

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements Effective January 1, 2020

## 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
<b>Subject to the UnitedHealthcare Provider Administrative Guide and the UnitedHealthcare West Non-Capitated Supplement</b>
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans including AARP® Medicare Advantage®, UnitedHealthcare® The Villages® Medicare Advantage®, UnitedHealthcare® Medicare Advantage® 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 D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UnitedHealthcare® Chronic Complete ( CSNP)
UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)
UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) 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 2020 UnitedHealthcare Care Provider Administrative Guide at <b>UHCprovider.com/guides</b> . As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) 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
<b>Arizona:</b> The following groups are delegated to OptumCare: AARP Medicare Advantage Plus (HMO-POS) – Groups 90108, 90109
<b>Connecticut:</b> The following groups are delegated to OptumCare: UnitedHealthcare Medicare Advantage Plan 1 (HMO) – Groups 27062, 27151; UnitedHealthcare Medicare Advantage Plan 2 (HMO) – Groups 27064, 27153; UnitedHealthcare Medicare Advantage Essential (HMO) – Groups 27155, 27156; UnitedHealthcare Medicare Advantage Plan 3 (HMO) – Groups 27100, 27150, AARP Medicare Advantage Walgreens (PPO) – Group 90125.

**Florida:** The following groups are delegated to WellMed: AARP Medicare Advantage (HMO) – Group, 82969; AARP Medicare Advantage (HMO-POS) – Groups 82980, 82958, 82960, 82977, 82978; AARP Medicare Advantage Focus (HMO-POS) – Groups 70341, 82970; ; AARP Medicare Advantage Plan 2 (HMO) – Group 82962; UnitedHealthcare The Villages Medicare Advantage 1 (HMO) – Group 82940; UnitedHealthcare The Villages Medicare Advantage 2 (HMO-POS) – Group 82971; AARP Medicare Advantage Choice Plan 2 (Regional PPO) – Group 72811; AARP Medicare Advantage Choice Essential (Regional PPO) Group 72790; AARP Medicare Advantage Choice (PPO) – Groups 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192,80193, 80194; UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP) – Groups 95115, 95116, 95117, 95118

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

**Indiana:** The following groups are delegated to WellMed/American Health Network Indiana: AARP Medicare Advantage Choice (PPO) – Groups , , , , 67034, 90101, 90102, 90103, , 90105, 90106; ; AARP Medicare Advantage Choice Plan 1 (PPO) – Groups 67026, 67030; AARP Medicare Advantage Choice Plan 2 (PPO) – Groups 90126, 90127, 90128; AARP Medicare Advantage Focus (PPO) – Group 74000, ; AARP Medicare Advantage Plan 1 (HMO-POS) – Groups 00744, 00745, 00748, 00749, 00750,00751, 00755, 00756, 00758, 00759, 00761, 00762; AARP Medicare Advantage Plan 2 (HMO-POS) – Group 00754, ; AARP Medicare Advantage Profile (HMO-POS) –Groups 00746, 00747.

**New Jersey:** The following groups are delegated to OptumCare: AARP Medicare Advantage Essential (HMO) – Groups 09100, 09101; AARP Medicare Advantage Plan 2 (HMO) – Groups 09102, 09103; AARP Medicare Advantage Plan 1 (HMO) – Groups 09104 09105, 09106, 09107; AARP Medicare Advantage Plan 3 (HMO) – Groups 09108, 09109, 09110, 09111; AARP Medicare Advantage Plan 4 (HMO) – Groups 09112, 09113, 09114, 09115

**New Mexico:** The following groups are delegated to Wellmed: AARP Medicare Advantage Choice (PPO) – Groups 79718, 79735

**Texas:** The following groups are delegated to WellMed: UnitedHealthcare Dual Complete (HMO D-SNP) – Group 00012; UnitedHealthcare Dual Complete Focus (HMO D-SNP) – Groups 00303, 00305, 00307, 00310; AARP Medicare Advantage Focus (HMO) – Groups 00300, 00304, 00306, 00309, 00315; AARP Medicare Advantage Focus Essential (HMO-POS) – Groups 00308, 96000; AARP Medicare Advantage Choice (PPO) – Groups 79717, 79730,0114, 90115; AARP Medicare Advantage (HMO-POS) – Groups 90107, 90124; AARP Medicare Advantage Plan 1 (HMO-POS) – Groups 90122, 90123; AARP Medicare Advantage Plan 2 (HMO) – Groups 90116, 90117; AARP Medicare Advantage Walgreens (PPO) – Groups 90110, 90111, 90112, 90113; UnitedHealthcare Chronic Complete (HMO C-SNP) – Groups – 90118, 90119, 90120, 90121

**Utah:** The following groups are delegated to OptumCare: AARP Medicare Advantage Plan 1 (HMO) – Groups 42000, 42024; AARP Medicare Advantage Plan 2 (HMO)– Groups 42022, 42026; AARP Medicare Advantage Essential (HMO) – Groups 42004, 42009; UnitedHealthcare Group Medicare Advantage – Group 42020; UnitedHealthcare Medicare Advantage Assure (PPO) – Group 42027; UnitedHealthcare Medicare Advantage Assist (HMO C-SNP) – Groups 90055, 90056; AARP Medicare Advantage Walgreens (HMO) – Group 42030;

**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 2020 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](http://UHCprovider.com/guides).

Erickson Advantage® Plans

UnitedHealthcare Medicare Direct<sup>SM</sup> (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](http://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
<b>Behavioral health services</b> Plan exclusions: None	Many of our benefit plans only provide coverage for behavioral health services through a	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services (cont'd)</b> Behavioral health services through a designated behavioral health network	designated behavioral health network.	refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures <b>Plan exclusions:</b> None	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy <b>Plan exclusions:</b> None	Prior authorization required	11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366
		19367	19368	19369	19370
		19371	19380	19396	L8600
		<b>Prior authorization is not required for the following diagnosis codes:</b>			
		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			
<b>Cancer Supportive Care</b> <b>Plan exclusions:</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
<ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> <li>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</li> </ul>		<b>Filgrastim (Neupogen®)</b> J1442			
		<b>Filgrastim-aafi (Nivestym™)</b> Q5110			
		<b>Filgrastim-sndz (Zarxio®)</b> Q5101			
		<b>Pegfilgrastim (Neulasta®)</b> J2505			
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111			
		<b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108			
		<b>Sargramostim (Leukine®)</b> J2820			
		<b>Tbo-filgrastim (Granix®)</b> J1447			

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)**

**Bone-modifying agent that requires prior authorization:**

**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, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**.

**Cardiology**

**Plan exclusions:**

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

Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance

For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.

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 prior authorization, please visit **UHCprovider.com/priorauth > Cardiology**.

**Cardiovascular**

Prior authorization required for lower extremities angiogram

75710\* 75716\*

\*Prior authorization required for the following diagnosis codes:

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (cont'd)</b>		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	
		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	
	<b>Chemotherapy Plan exclusions:</b>	Notification required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require notification:</b>			
	<ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> <li>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</li> </ul>		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (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>			
			For notification, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> .			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69714	69715	69718	69930	
<b>Plan exclusions:</b> None		L8614	L8619	L8690	L8691	
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8692				
<b>Cosmetic and reconstructive procedures</b>	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	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21248	21249	
		21255	21256	21260	21261	
		21263	21267	21268	21275	
<b>Plan exclusions:</b> None		21299	21740	21742	21743	
		28344	30540	30545	30560	
		30620	31295	31296	31297	
		31298	67900	67901	67902	
		67903	67904	67906	67908	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd)		67909 67966	67912 Q2026	67950	67961
<b>Durable medical equipment (DME) Plan exclusions:</b>	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see Prosthetics and Orthotics. Some home health care services 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.	Prior authorization required <b>regardless of billed amount:</b>			
<ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> </ul>	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	E0466 E2311 K0802 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855	E1230 E2321 K0806 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856	E1239 K0800 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857	E2310 K0801 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858
	<b><u>For UnitedHealthcare Medicare Advantage plans:</u></b>	K0859 K0863 K0871 K0880 K0890	K0860 K0864 K0877 K0884 K0891	K0861 K0869 K0878 K0885 K0898	K0862 K0870 K0879 K0886 K0899
	Power mobility devices/accessories, and lymphedema pumps require notification or prior authorization regardless of the cost.	Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$1,000:</b>			
		E0170 E0277 E0316 E0373 E0483 E0618 E0640 E0700 E0761 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237	E0193 E0300 E0328 E0459 E0603 E0635 E0692 E0710 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238	E0194 E0302 E0329 E0462 E0616 E0636 E0693 E0740 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270	E0246 E0304 E0350 E0465 E0617 E0639 E0694 E0746 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b> (cont'd)		E1295	E1296	E1297	E1298
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		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			
	<b>End-stage renal disease/dialysis services</b> Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services <b>Plan exclusions:</b> None	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.  <b>Note:</b> Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call <b>866-561-7518</b> .		
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
<b>Plan exclusions:</b> None		These <b>surgical codes</b> when billed with one of the following <b>DX codes:</b>			
		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	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (cont'd)</b>		58661	58720	58940	64856
		64892	64896	92507	92508
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
<b>Plan exclusions:</b> 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.	58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy (vaginal) – inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
<b>Plan exclusions:</b> None		58270	58275	58280	58290
	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.	58291	58292	58293	58294
<b>Injectable medications</b>	Prior authorization required	<b>Crysvita®</b>			
<b>Plan exclusions for Therapeutic Radiopharmaceuticals:</b>		J0584			
<ul style="list-style-type: none"> <li>Institutional Special Needs Plans (ISNP)</li> <li>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</li> </ul>		<b>Luxturna™</b>			
		J3398			
		<b>Onpattro™</b>			
		J0222			
		<b>Radicava®</b>			
		J1301			
		<b>Soliris®</b>			
		J1300			
		<b>Spinraza™</b>			
		J2326			
		<b>Therapeutic Radiopharmaceuticals**</b>			
		A9513	A9606	A9699	
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified codes*</b>			
		C9399	J3490	J3590	
		*For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®			
		***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>			
<b>Injectable medications – Step therapy</b>	Prior authorization required	<b>Erythropoiesis-stimulating agents</b>			
		J0881	J0885*		
		<b>Hyaluronic acid polymers (FDA approved as medical devices)</b>			
		J7320	J7321	J7322	J7323

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications – Step therapy (cont’d)</b>		J7324	J7326	J7327	J7329
<b>Plan exclusions:</b>		J7331	J7332		
<ul style="list-style-type: none"> <li>Private fee for service</li> <li>Ericson Advantage</li> <li>Employer group Medicare Advantage plans participate in the Hyaluronic Acid Step therapy program only, with the following exceptions: <ul style="list-style-type: none"> <li>All Group HMO plans,</li> <li>Select Group PPO plans: <ul style="list-style-type: none"> <li>Pfizer</li> <li>Navistar</li> <li>Johnson &amp; Johnson</li> <li>Bristol-Meyers Squibb</li> <li>Verizon</li> </ul> </li> </ul> </li> <li>Plans offered in: <ul style="list-style-type: none"> <li>Arizona</li> <li>California</li> <li>Colorado</li> <li>Hawaii</li> <li>Nevada</li> <li>Washington</li> </ul> </li> </ul>					
<b>Inpatient admission</b>	Notification required				
<b>Inpatient admissions – post-acute services</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>UnitedHealthcare® Nursing Home</li> </ul>	<p>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> <p>Phone: <b>855-851-1127</b> Fax: <b>844-244-9482</b></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>			
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations					
<b>Plan exclusions:</b> None					
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
Treatment of maxillofacial (jaw) functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
<b>Plan exclusions:</b> None		21150	21151	21154	21155

\*For code J0885 prior authorization is required for Procrit only (does not include Epogen)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (cont'd)</b>		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<b>Orthotics</b> <b>Plan exclusions: None</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		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			
<b>Orthopedic surgeries</b> Spine and joint surgeries <b>Plan exclusions: None</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic surgeries (cont'd)		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
		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  
**Plan exclusions:** None

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.

**Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:**

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-network services (cont'd)</b>	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.				
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> <b>Plan exclusions:</b> None	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
	Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>				
<b>Prosthetics</b> <b>Plan exclusions:</b> None	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		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

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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (cont'd)</b>		61868 63655 64590	61885 63685	61886 64555	63650 64568
<b>Therapeutic radiology services</b> <b>Plan exclusions:</b> None	Prior authorization required	<b>Intensity modulated radiation therapy (IMRT)</b> 77385      77386      G6015      G6016 <b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b> 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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b> . For UnitedHealthcare Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit <b>UHCprovider.com/priorauth &gt; Oncology</b> .			
<b>Transplant of tissue or organs</b> 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 <b>Plan exclusions:</b> 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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. <b>Evaluation for transplant</b> 99205 <b>Bone marrow harvest</b> 38240      38241      38242 <b>Heart/lung</b> 33930      33935 <b>Heart</b> 33940      33944      33945 <b>Lung</b> 32850      32851      32852      32853 32854      32856      S2060      S2061 <b>Kidney</b> 50300      50320      50323      50340 50360      50365      50370      50380 50547 <b>Pancreas</b> 48551      48552      48554 <b>Liver</b> 47135      47143      47147 <b>Intestine</b> 44132      44133      44135      44136 <b>Services related to transplants</b> 32855      33933      38208      38209 38210      38212      38213      38214 38215      38232*      44137      44715 44720      44721      47133      47140 47141      47142      47144      47145			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant of tissue or organs (cont'd)</b>		47146	50325	S2152	
		<b>CAR T-cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b> 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	Prior authorization required	36473	36475	36478	37700
<b>Plan exclusions:</b> None		37718	37722	37780	
<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		Please call the Optum VAD Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
<b>Plan exclusions:</b> None		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			