L8693	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11960 15822 17106 21137	11971 15823 17107 21138	15820 15830 17108 21139	15821 15847 17999 21172

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Cosmetic and reconstructive procedures (cont'd)</b> Reconstructive procedures that either treat a medical condition or improve or restore physiologic function</p>		21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</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>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i></p>	A9900 E0266 E0302 E0460 E0472 E0650 E0666 E0670 E0947 E1002 E1007 E1030 E1825 E2227 E2321 E2328 E2351 E2376 E2599 E2621 E2629 K0008 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860	E0193 E0277 E0304 E0465 E0483 E0651 E0667 E0745 E0948 E1003 E1008 E1036 E1840 E2228 E2322 E2329 E2370 E2510 E2614 E2626 E2630 K0011 K0606 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861	E0194 E0296 E0445 E0466 E0601 E0652 E0668 E0782 E0984 E1004 E1009 E1226 E2100 E2230 E2325 E2330 E2373 E2511 E2616 E2627 K0005 K0013 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862	E0265 E0297 E0457 E0471 E0638 E0656 E0669 E0784 E0986 E1005 E1010 E1230 E2204 E2312 E2327 E2343 E2375 E2512 E2620 E2628 K0007 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Q0479	Q0506	T1999	V2786
		V5274	V5281	V5282	V5283
		V5284	V5285	V5286	V5287
		V5288	V5289	V5290	
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B4149	B4150	B4152
		B4153	B4155	B4158	B4159
		B4160	B4161	B9002	
<b>Experimental and investigational</b>	Prior authorization required	0191T	0269T	0270T	0271T
		0282T	0283T	0285T	33477
		36514	55866	61863	61864
		61867	61868	61886	62264
		62290	62291	62292	64555
		64722	65765	65767	66180
		95965	95966	95967	95978
		E1831	S0810	S1040	S9990
		S9991			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
<b>Genetic testing</b>	Prior authorization required	81161	81201	81203	81222
		81223	81280	81282	81292
		81294	81295	81297	81298
		81300	81302	81304	81317
		81319	81321	81323	81324
		81325	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81479	
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home  <b>Note:</b> G-codes aren't supported by the state.	97139	99504	99600	G0299
		S9123	S9124	T1021	
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Incontinence supplies</b>	Prior authorization required	T4524	T4525	T4526	T4527
		T4528	T4530	T4533	T4534
		T4535	T4541	T4542	T4543

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications</b>	Prior authorization required	<b>Synagis*</b> 90378 *Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> .			
<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>Non-emergent air ambulance transport</b>	Prior authorization required  To request prior authorization for transportation, please call Medical Transportation Management at <b>866-907-1493</b> .	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21122	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			
<b>Orthotics and prosthetics: more than \$500</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
		L0488	L0491	L0624	L0629
		L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L1000
		L1005	L1200	L1300	L1310
		L1499	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2060	L2106

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		L2108	L2114	L2116	L2126
		L2128	L2132	L2134	L2136
		L2350	L2510	L2525	L2526
		L2627	L2628	L2999	L3000
		L3010	L3020	L3031	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3212	L3213
		L3214	L3215	L3216	L3217
		L3219	L3221	L3222	L3230
		L3250	L3251	L3252	L3253
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3765	L3766	L3900	L3901
		L3904	L3905	L3960	L3961
		L3962	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L3999	L4000	L4010	L4020
		L4631	L5000	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	L5640	L5642	L5643
		L5644	L5645	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5679	L5681
		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5781	L5782	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
L5848	L5930	L5950	L5960		
L5961	L5962	L5964	L5966		
L5968	L5973	L5976	L5979		
L5980	L5981	L5982	L5984		
L5986	L5987	L5988	L5999		
L6000	L6010	L6020	L6026		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		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	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	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	L7185	L7186	L7190
L7191	L7405	L7499	L8040		
L8041	L8042	L8043	L8044		
L8045	L8046	L8047	L8499		
L8500	L8605	L8610	L8612		
V2623	V2627				
<b>Outpatient therapy</b>	Prior authorization required  <u><b>For members younger than age 21:</b></u>  Prior authorization required for all outpatient therapy requests in lieu of or in addition to the birth to age 3 program or school-based treatments	97001	97002	97003	97004
		97010	97012	97014	97016
		97018	97022	97026	97028
		97033	97034	97039	97110
		97112	97113	97116	97124
		97140	97530	G0129	S8990
		92508	92521	92522	92523
		92524	92526	S9152	92507
		97799			
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	T1001	T1002	T1003	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<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	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
		22865	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
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8680	L8685
		L8686	L8687	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	36475	36478	37700	37718
		37722	37780		
<b>Wound vac</b>	Prior authorization required	E2402			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	<p>Prior authorization required</p> <p>Behavioral health services through a designated behavioral health network</p>	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>
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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Wisconsin &gt; Radiology &gt; CPT Code List.</p>
Transplants	<p>Prior authorization required</p>	<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>



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>		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	48551
		48552	48554	50300	50320
		50323	50325	50340	50360
		50365	50370	50380	50547
		S2060	S2061	S2152	
<b>Ventricular assist devices (VAD)</b> 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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .  33975    33976    33979    33981 33982    33983    0051T    0052T 0053T    Q0507    Q0508    Q0509			