

**UnitedHealthcare
Notification/Prior Authorization Requirements
Effective Jan. 1, 2016**



This list represents our advance notification/prior authorization review requirements as referenced in the [UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2016 Administrative Guide for Commercial and Medicare Products](#). Updates to the list are announced routinely in the UnitedHealthcare Network Bulletin. If you have questions, please call Provider Services at 877-842-3210. Thank you.

Prior Authorization is required for the following procedures and services for the Current Procedure Terminology (CPT) Codes described in outpatient and inpatient settings unless otherwise noted.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Bariatric surgery and other obesity services are not covered in some benefit plans in some situations. There is a Center of Excellence requirement for coverage of bariatric surgery/services.	43644 43659 43773 43843 43848 43887 95981 0314T 43860*	43645 43770 43774 43845 43881 43888 95982 0315T 43865*	43647 43771 43775 43846 43882 64590 0312T 0316T	43648 43772 43842 43847 43886 95980 0313T 0317T
		*Prior authorization is required for the following diagnosis codes listed: E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45, Z68.51 - Z68.54, Z98.84			
Bone growth stimulator		20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing program	BRCA 1 and BRCA 2 (Breast Cancer Susceptibility) are genetic tests performing DNA sequencing to look for known gene mutations associated with the development of breast and ovarian cancer BRCA testing requires advance notification before performing the DNA sequencing. The ordering provider gives notice to the laboratory conducting the test and the laboratory provides notice to UnitedHealthcare. Members may receive genetic counseling if they would like a board-certified genetic counselor to help them make decisions about the clinical indications of BRCA testing. Once we receive advance notification for BRCA testing from the lab, we will send the member a letter explaining how to	81211 81215	81212 81216	81213 81217	81214

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
BRCA genetic testing program (cont'd.)	<p>access the service.</p> <p>Genetic testing and/or genetic counseling services are not covered in some benefit plans.</p> <p>The Genetic counseling attestation form and supportive documentation that satisfy additional criteria requirement can be found at the following location:</p> <p>www.unitedhealthcareonline.com >clinical resources>oncology>BRCA Testing</p>	
Breast reconstruction (non mastectomy)	<p>Reconstruction of the breast or other than following mastectomy</p>	<p>11920 11921 11922 19316 19318 19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 L8600</p> <p>Notification or prior authorization is not required for the following diagnosis codes:</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>

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Clinical trials	A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects that is subject to oversight by an Institutional Review Board (IRB). Includes all clinical trials, cancer and non-cancer trials and all phases including preventive	S9988	S9990	S9991	
Cochlear and other auditory implants		69710	69714	69715	69717
		69718	69930	L8614	L8615
		L8616	L8617	L8618	L8619
		L8621	L8622	L8623	L8624
		L8627	L8628	L8690	L8691
		L8692	L8693		
Cosmetic and reconstructive surgery	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
Durable medical equipment: more than \$1,000	Advance notification required only in outpatient setting (to include home). Prosthetics are not durable medical equipment (see separate <i>Prosthetics and Orthotics notification requirement</i> in this grid) for Medicare Advantage members. Some home health care services may qualify under the durable medical equipment requirement but are not subject to the \$1,000	A7025	A7026	E0194	E0265
		E0266	E0277	E0296	E0297
		E0300	E0302	E0304	E0328
		E0329	E0445	E0471	E0472
		E0483	E0601	E0620	E0745
		E0764	E0770	E0784	E0984
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1010
		E1016	E1018	E1220	E1230
		E1236	E1238	E1399	E1800
		E1802	E1805	E1810	E1812
		E1815	E1825	E1830	E1840
		E2300	E2310	E2311	E2321

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Durable medical equipment: more than \$1,000 (cont'd.)	<p>retail purchase or cumulative retail rental cost threshold (see separate <i>Home Health Care Services requirement</i> in this grid).</p> <p>Some payer groups may have different durable medical equipment advance notification requirements Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E2363 E2384 E2396 E2504 E2511 K0007 K0014 K0802 K0812 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E2364 E2385 E2402 E2506 E2512 K0009 K0606 K0806 K0813 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E2365 E2389 E2500 E2508 E2599 K0010 K0800 K0807 K0815 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	E2382 E2391 E2502 E2510 K0005 K0012 K0801 K0808 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899
Home health care - non-nutritional	Advance notification required only in outpatient setting (to include home).	Nursing services in the home S9123 S9124 T1000 T1002 T1003 T1005			
Home health care - nutritional	Advance notification required only in outpatient setting (to include home). Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home	B4159 B4162 S9208 S9433			
Hysterectomy – inpatient only	No authorization required for outpatient vaginal hysterectomies. vaginal hysterectomies For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.	58260 58262 58263 58267 58270 58275 58280 58290 58291 58292 58293 58294			

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Hysterectomy – inpatient and outpatient procedures	Abdominal and laparoscopic surgeries For Claims purposes: out-of-network claims without pre-determinations will be reviewed for medical necessity post service/prepayment.	58150	58152	58180	58541
		58542	58543	58544	58570
		58571	58572	58573	58550
		58552	58553	58554	
Intensity-Modulated Radiation Therapy (IMRT)	Fax the completed appropriate UnitedHealthcare IMRT data collection form and all supporting information to the number on the form. The UnitedHealthcare IMRT Data collection form can be found at: UnitedHealthcareOnline.com > Clinician Resources > Cancer - Oncology > Intensity Modulated Radiation Therapy	77385	77386	G6015	G6016
Injectable medications	For drug specific prior authorization request forms, please visit: UnitedHealthcareOnline.com > Clinician Resources > Specialty Drug > Commercial Specialty Drug Prior Authorization Program A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly. Excludes chemo therapy drugs We will notify you in Network Bulletin when additional drugs are added to the program.	Immune Globulin			
		J1459	J1556	J1557	J1559
		J1561	J1562	J1566	J1568
		J1569	J1572	J1575	J1599
		90283	90284		
		Inflammatory – POS 22 Only			
		J1745	J3262	J0129	J1602
		J3380			
		HP Acthar			
		J0800			
		Enzyme Replacement Therapy for Gaucher's			
		J1786	C9294	J3060	
		Hemophilia			
J7178	J7180	J7181	J7182		
J7183	J7185	J7186	J7187		
J7188	J7189	J7190	J7191		
J7192	J7193	J7194	J7195		
J7198	J7199	J7200	J7201		
J7205	Q9975				
Blood Modifier – Soliris – POS 22 ONLY					
J1300					

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd.)		Multiple Sclerosis J0202 Unclassified Codes J3490 J3590
MR-guided Focused Ultrasound (MRgFUS) to treat Uterine Fibroid	<p>MR-guided focused ultrasound procedures and treatments</p> <p>MR-guided focused ultrasound is a covered service for certain benefit plans, subject to the terms and conditions of those benefit plans, which generally are as follows:</p> <ul style="list-style-type: none"> • The physician and/or facility must confirm coverage of the service for the member. • The hospital and/or facility must be contracted with UnitedHealthcare. Members have no out-of-network benefits for MRgFUS. • The member must consent in writing to the procedure acknowledging that UnitedHealthcare does not believe that sufficient clinical evidence has been published in peer-reviewed medical literature to conclude that the service is safe and/or effective. • The member must agree in writing to not hold UnitedHealthcare responsible if they are not satisfied with the results. • The consent form can be found at: UnitedHealthcareOnline.com >Tools & Resources - Forms > Patient/Member > MR-Guided Focused Ultrasound Procedure Patient Acknowledgement Form. • The physician and facility must have demonstrated experience and expertise in MRgFUS as determined by UnitedHealthcare. <p>The physician and facility must follow U.S. Food and Drug Administration labeled indications for use.</p>	0071T 0072T

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Non-emergency air transport	Non-urgent ambulance transportation by air between specified locations	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial functional impairment	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics: more than \$1,000	Advance notification required only in outpatient setting (to include home).	L0220 L0484 L1640 L1710 L1846 L2036 L2330 L3430 L3465 L3766 L3961 L3975 L4631	L0430 L0486 L1680 L1720 L2005 L2037 L3251 L3440 L3470 L3900 L3967 L3976	L0480 L0636 L1685 L1755 L2020 L2038 L3253 L3450 L3480 L3901 L3971 L3977	L0482 L0638 L1700 L1844 L2034 L2128 L3420 L3455 L3485 L3904 L3973 L3978
Orthopedic surgeries	Spine and joint surgeries	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22864 23472 24361 24371 27130	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22865 23473 24362 27120 27132	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22858 22899 23474 24363 27122 27134	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22861 23470 24360 24370 27125 27137

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthopedic surgeries (cont'd.)		27138 27486 29868 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 0164T	27412 27487 29914 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 0375T	27446 29866 29915 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0095T J7330	27447 29867 29916 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0098T S2112
Potentially unproven services (including experimental/investigational)	Services, including medications, determined to be ineffective effective for treating the medical condition and/or to have no beneficial effect on health outcomes. This determine is made when there is insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature.	26340 33364 33418 54240 61868 64595 86849 95967 0271T 0285T A9277 S3652	33361 33365 33419 61863 61886 64722 91299 95978 0282T 0345T A9278 S8262	33362 33366 33477 61864 62292 65765 95965 0269T 0283T A9274 S0810	33363 33369 36514 61867 64555 65767 95966 0270T 0284T A9276 S1040
Prosthetics: more than \$1,000 Prosthetics with a retail or cumulative rental cost more than \$1,000.	Advance notification required only in outpatient setting (to include home).	L5000 L5060 L5160 L5250 L5321 L5530 L5590 L5643 L5680 L5700 L5707 L5726	L5010 L5100 L5200 L5270 L5331 L5535 L5616 L5649 L5681 L5701 L5718 L5728	L5020 L5105 L5210 L5280 L5400 L5540 L5637 L5651 L5683 L5703 L5722 L5780	L5050 L5150 L5230 L5301 L5420 L5585 L5639 L5676 L5695 L5706 L5724 L5781

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Prosthetics: more than \$1,000 (cont'd.) Prosthetics with a retail or cumulative rental cost more than \$1,000.</p>		L5782 L5814 L5824 L5840 L5858 L5966 L5975 L5981 L6000 L6050 L6200 L6350 L6450 L6584 L6620 L6645 L6697 L6884 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8049	L5795 L5816 L5826 L5845 L5930 L5968 L5976 L5987 L6010 L6055 L6205 L6360 L6570 L6586 L6621 L6648 L6707 L6885 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8041 L8045 L8699	L5811 L5818 L5828 L5848 L5950 L5970 L5979 L5988 L6020 L6120 L6310 L6370 L6580 L6588 L6624 L6693 L6881 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8042 L8046 V2627	L5812 L5822 L5830 L5856 L5960 L5973 L5980 L5990 L6025 L6130 L6320 L6400 L6582 L6590 L6638 L6696 L6882 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L7499 L8043 L8047 V2629
<p>Proton beam therapy</p>	<p>Focused radiation therapy using beams of protons</p> <p>Inndicate whether proton beam therapy is performed as part of a clinical trial. Please reference the Clinical Trials sections.</p>	77520	77522	77523	77525
<p>Rhinoplasty</p>	<p>Treatment of nasal functional impairment and septal deviation</p>	30400 30435 30465	30410 30450	30420 30460	30430 30462

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<p>Site of Service (SOS)</p>	<p>Perform the following procedures in an Ambulatory Surgery Center (ASC).</p> <p>Prior authorization only required when requesting service in an Outpatient Hospital Setting.</p> <p>No authorization Required for ASC place of service.</p> <p>Providers in IA, IN, NJ, and UT do not require authorization.</p> <p>Veterans Medical Centers (VMAC) do not require authorization.</p>	<p>Abdominal Paracentesis 49083</p> <p>Carpal Tunnel Surgery 64721</p> <p>Cataract Surgery 66821 66982 66984</p> <p>Hernia Repair 49585 49587 49650 49651 49652 49653 49654 49655</p> <p>Liver Biopsy 47000</p> <p>Tonsillectomy & Adenectomy 42821 42826</p> <p>Upper & Lower Gastrointestinal Endoscopy 43235 43239 43249 45378 45380 45384 45385</p> <p>Urologic Procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 57288</p>
<p>Sleep apnea procedures and surgeries</p>	<p>Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p> <p>Applies to inpatient or outpatient, including but not limited to:</p> <p>Palatopharyngoplasty: oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty</p> <p>Applies only for surgical sleep apnea procedures and not sleep studies.</p>	<p>21685 41530 41599 42145</p>
<p>Sleep studies</p>	<p>Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders</p>	<p>95805 95807 95808 95810 95811</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Sleep studies (cont'd.)	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries. For those services, see the <i>Sleep Apnea Procedures and Surgeries</i> section.				
Specific Medications as Indicated on the Prescription Drug List (PDL)	<p>Certain medications require prior authorization to make sure they are a covered benefit for the indication for which they are prescribed. Refer to the Prescription Drug List (PDL)</p> <p>call 800-711-4555 when prescribing medications that require notification or prior authorization. These medications are so designated on the PDL. You may also fax requests to:</p> <p>Specialty medications: 800-853-3844</p> <p>Non-specialty medications: 800-527-0531</p> <p>To request an authorization online, visit UnitedHealthcareOnline .com > Notifications/Prior Authorizations</p>				
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures	Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities	36468 37718	36475 37722	36478 37780	37700

Other Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																																												
Behavioral health services (cont'd.)		Please call the number on the member's ID card to refer for mental health and substance abuse/substance services.																																																																												
Cardiology prior authorization program	(See additional information in the Cardiology Notification/Prior Authorization Protocol section of the Administrative Guide.)	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants and for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes before providing the service.</p> <p>Request prior authorization one of the following ways:</p> <ol style="list-style-type: none"> 1. AtUnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization-Submission & Status 2. By calling 866-889-8054 <p>For more information, and to see a list of the CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program.</p>																																																																												
Chemotherapy services – all states	<p>Outpatient Only</p> <p>Notification or prior authorization for the following chemotherapy services IS required for cancer diagnosis listed thereafter.</p>	<table border="0"> <tr> <td>J0640</td> <td>J0641</td> <td>J9000</td> <td>J9010</td> </tr> <tr> <td>J9015</td> <td>J9017</td> <td>J9019</td> <td>J9020</td> </tr> <tr> <td>J9025</td> <td>J9027</td> <td>J9031</td> <td>J9032</td> </tr> <tr> <td>J9033</td> <td>J9035</td> <td>J9039</td> <td>J9040</td> </tr> <tr> <td>J9041</td> <td>J9042</td> <td>J9043</td> <td>J9045</td> </tr> <tr> <td>J9047</td> <td>J9050</td> <td>J9055</td> <td>J9060</td> </tr> <tr> <td>J9065</td> <td>J9070</td> <td>J9098</td> <td>J9100</td> </tr> <tr> <td>J9120</td> <td>J9130</td> <td>J9150</td> <td>J9151</td> </tr> <tr> <td>J9155</td> <td>J9160</td> <td>J9165</td> <td>J9171</td> </tr> <tr> <td>J9175</td> <td>J9178</td> <td>J9179</td> <td>J9181</td> </tr> <tr> <td>J9185</td> <td>J9190</td> <td>J9200</td> <td>J9201</td> </tr> <tr> <td>J9202</td> <td>J9206</td> <td>J9207</td> <td>J9208</td> </tr> <tr> <td>J9209</td> <td>J9211</td> <td>J9212</td> <td>J9213</td> </tr> <tr> <td>J9214</td> <td>J9215</td> <td>J9216</td> <td>J9217</td> </tr> <tr> <td>J9218</td> <td>J9219</td> <td>J9225</td> <td>J9226</td> </tr> <tr> <td>J9228</td> <td>J9230</td> <td>J9245</td> <td>J9250</td> </tr> <tr> <td>J9260</td> <td>J9261</td> <td>J9262</td> <td>J9263</td> </tr> <tr> <td>J9264</td> <td>J9266</td> <td>J9267</td> <td>J9268</td> </tr> <tr> <td>J9270</td> <td>J9271</td> <td>J9280</td> <td>J9293</td> </tr> </table>	J0640	J0641	J9000	J9010	J9015	J9017	J9019	J9020	J9025	J9027	J9031	J9032	J9033	J9035	J9039	J9040	J9041	J9042	J9043	J9045	J9047	J9050	J9055	J9060	J9065	J9070	J9098	J9100	J9120	J9130	J9150	J9151	J9155	J9160	J9165	J9171	J9175	J9178	J9179	J9181	J9185	J9190	J9200	J9201	J9202	J9206	J9207	J9208	J9209	J9211	J9212	J9213	J9214	J9215	J9216	J9217	J9218	J9219	J9225	J9226	J9228	J9230	J9245	J9250	J9260	J9261	J9262	J9263	J9264	J9266	J9267	J9268	J9270	J9271	J9280	J9293
J0640	J0641	J9000	J9010																																																																											
J9015	J9017	J9019	J9020																																																																											
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J9041	J9042	J9043	J9045																																																																											
J9047	J9050	J9055	J9060																																																																											
J9065	J9070	J9098	J9100																																																																											
J9120	J9130	J9150	J9151																																																																											
J9155	J9160	J9165	J9171																																																																											
J9175	J9178	J9179	J9181																																																																											
J9185	J9190	J9200	J9201																																																																											
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J9260	J9261	J9262	J9263																																																																											
J9264	J9266	J9267	J9268																																																																											
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<p>Chemotherapy services – all states (cont'd.)</p>		<p>J9299 J9300 J9301 J9302 J9303 J9305 J9306 J9307 J9308 J9310 J9315 J9320 J9328 J9330 J9340 J9351 J9354 J9355 J9357 J9360 J9370 J9371 J9390 J9395 J9400 J9600 J9999 Q2017 Q2043 Q2049 Q2050 J9032 J9039 J9271 J9299 J9308</p> <p>In combination with the following Cancer Diagnosis Codes</p> <table border="1" data-bbox="987 762 1442 1665"> <thead> <tr> <th>ICD10 from</th> <th>ICD10 to</th> <th>ICD10 from</th> <th>ICD10 to</th> </tr> </thead> <tbody> <tr><td>C000</td><td>C399</td><td>C9300</td><td>C9332</td></tr> <tr><td>C4000</td><td>C439</td><td>C93Z0</td><td>C93Z2</td></tr> <tr><td>C4A0</td><td>C4A9</td><td>C9390</td><td>C9392</td></tr> <tr><td>C4400</td><td>C499</td><td>C9400</td><td>C9592</td></tr> <tr><td>C50011</td><td>C6992</td><td>C960</td><td>C964</td></tr> <tr><td>C700</td><td>C759</td><td>C96A</td><td>C96Z</td></tr> <tr><td>C7A00</td><td>C7B8</td><td>C969</td><td>C969</td></tr> <tr><td>C760</td><td>C799</td><td>D0000</td><td>D099</td></tr> <tr><td>C800</td><td>C8399</td><td>D3A00</td><td>D3A8</td></tr> <tr><td>C8400</td><td>C8479</td><td>D45</td><td>D45</td></tr> <tr><td>C84A0</td><td>C84Z9</td><td>D460</td><td>D4622</td></tr> <tr><td>C8490</td><td>C8499</td><td>D46A</td><td>D46C</td></tr> <tr><td>C8510</td><td>C866</td><td>D464</td><td>D464</td></tr> <tr><td>C882</td><td>C9032</td><td>D46Z</td><td>D46Z</td></tr> <tr><td>C9100</td><td>C9162</td><td>D469</td><td>D469</td></tr> <tr><td>C91A0</td><td>C91Z2</td><td>D470</td><td>D471</td></tr> <tr><td>C9190</td><td>C9192</td><td>D473</td><td>D474</td></tr> <tr><td>C9200</td><td>C9262</td><td>D47Z1</td><td>D47Z9</td></tr> <tr><td>C92A0</td><td>C92Z2</td><td>D479</td><td>D479</td></tr> <tr><td>C9290</td><td>C9292</td><td>D480</td><td>D482</td></tr> </tbody> </table>	ICD10 from	ICD10 to	ICD10 from	ICD10 to	C000	C399	C9300	C9332	C4000	C439	C93Z0	C93Z2	C4A0	C4A9	C9390	C9392	C4400	C499	C9400	C9592	C50011	C6992	C960	C964	C700	C759	C96A	C96Z	C7A00	C7B8	C969	C969	C760	C799	D0000	D099	C800	C8399	D3A00	D3A8	C8400	C8479	D45	D45	C84A0	C84Z9	D460	D4622	C8490	C8499	D46A	D46C	C8510	C866	D464	D464	C882	C9032	D46Z	D46Z	C9100	C9162	D469	D469	C91A0	C91Z2	D470	D471	C9190	C9192	D473	D474	C9200	C9262	D47Z1	D47Z9	C92A0	C92Z2	D479	D479	C9290	C9292	D480	D482
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<p>Congenital heart disease</p>	<p>Congenital heart disease-related services, including pre-treatment evaluation</p>	<p>Call 888-936-7246 or the notification number on the back of the member's ID card.</p> <p>ICD-10-CM Codes:</p> <p>Q20.0-Q20.6, Q20.8-Q20.9, Q21.0-Q21.4, Q21.8-Q22.6, Q22.8-Q23.4, Q23.8-Q24.6,</p>																																																																																				

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<p>Congenital heart disease (cont'd.)</p>		<p>Q24.8-Q25.6, Q25.71, Q25.72, Q25.79, Q25.8-Q26.6, Q26.8-Q27.2, Q27.31-Q27.34, Q27.39, Q27.8, Q279, Q28.2, Q28.3</p> <p>33251 33254 33255 33256 33257 33258 33259 33261 33404 33414 33415 33416 33417 33476 33478 33500 33501 33502 33503 33504 33505 33506 33507 33600 33602 33606 33608 33610 33611 33612 33615 33617 33619 33641 33645 33647 33660 33665 33670 33675 33676 33677 33681 33684 33688 33690 33692 33694 33697 33702 33710 33720 33722 33724 33726 33730 33732 33735 33736 33737 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33786 33788 33802 33803 33820 33822 33840 33845 33851 33852 33853 33917 33920 33924 93501 93524 93526 93527 93528 93529 93530 93531 93532 93533 93541 93542 93543 93544 93545 93555 93556 93561 93562 93580 93581</p>
<p>End stage renal disease dialysis services</p>	<p>Services for treating end stage renal disease, including outpatient dialysis services as defined by but not limited to the revenue and CPT codes referenced in this section, require advance notification.</p> <p>Advance notification required when members are referred to an out of network provider for dialysis services.</p> <p>Advance notification is not required for end stage renal disease when a</p>	<p>Verbal notification is required.</p> <p>Please call Kidney Resource Services at 866-561-7518 to refer members into UnitedHealthcare's disease management program.</p>

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																																																																											
<p>End stage renal disease dialysis services (cont'd.)</p>	<p>UnitedHealthcare Medicare Solutions member travels outside of the service area.</p> <p>Please check your Agreement with UnitedHealthcare to see if there are any restrictions on out-of-network referrals.</p>																																																																																																												
<p>Infertility</p>	<p>Diagnostic and treatment services related to inability to achieve pregnancy</p>	<table border="0"> <tr> <td>58321</td> <td>58322</td> <td>58323</td> <td>58970</td> </tr> <tr> <td>58974</td> <td>S4015</td> <td>S4016</td> <td>S4023</td> </tr> <tr> <td>S4035</td> <td>55870</td> <td>58345</td> <td>58752</td> </tr> <tr> <td>58760</td> <td>58976</td> <td>76948</td> <td>89250</td> </tr> <tr> <td>89251</td> <td>89253</td> <td>89254</td> <td>89255</td> </tr> <tr> <td>89257</td> <td>89258</td> <td>89259</td> <td>89260</td> </tr> <tr> <td>89261</td> <td>89264</td> <td>89268</td> <td>89272</td> </tr> <tr> <td>89280</td> <td>89281</td> <td>89290</td> <td>89291</td> </tr> <tr> <td>89335</td> <td>89342</td> <td>89343</td> <td>89344</td> </tr> <tr> <td>89346</td> <td>89352</td> <td>89353</td> <td>89354</td> </tr> <tr> <td>89356</td> <td>0058T</td> <td>89337</td> <td>0357T</td> </tr> <tr> <td>S4011</td> <td>S4013</td> <td>S4014</td> <td>S4022</td> </tr> <tr> <td>S4025</td> <td>S4026</td> <td>S4028</td> <td>S4030</td> </tr> <tr> <td>S4031</td> <td>S4037</td> <td></td> <td></td> </tr> </table> <p>The following codes only require authorization if the DX code is listed as well.</p> <table border="0"> <thead> <tr> <th>CPT</th> <th colspan="2">DX</th> </tr> </thead> <tbody> <tr> <td>52402</td> <td>N46.01</td> <td>N46.021</td> </tr> <tr> <td>54500</td> <td>N46.022</td> <td>N46.023</td> </tr> <tr> <td>54505</td> <td>N46.024</td> <td>N46.025</td> </tr> <tr> <td>55550</td> <td>N46.11</td> <td>N46.121</td> </tr> <tr> <td>58140</td> <td>N46.122</td> <td>N46.123</td> </tr> <tr> <td>58145</td> <td>N46.124</td> <td>N46.125</td> </tr> <tr> <td>58146</td> <td>N46.129</td> <td>N46.029</td> </tr> <tr> <td>58545</td> <td>N46.8</td> <td>N46.9</td> </tr> <tr> <td>58546</td> <td>N97.0</td> <td>E23.0</td> </tr> <tr> <td>58660</td> <td>N97.1</td> <td>N97.2</td> </tr> <tr> <td>58662</td> <td>N97.8</td> <td>N97.8</td> </tr> <tr> <td>58670</td> <td>N97.9</td> <td>N98.1</td> </tr> <tr> <td>58672</td> <td></td> <td></td> </tr> <tr> <td>58673</td> <td></td> <td></td> </tr> <tr> <td>58740</td> <td></td> <td></td> </tr> <tr> <td>58770</td> <td></td> <td></td> </tr> </tbody> </table>	58321	58322	58323	58970	58974	S4015	S4016	S4023	S4035	55870	58345	58752	58760	58976	76948	89250	89251	89253	89254	89255	89257	89258	89259	89260	89261	89264	89268	89272	89280	89281	89290	89291	89335	89342	89343	89344	89346	89352	89353	89354	89356	0058T	89337	0357T	S4011	S4013	S4014	S4022	S4025	S4026	S4028	S4030	S4031	S4037			CPT	DX		52402	N46.01	N46.021	54500	N46.022	N46.023	54505	N46.024	N46.025	55550	N46.11	N46.121	58140	N46.122	N46.123	58145	N46.124	N46.125	58146	N46.129	N46.029	58545	N46.8	N46.9	58546	N97.0	E23.0	58660	N97.1	N97.2	58662	N97.8	N97.8	58670	N97.9	N98.1	58672			58673			58740			58770		
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Infertility (cont'd.)		89398
Radiology prior authorization	<p>Plan exclusions: Erickson Advantage, UnitedHealthcare Nursing Home Plans and United Healthcare Assisted Living Plan.</p> <p>See additional information in the <i>Outpatient Radiology Prior Authorization Protocol</i> for Medicare Advantage section of the Administrative Guide</p>	<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures referred to as “advanced outpatient imaging procedures.”</p> <p>The health care professional ordering the advanced outpatient imaging procedure is responsible for obtaining prior authorization any of the following ways before rendering the procedure.</p> <ol style="list-style-type: none"> At UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status By calling our Clinical Requist Line at 866-889-8054 <p>For more information, including a list of CPT codes that require prior authorization, go to UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program</p>
Transplant of tissue or organs	<p>Organ or tissue transplant or transplant related services before pre-treatment or evaluation</p> <p>Must request for transplant or transplant-related services before pre-treatment or evaluation.</p>	<p>For transplant services, call 888-936-7246 or the notification number on the back of the member's ID card.</p> <p>Evaluation for Transplant</p> <p>99205</p> <p>Bone Marrow Harvest</p> <p>38207 38240 38241 38242</p> <p>Heart/Lung</p> <p>33930 33935</p> <p>Heart</p> <p>33940 33944 33945</p> <p>Lung</p> <p>32850 32851 32852 32853</p> <p>32854 32856 S2060 S2061</p> <p>Kidney</p> <p>50300 50320 50323 50340</p> <p>50360 50365 50370 50380</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Transplant of tissue or organs (cont'd.)		50547 Pancreas 48551 48552 48554 Liver 47135 47136 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
Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Call 888-936-7246 or the notification number on the back of the member's ID card. 0051T 0052T 0053T 33975 33976 33979 33981 33982 33983

Voluntary Notification for Case and Disease Management Enrollment

Please provide voluntary notification so we can enroll members in case and disease management programs and identify them for outbound calls to explain benefits and other programs. Voluntary notification does not indicate or imply coverage, which is determined according to the member's benefit plan.

Procedures & Services	Additional Information	ICD-10-CM
Healthy pregnancy	<p>Notification provides OptumHealth with an opportunity to enroll pregnant members in the Healthy Pregnancy Program prior to the delivery of the baby.</p> <p>Notification gives us the opportunity to enroll pregnant members in our Healthy Pregnancy Program.</p> <p>Notification is needed only once per pregnancy and is not required for ancillary services such as ultrasound and lab work.</p>	Upon confirmation of pregnancy, please notify us for ICD-10-CM : O09.00 O09.01 O09.02 O09.03 O09.10 O09.11 O09.12 O09.13 O09.211 O09.212 O09.213 O09.219 O09.291 O09.292 O09.293 O09.299 O09.30 O09.31 O09.32 O09.33 O09.40 O09.41 O09.42 O09.43 O09.511 O09.512 O09.513 O09.519 O09.521 O09.522 O09.523 O09.529 O09.611 O09.612 O09.613 O09.619 O09.621 O09.622 O09.623 O09.629 O09.70 O09.71 O09.72 O09.73

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Healthy pregnancy (cont'd.)	Please let us know if, after you have notified us of a pregnancy, you believe the member is not appropriate for a Healthy Pregnancy Program. For example, if the pregnancy is terminated.	O09.891	O09.892	O09.893	O09.899
		O09.90	O09.91	O09.92	O09.93
		O12.00	O12.01	O12.02	O12.03
		O12.10	O12.11	O12.12	O12.13
		O12.20	O12.21	O12.22	O12.23
		O21.0	O21.1	O21.8	O21.9
		O24.011	O24.012	O24.013	O24.111
		O24.112	O24.113	O24.311	O24.312
		O24.313	O24.811	O24.812	O24.813
		O24.911	O24.912	O24.913	O26.00
		O26.01	O26.02	O26.03	O26.831
		O26.832	O26.833	O26.839	O30.001
		O30.002	O30.003	O30.011	O30.012
		O30.013	O30.031	O30.032	O30.033
		O30.041	O30.042	O30.043	O30.091
		O30.092	O30.093	O30.101	O30.102
		O30.103	O30.111	O30.112	O30.113
		O30.121	O30.122	O30.123	O30.191
		O30.192	O30.193	O30.201	O30.202
		O30.203	O30.211	O30.212	O30.213
		O30.221	O30.222	O30.223	O30.291
		O30.292	O30.293	O30.91	O30.92
		O30.93	O47.00	O47.02	O47.03
		O47.1	O47.9	O60.00	O60.02
		O60.03	O99.011	O99.012	O99.013
		O99.280	O99.89	Z32.01	Z33.1
		Z34.00	Z34.01	Z34.02	Z34.03
		Z34.80	Z34.81	Z34.82	Z34.83
		Z34.90	Z34.91	Z34.92	Z34.93
		Z36			