

# Prior Authorization Requirements for Wisconsin Effective April 1, 2017



## 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:

- **Online:** [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 800-897-8317; fax form is available at [UHCCommunityPlan.com](http://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 43648 43842 43860 95980	0313T 0317T 43659 43846 43881 95981	0314T 43644 43770 43847 43882 95982	0315T 43645 43775 43848 64590
<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	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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<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 21175 21182 21235	11971 15823 17107 21138 21179 21183 21256	15820 15830 17108 21139 21180 21184 21260	15821 15847 17999 21172 21181 21230 21261

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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>		21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21267 21282 21743 30560 67902 67908 67914 67921 67950	21268 21295 28344 30620 67903 67909 67915 67922 67961	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 E0445 E0466 E0601 E0652 E0669 E0782 E0984 E1004 E1009 E1230 E2204 E2312 E2327 E2343 E2375 E2512 E2627 K0005 K0013 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	E0193 E0277 E0457 E0471 E0638 E0656 E0670 E0784 E0986 E1005 E1010 E1825 E2227 E2321 E2328 E2351 E2376 E2599 E2628 K0007 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	E0194 E0302 E0460 E0472 E0650 E0667 E0745 E0947 E1002 E1007 E1030 E1840 E2228 E2322 E2329 E2370 E2510 E2616 E2629 K0008 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999	E0265 E0304 E0465 E0483 E0651 E0668 E0766 E0948 E1003 E1008 E1036 E2100 E2230 E2325 E2330 E2373 E2511 E2626 E2630 K0011 K0606 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786

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<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		V5274 V5286	V5281 V5287	V5282 V5288	V5283 V5290
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035 B4104 B4153 B4160	B4036 B4149 B4155 B4161	B4102 B4150 B4158 B9002	B4103 B4152 B4159
<b>Experimental and investigational</b>	Prior authorization required	33477 61864 62264 64555 66180 95978 0271T S9990	36514 61867 62290 64722 95965 0191T E1831 S9991	55866 61868 62291 65765 95966 0269T S0810	61863 61886 62292 65767 95967 0270T S1040
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
<b>Genetic testing</b>	Prior authorization required	81161 81223 81294 81300 81319 81325 81403 81407	81201 81280 81295 81302 81321 81400 81404 81408	81203 81282 81297 81304 81323 81401 81405 81479	81222 81292 81298 81317 81324 81402 81406
<b>Home health care</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 S9123	99504 S9124	99600 T1021	G0299
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Incontinence supplies</b>	Prior authorization required	T4524 T4528 T4535	T4525 T4530 T4541	T4526 T4533 T4542	T4527 T4534 T4543
<b>Injectable medications</b>	Prior authorization required	<b>Synagis*</b> 90378 <i>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</i>			

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<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	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	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2060	L2106
		L2108	L2126	L2128	L2136
		L2350	L2510	L2525	L2526
		L2627	L2628	L2999	L3000
		L3160	L3201	L3202	L3203
		L3204	L3206	L3207	L3212
		L3213	L3214	L3215	L3216
L3217	L3219	L3221	L3222		
L3230	L3250	L3251	L3252		
L3253	L3649	L3671	L3674		

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<p><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</p>		L3720	L3730	L3740	L3763
		L3764	L3765	L3766	L3900
		L3901	L3904	L3905	L3961
		L3962	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L3999	L4000	L4010	L4020
		L4631	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	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	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		

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<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		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	L8610
		L8612	V2623	V2627	
		<b>Outpatient therapy</b>	<b><u>For members younger than age 21:</u></b>  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	97010	92507
92522	92523			92524	92526
97012	97014			97016	97018
97022	97026			97028	97033
97034	97039			97110	97112
<b><u>For members age 21 and older:</u></b>  Prior authorization not required	97113		97116	97124	97140
	97161		97162	97163	97164
	97165		97166	97167	97168
	97530		97799	G0129	S8990
	S9152				
<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
<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

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<b>Spinal surgery (cont'd)</b>		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	36473	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
<b>Behavioral health services</b>	Prior authorization required  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.

**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><b>Chemotherapy</b></p>	<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>																																												
<p><b>Radiology</b></p>	<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>																																												
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<table border="1"> <tbody> <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> </tbody> </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
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<b>Transplants (cont'd)</b>		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