

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements Effective July 1, 2019

## General Information

This list contains prior authorization requirements for UnitedHealthcare Medicare Advantage participating care providers 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 877-842-3210

**Prior authorization is not required for emergency or urgent care.**

**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 2018 UnitedHealthcare Care Provider Administrative Guide **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<sup>®</sup> MedicareComplete<sup>®</sup>, UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> MedicareComplete<sup>®</sup>, UnitedHealthcare<sup>®</sup> MedicareComplete<sup>®</sup> plans for both individual and employer group members, and group retiree plans sold under UnitedHealthcare<sup>®</sup> Group Medicare Advantage (PPO)

UnitedHealthcare Dual Complete<sup>®</sup> (HMO SNP), (HMO-POS SNP), (PPO SNP), (Regional PPO SNP)

UnitedHealthcare<sup>®</sup> Chronic Complete (HMO SNP)

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

Care Improvement Plus<sup>®</sup> Products: Gold Rx (PPO SNP and Regional PPO SNP), Medicare Advantage (PPO and Regional PPO), Silver Rx (Regional PPO SNP), Dual Advantage (Regional 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 2018 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.

**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 2018 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](http://UHCprovider.com/guides).

**Florida:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> (HMO) – Group 82958, 82960, 82963, 82969, 82977, 82978, 82980; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Focus (HMO) – Group 82970; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 – Group 82962; UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> Medicare Complete<sup>®</sup> 1 (HMO) – Group 82940; UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> Medicare Complete<sup>®</sup> 2 (HMO-POS) – Group 82971; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Choice (Regional PPO) – Group 82955, 82956; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Choice (PPO) – Group 82957

**Hawaii:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 77000, 77007; AARP<sup>®</sup> MedicareComplete Choice<sup>®</sup> Essential – Group 77003, 77008

**Illinois:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> (HMO) – Group 17243, 17244; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 (HMO) – Group 18027, 18028; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 (HMO)– Group 55860; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Access (HMO) – Group 55430, 55431

**Texas:** UnitedHealthcare Dual Complete<sup>®</sup> (HMO SNP) – Group 00012;; UnitedHealthcare Dual Complete Focus<sup>®</sup> (HMO SNP) – Group 00303, 00305, 00307, 00310; AARP<sup>®</sup> MedicareComplete Focus<sup>®</sup> (HMO) – Group 00300, 00304, 00306, 00309, 00315; AARP<sup>®</sup> MedicareComplete Focus Essential<sup>®</sup> (HMO) – Group 00308

**Utah:** AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 - Group 42000; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 - Group 42022; AARP<sup>®</sup> MedicareComplete Essential<sup>®</sup> - Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020

Erickson Advantage<sup>®</sup> Plans

UnitedHealthcare Medicare Direct<sup>SM</sup> (PFFS)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

Medica HealthCare: Medica HealthCare Plans MedicareMax (HMO) – Group 77700, 77701; Medica HealthCare Plans MedicareMax Plus (HMO SNP) – Group 77702, 77703, 77704

Preferred Care Partners: Preferred Choice Broward HMO – Group 78601; Preferred Choice Dade (HMO) – Group 78600; Preferred Choice Palm Beach (HMO) – Group 78606; Preferred Medicare Assist (HMO SNP) – Group 78602, 78603, 78609; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 78607, 78608, 78610; Preferred Special Care Miami-Dade (HMO SNP) – Group 78605

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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services</b> Behavioral health services through a designated behavioral health network <b>Plan exclusions:</b> None	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.			
<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

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Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Breast reconstruction (non-mastectomy) (cont'd)</b>		<p><b>Prior authorization is not required for the following diagnosis codes:</b></p> <p>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</p>
<p><b>Cardiology</b></p> <p><b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li><b>New York:</b> AARP<sup>®</sup> MedicareComplete<sup>®</sup> – Group 66093; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 1 – Group 66074 &amp; 66091; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 2 – Group 13012 &amp; 66092; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Plan 3 – Group 66089; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Essential – Group 66075; AARP<sup>®</sup> MedicareComplete<sup>®</sup> Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO)</li> <li>UnitedHealthcare MedicareComplete<sup>®</sup> Choice (PPO) – Group 42023</li> </ul>	<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 <i>Cardiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Cardiology.</p>
<p><b>Chemotherapy</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Notification required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis for plan members in FL, GA and WI.</p>	<p><b>Injectable chemotherapy drugs that require notification for plan members in FL, GA and WI:</b></p> <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</li> </ul>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (cont'd)</b>		received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code			
		For notification, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .			
<b>Cochlear and other auditory implants</b>	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			
<b>Plan exclusions:</b> None					
<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
		67909	67912	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see <i>Prosthetics and Orthotics</i> .	Prior authorization required <b>regardless of billed amount:</b>			
<b>Plan exclusions:</b>		E0466	E0666	E1230	E1239
• Institutional Special Needs Plans (ISNP)		E2310	E2311	E2321	K0800
	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 <i>Home health care services</i> .	K0801	K0802	K0806	K0808
		K0812	K0813	K0814	K0815
		K0816	K0820	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0835	K0836	K0837
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
	<b><u>For UnitedHealthcare Medicare Advantage plans:</u></b>	K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0869
	Power mobility devices/accessories, and lymphedema pumps require notification or prior authorization	K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Durable medical equipment (DME) (cont'd)	regardless of the cost.	K0899
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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
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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>  <b>Plan exclusions:</b> None	Prior authorization required	55970	55980		
		These <b>surgical codes when billed</b> 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	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		
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>  <b>Plan exclusions:</b> None	Prior authorization required  Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy (vaginal) – inpatient only</b>  <b>Plan exclusions:</b> None	No prior authorization required for outpatient vaginal hysterectomies  Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications</b>  <b>Plan exclusions:</b> None	Prior authorization required	<b>Crysvita<sup>®</sup></b> J0584 <b>Luxturna<sup>™</sup></b> J3398 <b>Onpattro<sup>™</sup></b> C9036    J3490**    J3590** <b>Radicava<sup>®</sup></b> J1301 <b>Soliris<sup>®</sup></b> J1300 <b>Spinraza<sup>™</sup></b> J2326 <b>Unclassified codes*</b> C9399    J3490    J3590 <b>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpattro<sup>™</sup> and Ultomiris<sup>™</sup>.</b>
<b>Injectable medications – Step therapy</b>  <b>Plan exclusions:</b> <ul style="list-style-type: none"> <li>• Private fee for service</li> <li>• Ericson Advantage</li> <li>• Employer group Medicare Advantage plans nationwide</li> <li>• Plans offered in:               <ul style="list-style-type: none"> <li>○ Arizona</li> <li>○ California</li> <li>○ Colorado</li> <li>○ Hawaii</li> <li>○ Massachusetts (Senior Care Options only)</li> <li>○ New Jersey (DSNP only)</li> <li>○ Nevada</li> <li>○ Tennessee (DSNP only)</li> <li>○ Washington</li> </ul> </li> </ul>	Prior authorization required	<b>Erythropoiesis-stimulating agents</b> J0881    J0885* <b>Hyaluronic acid polymers (FDA approved as medical devices)</b> J7320    J7321    J7322    J7323 J7324    J7326    J7327    J7329 <b>Immunomodulators</b> J1745  <b>*For code J0885 prior authorization is required for Procrit only (does not include Epogen)</b>
<b>Inpatient admission</b> <b>Inpatient admissions-post acute services</b>	Notification required  Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <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</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.  Phone: <b>855-851-1127</b> Fax: <b>844-244-9482</b>  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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions-post acute services (cont'd)</b>	requirement: <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>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
<b>Plan exclusions:</b> None					
<b>Orthognathic surgery</b> Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
<b>Plan exclusions:</b> None		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<b>Orthotics</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
<b>Plan exclusions:</b> 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
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (cont'd)</b>		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	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
<b>Plan exclusions:</b> 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
		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
<b>Out-of-network services</b> 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.				
<b>Plan exclusions:</b> None					
	<b><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members when:</u></b>				
	<ul style="list-style-type: none"> <li>• A network physician or health</li> </ul>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-network services (cont'd)</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>				
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	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
<b>Plan exclusions: None</b>	<p>Services determined not to have a beneficial effect on health outcomes due to:</p> <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>	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
<b>Plan exclusions: None</b>		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont'd)</b>		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
		L7186	L7190	L7191	L7499
	L8035	L8039	L8041	L8042	
	L8043	L8044	L8049	L8499	
	L8505	L8604	L8609	L8699	

**Radiology**

**Plan exclusions:**

- UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)
- **New York:** AARP® MedicareComplete® – Group 66093; AARP® MedicareComplete® Plan 1 – Group 66074 & 66091; AARP® MedicareComplete® Plan 2 – Group 13012 & 66092; AARP® MedicareComplete® Plan 3 – Group 66089; AARP® MedicareComplete® Essential – Group 66075; AARP® MedicareComplete® Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO)
- UnitedHealthcare MedicareComplete® Choice (PPO) – Group 42023

Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:

- Certain PET scans
- Nuclear medicine and nuclear cardiology procedures

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

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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

For more details and the CPT codes that require notification/prior authorization, please visit **UHCprovider.com/priorauth** > Radiology.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Plan exclusions:</b> None					
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	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 42145	41512	41530	41599
<b>Plan exclusions:</b> None					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required		<b>Bone Growth Stimulator</b>		
		E0747	E0748	E0749	E0760
			<b>Neurostimulator</b>		
		61850	61863	61864	61867
<b>Plan exclusions:</b> None		61868	61885	61886	63650
		63655	63685	64555	64568
		64590			
<b>Therapeutic radiology services</b>	Prior authorization required		<b>Intensity modulated radiation therapy (IMRT)</b>		
<b>Plan exclusions:</b>			77385	77386	G6015 G6016
<ul style="list-style-type: none"> <li><b>New York:</b> AARP® MedicareComplete® – Group 66093; AARP® MedicareComplete® Plan 1 – Group 66074 &amp; 66091; AARP® MedicareComplete® Plan 2 – Group 13012 &amp; 66092; AARP® MedicareComplete® Plan 3 - Group 66089; AARP® MedicareComplete® Essential Group 66075; AARP® MedicareComplete® Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO)</li> <li>UnitedHealthcare MedicareComplete® Choice (PPO) – Group 42023</li> </ul>			<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 app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .		
			For UnitedHealthcare Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit <b>UHCprovider.com/priorauth</b> > Oncology.		
<b>Transplant of tissue or organs</b> Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	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.		
Request for transplant or transplant-related services prior to pre-treatment or evaluation			<b>Evaluation for transplant</b> 99205		
<b>Plan exclusions:</b> None			<b>Bone marrow harvest</b> 38240 38241 38242		
			<b>Heart/lung</b> 33930 33935		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (cont'd)</b>		<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
		47146	50325	S2152	
		<b>CAR-T Cell Therapy</b>			
0537T	0538T	0539T	0540T		
Q2041	Q2042				
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
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		37718	37722	37780	
<b>Plan exclusions:</b> None					
<b>Ventricular assist devices (VAD)</b>		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.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
<b>Plan exclusions:</b> None		33976	33979	33981	33982
		33983			