

UnitedHealthcare Medicare Advantage Prior Authorization Requirements Effective October 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following "Included Plans" section. Health plans excluded from the requirements are listed in the "Excluded Plans" section on Page 2.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

Note: If you are a network provider who is contracted directly with a delegated medical group/IPA, then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member's health plan ID card says "Referral Required," certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician. You can find more information about the referral process in the 2019 UnitedHealthcare Care Provider Administrative Guide at **UHCprovider.com/guides**.

The following listed plans require prior authorization for in-network services:

Included Plans

Subject to the UnitedHealthcare Provider Administrative Guide and the UnitedHealthcare West Non-Capitated Supplement

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans including AARP® MedicareComplete®, UnitedHealthcare® The Villages® MedicareComplete®, UnitedHealthcare® MedicareComplete® plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO)

UnitedHealthcare Dual Complete® (HMO SNP), (HMO-POS SNP), (PPO SNP), (Regional PPO SNP)

UnitedHealthcare® Chronic Complete (HMO SNP)

UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)

UnitedHealthcare Dual Eligible Special Needs Plans (DSNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2019 UnitedHealthcare Care Provider Administrative Guide at **UHCprovider.com/guides**. As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (DSNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the Administrative Guide.

In some instances, we have delegated prior authorization services to a provider group. In these cases, the “For Providers” section on the back of the member’s ID card will list the delegated group managing the prior authorization process. Delegated plans include:

Delegated Plans

Connecticut: The following groups are delegated to OptumCare: UnitedHealthcare MedicareComplete Plan 1 (HMO) – Group 27151; UnitedHealthcare MedicareComplete Plan 2 (HMO) – Group 27153; UnitedHealthcare MedicareComplete Essential (HMO) – Groups 27155, 27156; UnitedHealthcare MedicareComplete Plan 3 (HMO) – Groups 27100, 27150.

Florida: The following groups are delegated to WellMed: AARP MedicareComplete (HMO) – Groups 82958, 82960, 82969, 82977, 82978, 82980; AARP MedicareComplete Focus (HMO) – Groups 70341, 82970; AARP MedicareComplete Plan 1 (HMO) – Group 27151; AARP MedicareComplete Plan 2 (HMO) – Group 82962; UnitedHealthcare The Villages Medicare Complete 1 (HMO) – Group 82940; UnitedHealthcare The Villages Medicare Complete 2 (HMO-POS) – Group 82971; AARP MedicareComplete Choice Plan 2 (Regional PPO) – Group 82955; AARP MedicareComplete Choice Essential (Regional PPO) – Group 82956; AARP MedicareComplete Choice (PPO) – Groups 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192, 80193, 80194

Hawaii: The following groups are delegated to MDX: AARP MedicareComplete Choice (PPO) – Groups 77026, 77027; AARP MedicareComplete Choice Plan 1 (PPO) – Groups 77000, 77007; AARP MedicareComplete Choice Plan 2 (PPO) – Groups 77024, 77025; AARP MedicareComplete Choice Essential (PPO) – Groups 77003, 77008

Indiana: The following groups are delegated to WellMed/American Health Network Indiana: AARP MedicareComplete Choice (PPO) – Groups 67026, 67027, 67030, 67031, 67034, 90101, 90102, 90103, 90104, 90105, 90106; AARP MedicareComplete Focus (PPO) – Groups 74000, 74001; AARP MedicareComplete Plan 1 (HMO) – Groups 00744, 00745, 00748, 00749, 00750, 00751, 00755, 00756, 00758, 00759, 00761, 00762; AARP MedicareComplete Plan 2 (HMO) – Groups 00752, 00753, 00754, 00760, 00763, 00766, 00768, 00769, 00770, 00773, 00777; AARP MedicareComplete Profile (HMO), 00746, 00747.

Texas: The following groups are delegated to WellMed: UnitedHealthcare Dual Complete (HMO SNP) – Group 00012; UnitedHealthcare Dual Complete Focus (HMO SNP) – Groups 00303, 00305, 00307, 00310; AARP MedicareComplete Focus (HMO) – Groups 00300, 00304, 00306, 00309, 00315; AARP MedicareComplete Focus Essential (HMO) – Groups 00308, 96000; AARP MedicareComplete Choice (PPO) – Group 79717.

Utah: The following groups are delegated to OptumCare: AARP MedicareComplete Plan 1 – Groups 42000, 42024; AARP MedicareComplete Plan 2 – Groups 42022, 42026; AARP MedicareComplete Essential – Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020; UnitedHealthcare MedicareComplete Assure (PPO) – Group 42027.

This prior authorization requirement does not apply to the following plans:

Excluded Plans

The UnitedHealthcare Prior Authorization Program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the 2019 UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides.

Erickson Advantage® Plans

UnitedHealthcare Medicare DirectSM (PFFS)

For the Medica and Preferred Care Partners of Florida groups above, please refer to the Medica Healthcare and Preferred Care Partners for Prior Authorization Requirements located at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > Plan Requirement Resources

Other benefit plans such as Medicaid, CHIP and Uninsured that aren’t Medicare Advantage plans

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member’s health plan ID card to refer for mental health and substance abuse/substance use services.			
Plan exclusions: None					
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Plan exclusions: None					
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
Plan exclusions: None		19357	19361	19364	19366

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Breast reconstruction (non-mastectomy) (cont'd)		19367 19368 19369 19370 19371 19380 19396 L8600
		Prior authorization is not required for the following diagnosis codes:
		C50.019 C50.011 C50.012 C50.111
		C50.112 C50.119 C50.211 C50.212
		C50.219 C50.311 C50.312 C50.319
		C50.411 C50.412 C50.419 C50.511
		C50.512 C50.519 C50.611 C50.612
		C50.619 C50.811 C50.812 C50.819
		C50.911 C50.912 C50.919 C50.029
		C50.021 C50.022 C50.121 C50.122
		C50.129 C50.221 C50.222 C50.229
		C50.321 C50.322 C50.329 C50.421
		C50.422 C50.429 C50.521 C50.522
		C50.529 C50.621 C50.622 C50.629
		C50.821 C50.822 C50.829 C50.921
		C50.922 C50.929 C79.81 D05.90
		D05.00 D05.01 D05.02 D05.10
		D05.11 D05.12 D05.80 D05.81
		D05.82 D05.91 D05.92 Z85.3
		Z90.10 Z90.11 Z90.12 Z90.13
		Z42.1
Cancer Supportive Care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>
Plan exclusions:		Filgrastim (Neupogen®)
<ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 		J1442
<ul style="list-style-type: none"> UnitedHealthcare West plans, with "WEST" printed on the ID card; this includes all benefit plans with the following CMS contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805, or H459 		Filgrastim-aafi (Nivestym™)
		Q5110
		Filgrastim-sndz (Zarxio®)
		Q5101
		Pegfilgrastim (Neulasta®)
		J2505
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108
		Sargramostim (Leukine®)
		J2820
		Tbo-filgrastim (Granix®)
		J1447
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®)
		J0897
		For prior authorization please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer Supportive Care (cont'd)

<p>Cardiology</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) 	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance</p> <p>For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	<p>select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT® codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology.</p>
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Cardiovascular	<p>Prior authorization required for lower extremities angiogram</p> <p>In Iowa, this change will be effective Dec. 1, 2019.</p>	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="1"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> <tr><td>I70.408</td><td>I70.409</td><td>I70.411</td><td>I70.412</td></tr> <tr><td>I70.413</td><td>I70.418</td><td>I70.421</td><td>I70.422</td></tr> <tr><td>I70.423</td><td>I70.428</td><td>I70.429</td><td>I70.431</td></tr> <tr><td>I70.432</td><td>I70.433</td><td>I70.434</td><td>I70.435</td></tr> <tr><td>I70.438</td><td>I70.439</td><td>I70.441</td><td>I70.442</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339	I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349	I70.35	I70.361	I70.362	I70.363	I70.369	I70.391	I70.392	I70.393	I70.399	I70.401	I70.402	I70.403	I70.408	I70.409	I70.411	I70.412	I70.413	I70.418	I70.421	I70.422	I70.423	I70.428	I70.429	I70.431	I70.432	I70.433	I70.434	I70.435	I70.438	I70.439	I70.441	I70.442
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Chemotherapy	Notification required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification:			
Plan exclusions:		<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 			
<ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) UnitedHealthcare West plans, with "WEST" printed on the ID card; this includes all benefit plans with the following CMS contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805, or H459 		For notification, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .			
Cochlear and other auditory implants	Prior authorization required	69714	69715	69718	69930
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8690	L8691
		L8692			
Plan exclusions: None					
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Advance notification required for services whether scheduled as inpatient or outpatient	15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21255	21256	21260	21261
		21263	21267	21268	21275
Plan exclusions: None		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		31298	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
Durable medical equipment (DME)	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see Prosthetics and Orthotics. Some home health care services	Prior authorization required regardless of billed amount:			
Plan exclusions:		E0466	E1230	E1239	E2310
<ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 		E2311	E2321	K0800	K0801

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (cont'd)	may qualify under the DME requirement, but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	K0802	K0806	K0808	K0812	
		K0813	K0814	K0815	K0816	
		K0820	K0821	K0822	K0823	
		K0824	K0825	K0826	K0827	
		K0828	K0829	K0830	K0831	
		K0835	K0836	K0837	K0838	
		K0839	K0840	K0841	K0842	
		K0843	K0848	K0849	K0850	
		K0851	K0852	K0853	K0854	
		<u>For UnitedHealthcare Medicare Advantage plans:</u>	K0855	K0856	K0857	K0858
		Power mobility devices/accessories, and lymphedema pumps require notification or prior authorization regardless of the cost.	K0859	K0860	K0861	K0862
			K0863	K0864	K0869	K0870
			K0871	K0877	K0878	K0879
			K0880	K0884	K0885	K0886
			K0890	K0891	K0898	K0899
	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:					
	E0170		E0193	E0194	E0246	
	E0277		E0300	E0302	E0304	
	E0316		E0328	E0329	E0350	
	E0373		E0459	E0462	E0465	
	E0483		E0603	E0616	E0617	
	E0618		E0635	E0636	E0639	
	E0640		E0692	E0693	E0694	
	E0700		E0710	E0740	E0746	
	E0761		E0764	E0770	E0782	
	E0783		E0784	E0785	E0786	
	E0830		E0970	E0983	E0984	
	E0986		E0988	E1002	E1003	
	E1004	E1005	E1006	E1007		
	E1008	E1009	E1010	E1011		
	E1017	E1018	E1020	E1029		
	E1030	E1035	E1036	E1037		
	E1050	E1070	E1084	E1085		
E1086	E1087	E1089	E1100			
E1110	E1161	E1170	E1171			
E1172	E1180	E1190	E1195			
E1200	E1222	E1224	E1227			
E1228	E1229	E1231	E1232			
E1233	E1234	E1235	E1236			
E1237	E1238	E1270	E1280			
E1295	E1296	E1297	E1298			
E1310	E1399	E1500	E1510			
E1520	E1530	E1540	E1550			
E1560	E1575	E1580	E1590			
E1592	E1594	E1600	E1615			
E1620	E1625	E1630	E1632			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098
		K0105	K0108	K0455	K0609
		K0730	K0743	K0744	K0745
		K0746			
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits. Advance notification isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.	To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 866-561-7518 .			
Plan exclusions: None	Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.				
Gender dysphoria treatment	Prior authorization required	55970	55980		
Plan exclusions: None		These surgical codes when billed with one of the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	19304
		20926	21899	31599	31899
		53410	53420	53425	53430
		54125	54400	54401	54405
		54408	54520	54660	54690
		55175	55180	55866	56625
		56800	56805	57106	57110
		57291	57292	57295	57296
		57335	57426	58661	58720
		58940	64856	64892	64896
		92507	92508		
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
	Out-of-network or claims submitted by nonparticipating care providers without a pre-	58542	58543	58544	58550
		58552	58553	58554	58570

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures (cont'd)	determination will be reviewed for medical necessity following the service and before payment.	58571	58572	58573	
Plan exclusions: None					
Hysterectomy (vaginal) – inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
Plan exclusions: None	Out-of-network or claims submitted by nonparticipating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58270	58275	58280	58290
		58291	58292	58293	58294
Injectable medications	Prior authorization required	Crysvita® J0584 Luxturna™ J3398 Onpattro™ J0222 Radicava® J1301 Soliris® J1300 Spinraza™ J2326 Therapeutic Radiopharmaceuticals** A9513 A9606 A9699 Ultomiris™ J1303 Unclassified codes* C9399 J3490 J3590			
Plan exclusions for Therapeutic Radiopharmaceuticals:					
<ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) UnitedHealthcare West plans, with “WEST” printed on the ID card; this includes all benefit plans with the following CMS contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805, or H4590 					
<p>*For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129</p>					
Injectable medications – Step therapy	Prior authorization required	Erythropoiesis-stimulating agents J0881 J0885* Hyaluronic acid polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 Immunomodulators			
Plan exclusions:					
<ul style="list-style-type: none"> Private fee for service Ericson Advantage Employer group Medicare Advantage plans nationwide 					
Plans offered in:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<ul style="list-style-type: none"> ○ Arizona ○ California ○ Colorado ○ Hawaii ○ Massachusetts (Senior Care Options only) ○ New Jersey (DSNP only) ○ Nevada ○ Tennessee (DSNP only) ○ Washington 		J1745			
		*For code J0885 prior authorization is required for Procrit only (does not include Epopgen)			
Inpatient admission	Notification required				
Inpatient admissions – post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> • UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) • UnitedHealthcare® Nursing Home 	Starting July 1, 2019, the markets of Georgia, Indiana, and Illinois will submit prior authorization requests through naviHealth as part of the Continued Care program. <p>Phone: 855-851-1127 Fax: 844-244-9482</p> <p>The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they're discharged from the acute setting to returning home.</p>			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: None					
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
Plan exclusions: None		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
Plan exclusions: None		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (cont'd)		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
Spine and joint surgeries		22112	22114	22206	22207
Plan exclusions: None		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	29914
		29915	29916	63001	63003

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthopedic surgeries (cont'd)		63005	63011	63012	63015	
		63016	63017	63020	63030	
		63040	63042	63045	63046	
		63047	63050	63051	63055	
		63056	63064	63075	63077	
		63081	63085	63087	63090	
		63101	63102	63170	63172	
		63173	63180	63182	63185	
		63190	63191	63194	63195	
		63196	63197	63198	63199	
		63200	0200T	0201T	J7330	
	Out-of-network services A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare	Please note that your agreement with UnitedHealthcare may include restrictions on directing plan members outside of the UnitedHealthcare network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.				
	Plan exclusions: None	<u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u>				
	A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services.					
	A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.					
	A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-network care providers for the type of specialty services needed.					
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	28890	36514	64405	64722	
	Services, including medications, determined not to be effective for treatment of a medical condition	64744	66180	95965	95966	
Plan exclusions: None	Services determined not to have a					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Potentially unproven services (including experimental/ investigational and/or linked services) (cont'd)	beneficial effect on health outcomes due to: <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 				
Prosthetics	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
Plan exclusions: None		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		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	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699
Radiology	Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	<ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .			
		For more details and the CPT® codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Plan exclusions: None					
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41512	41530	41599
	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.	42145			
Plan exclusions: None	Applies only for surgical sleep apnea procedures and not sleep studies.				
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		61850	61863	61864	61867
Plan exclusions: None		61868	61885	61886	63650
		63655	63685	64555	64568
		64590			
Therapeutic radiology services	Prior authorization required	Intensity modulated radiation therapy (IMRT)			
Plan exclusions: None		77385	77386	G6015	G6016
		Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)			
		77371	77372	77373	G0173
		G0251	G0339	G0340	
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .			
		For UnitedHealthcare Medicare Advantage			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Therapeutic radiology services(cont'd)		therapeutic radiation prior authorization requirements and instructions, please visit UHCprovider.com/priorauth > Oncology.			
Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation Plan exclusions: None	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Evaluation for transplant 99205			
		Bone marrow harvest 38240 38241 38242			
		Heart/lung 33930 33935			
		Heart 33940 33944 33945			
		Lung 32850 32851 32852 32853 32854 32856 S2060 S2061			
		Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547			
		Pancreas 48551 48552 48554			
		Liver 47135 47143 47147			
		Intestine 44132 44133 44135 44136			
		Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152			
		CAR T-cell Therapy 0537T 0538T 0539T 0540T Q2041 Q2042			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities Plan exclusions: None	Prior authorization required	36473	36475	36478	37700
		37718	37722	37780	
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow Plan exclusions: None		Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
		33976	33979	33981	33982

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Ventricular assist devices (VAD) (cont'd)		33983