

General Information

This list contains prior authorization requirements for UnitedHealthcare Medicare Solutions and UnitedHealthcare Community Plan-Medicare participating care providers for inpatient and outpatient services. 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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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 2017 Medicare Advantage Referral Required Plans – FAQ located at UnitedHealthcareOnline.com > Tool & Resources > Products & Services > Medicare > Reference Materials.

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

Included Plans

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

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

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

UnitedHealthcare[®] Chronic Complete (HMO SNP)

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

Oxford Mosaic Network

Care Improvement Plus[®] 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 Community Plan Medicare Advantage benefit plans subject to an additional manual, as further described in the benefit plan section of the UnitedHealthcare Administrative Guide 2017 at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides. As explained in the benefit plan section, some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an additional manual and are therefore subject to the Administrative Guide.

Prior authorization 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 UnitedHealthcare Administrative Guide 2017 at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides.

Florida: AARP[®] MedicareComplete[®] (HMO) – Group 82958, 82960, 82963, 82969, 82977, 82978; AARP[®] MedicareComplete[®] Focus (HMO) – Group 82970, 82980; AARP[®] MedicareComplete[®] Plan 2 – Group 82962; UnitedHealthcare[®] The Villages[®] Medicare Complete[®] 1 (HMO) – Group 82940; UnitedHealthcare[®] The Villages[®] Medicare Complete[®] 2 (HMO-POS) – Group 82971

Hawaii: AARP[®] MedicareComplete[®] Plan 1 – Group 77000, 77007; AARP[®] MedicareComplete Choice[®] Essential – Group 77003, 77008

Illinois: AARP[®] MedicareComplete[®] – Group 17243, 17244, 17245, 17246; AARP[®] MedicareComplete[®] Plan 1 – Group 18027, 18028, 18029, 18030; AARP[®] MedicareComplete[®] Plan 2 – Group 55860; AARP[®] MedicareComplete[®] Access Group 55306, 55307, 55430, 55431

Utah: AARP[®] MedicareComplete[®] Plan 1 - Group 42000; AARP[®] MedicareComplete[®] Plan 2 - Group 42022; AARP[®] MedicareComplete Essential[®] - Group 42004; UnitedHealthcare Group Medicare Advantage – Group 42020

Erickson Advantage[®] Plans

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

Please refer to the Medica HealthCare and Preferred Care Partners Prior Authorization Requirements located at UnitedHealthcareOnline.com > Clinician Resources > Advance and Admission Notification Requirements > Advance Notification Lists.

UnitedHealthcare Medicare DirectSM (PFFS)

Sierra Spectrum[®] (Sierra Health & Life)

Senior Dimensions Medicare Advantage Plans (Health Plan of Nevada)

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 Preferred Care Partners groups above, please refer to the Medica HealthCare and Preferred Care Partners Prior Authorization Requirements located at UnitedHealthcareOnline.com > Clinician Resources > Advance and Admission Notification Requirements > Advance Notification Lists.

Preferred Choice Broward HMO – Group 99791; Preferred Choice Dade (HMO) – Group 99790; Preferred Choice Palm Beach (HMO) – Group 99797; Preferred Medicare Assist (HMO SNP) – Group 99792, 99793, 99796; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 99798, 99799, 99800; Preferred Special Care Miami-Dade (HMO SNP) – Group 99795

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

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Prior authorization does not apply to procedures and services identified as a “Medicare prior authorization reduction” exclusion for the following states and health plan group numbers:

Exclusions for the Medicare prior authorization reduction program apply to:

- Contracted servicing care providers in Arkansas, Connecticut, Idaho, Kansas, Missouri, North Carolina, Rhode Island and Wisconsin

OR

- These health plan group numbers:

00500	00501	00502	00715	00716	00717	00718	00719	00724	00725	00731	00732
00733	00734	00735	00736	07010	07020	07035	07045	07049	12200	12225	12226
12227	12228	12229	12230	12231	12232	12233	12234	12235	12236	12237	12238
12239	12240	12241	12242	12243	12244	12245	12246	12247	12248	12250	12251
12252	12300	12301	12302	12303	12304	12305	12306	12307	12308	12309	12310
12311	12312	12313	12314	12315	12316	12317	12318	12319	12320	12321	12350
12351	12354	12355	12356	12357	12358	12359	12360	12361	12362	12363	12364
12365	12366	12367	12368	12369	12370	12371	12372	12373	12374	12375	12376
12377	12378	12379	12380	12381	12382	12383	12384	12385	12386	12387	12388
12389	12390	12391	12392	12393	12394	12395	12396	12397	12398	12402	12420
12461	12462	12463	12467	12468	12469	12470	12472	12473	12474	12475	12553
12554	12555	12556	12557	12558	12559	12560	12561	12562	12563	12564	12565
12566	12567	12568	12569	12570	12571	12572	12573	12574	12575	12576	12577
12578	12579	12580	12581	12582	12583	12584	12585	12586	12587	12588	12589
12590	12591	12592	12593	12594	12595	12596	12597	12598	12599	12600	12601
12602	12612	12613	12614	12616	12617	12618	12620	12621	12622	12623	12624
12625	12626	12627	12628	12629	12630	12631	12632	12633	12634	12635	12636
12637	12638	12639	12640	12643	12644	12647	12654	12656	12657	12658	12659
12660	12661	12662	12663	12664	12666	12667	12671	12672	12673	12674	12675
12676	12677	12679	12680	12681	12682	12683	12685	12686	12688	12689	12690
12694	12698	12699	12701	12702	12751	12752	12775	12776	12777	12778	12779
12780	12781	12782	12783	12785	12786	12787	12788	12789	12790	12791	12800
12801	12802	12805	12808	12809	12810	12811	12812	12813	12814	12815	12816
12817	12818	12819	12820	12821	12822	12823	12824	12825	12826	12827	12828
12829	12849	12850	12851	12852	12853	12854	12855	12856	12857	12860	12861
12862	12863	12864	12865	12866	12867	12868	12869	12870	12871	12872	12873
12874	12875	12876	12877	12878	12879	12880	12881	12882	12883	12885	12886
12889	12892	12894	12895	12897	12898	12899	12930	12931	12932	12933	12950
12951	12975	12976	12985	12986	12987	12988	12989	12990	12991	13200	13201
13202	13203	13207	13208	13209	13210	13211	13225	13226	13240	13250	13252
13253	13254	13255	13256	13257	13258	13259	13260	13261	13262	13263	13264
13265	13266	13267	13268	13269	13275	13276	13277	13278	13281	13284	13285
13286	13287	13288	13289	13290	13291	13292	13293	13294	13295	13302	13303
13304	13305	13306	13307	13308	13311	13314	13315	13319	13321	13323	13325
13327	13343	13344	13345	13346	13347	13348	13349	13350	13351	13375	13400

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13401	13402	13425	13450	13451	13452	13453	13454	13456	13457	13458	13459
13460	13500	13501	13502	13503	13504	13505	13506	13507	13508	13509	13510
13511	13512	13513	13514	13515	13516	13517	13518	13519	13520	13521	13522
13550	13551	13552	13553	13554	13555	13556	13557	13558	13559	13560	13561
13562	13563	13564	13565	13566	13567	13568	13569	13570	13571	13572	13573
13574	13575	13600	13601	13602	13603	13604	13605	13606	13607	13608	13609
13610	13611	13612	13613	13614	13615	13616	13617	13618	13619	13620	13621
13622	13623	13624	13625	13626	13627	13628	13629	13630	13631	13632	13633
13634	13635	13636	13637	13638	13639	13640	13641	13642	13643	13644	13645
13646	13647	13648	13649	13650	13651	13665	13666	13667	13668	13669	13670
13671	13672	13673	13674	13675	13676	13677	13678	13679	13680	13681	13682
13683	13684	13685	13686	13687	13688	13689	13690	13691	13692	13693	13694
13695	13696	13697	13698	13699	13700	13701	13702	13703	13704	13705	13706
13707	13715	13716	13717	13718	13719	13720	13721	13722	13723	13724	13735
13746	13747	13748	13749	13750	13751	13752	13753	13754	13755	13756	13757
13758	13759	13760	13761	13762	13763	13800	13801	13840	13850	13875	13876
13877	13878	13879	13880	13881	13882	13883	13900	13904	13908	13912	13916
13920	13924	13928	13932	13936	13937	13938	13939	13944	13946	13950	13951
13952	13953	13954	13955	13956	13957	13967	13968	13969	13970	13971	13972
15500	15501	15600	15627	15628	15629	15630	15631	15632	15633	15634	15635
15636	15637	15638	15639	15640	15641	15642	15643	15644	15645	15646	15647
15648	15901	15902	15903	15904	15905	15906	15907	15908	16101	16103	16104
16105	16106	16107	16108	16110	16111	16112	16113	16114	16115	16116	16117
16118	16119	16120	16121	16124	16125	16126	16127	16128	16130	16131	16132
16133	16134	16136	16137	16138	16139	16140	16141	16142	16143	16144	16146
16147	16148	16149	16150	16151	16152	16153	16154	16155	16156	16157	16158
16159	16160	16161	16162	16163	16164	17636	17637	17638	17639	27003	27004
27011	27014	27017	27019	27021	27024	27025	27031	27032	27038	27040	27041
27044	27045	27048	27049	27052	27053	27054	27056	27057	27058	27059	34000
36063	41010	43500	43505	43700	43705	50008	50018	50204	50256	50259	50260
50261	50262	50263	50264	50267	51001	51009	51014	51017	51018	51902	52001
52003	52100	52104	54001	54009	55013	55016	55021	55021	55036	55037	55069
55070	55077	55078	55094	55114	55162	55163	55164	55165	55166	55167	55263
55313	55316	55321	55321	55336	55369	55370	55377	55394	55400	55401	55411
55412	55414	55432	55434	55435	55607	55770	55771	55772	55794	55813	55816
55850	55870	55871	55872	55873	55874	55875	55876	55877	55878	55879	55880
55881	55913	55924	55933	58016	58040	68089	68090	68092	68094	68118	68124
68125	68132	68138	68139	68140	68141	68142	68153	68181	68182	68183	68184
68192	68197	70000	70010	70053	70061	70069	70095	70096	70097	70098	70099
70100	70101	70102	70103	70104	70105	70106	70107	70108	70109	70110	70111
70112	70180	70181	70182	70183	71504	71505	71508	71512	71516	71526	71527
71540	71570	71571	71572	71573	71575	71577	71590	71591	71595	71870	71871
75000	75002	86000	86008	97000	97001	97002	97003	97004	97005	99850	99851
99853	99854	99925	99926	99927	99928	99929	99930	99931	99932	99933	99934
99935	99936										

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p>Bone growth stimulator Electronic stimulation or ultrasound to heal fractures</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<p>Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy</p> <p>Plan exclusions: None</p>	Prior authorization required	11920 19318 19330 19357 19367 19371	11921 19324 19340 19361 19368 19380	11922 19325 19342 19364 19369 19396	19316 19328 19350 19366 19370 L8600
		<p>Notification or prior authorization is <u>not</u> 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>			
<p>Cochlear implants and other auditory implants A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to achieve conversational speech</p> <p>Plan exclusions: None</p>	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p>Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Advance notification required for services whether scheduled as inpatient or outpatient</p>	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
		21255	21256	21260	21261
		21263	21267	21268	21275
		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		67900	67901	67902	67903
		67904	67906	67908	67909
		67912	67950	67961	67966
		Q2026			
		<p>Durable medical equipment (DME)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Erickson Advantage Institutional Special Needs Plans (ISNP) 	<p>Prior authorization required</p> <p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i>.</p> <p>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>.</p> <p>Some payer groups may have different DME advance notification requirements for members through their benefit plans.</p> <p><u>For Medicare Advantage plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	E0470	E0471
E0650	E0651			E0652	E0655
E0656	E0660			E0665	E0666
E0667	E0668			E0669	E0671
E0672	E0673			E0675	E1230
E1239	E2310			E2311	E2321
K0800	K0801			K0802	K0806
K0808	K0812			K0813	K0814
K0815	K0816			K0820	K0821
K0822	K0823			K0824	K0825
K0826	K0827			K0828	K0829
K0830	K0831			K0835	K0836
K0837	K0838			K0839	K0840
K0841	K0842			K0843	K0848
K0849	K0850			K0851	K0852
K0853	K0854			K0855	K0856
K0857	K0858			K0859	K0860
K0861	K0862			K0863	K0864
K0869	K0870			K0871	K0877
K0878	K0879			K0880	K0884
K0885	K0886			K0890	K0891
K0898	K0899				
<p>Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or a cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required</p> <p>Prosthetics are not DME for Medicare Advantage members – see <i>Prosthetics</i> and <i>Orthotics</i>.</p> <p>Some home health care services may qualify under the DME requirement,</p>	E0170	E0193	E0194	E0203
		E0246	E0277	E0300	E0302
		E0304	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0466	E0483	E0603
		E0616	E0617	E0618	E0635

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<p>Durable medical equipment (DME): more than \$1,000 (cont'd)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Erickson Advantage Institutional Special Needs Plans (ISNP) 	<p>but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see <i>Home health care services</i>.</p> <p>Some payer groups may have different DME advance notification requirements for members through their benefit plans.</p> <p><u>For Medicare Advantage plans:</u></p> <p>Power mobility devices/accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p>	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	
Gender dysphoria treatment	Prior authorization required	55970	55980	<p>These surgical codes with the following DX codes:</p> <p>F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p>14000 14001 14020 14021</p> <p>14040 14041 14060 14061</p> <p>14301 14302 15734 15738</p> <p>15750 15757 15758 15775</p> <p>15776 15780 15781 15782</p> <p>15783 15788 15789 15792</p>	

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Gender dysphoria treatment (cont'd)		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			
Home health care services – non-nutritional	No notification required for service days 1-60	G0156	S9122		
Plan exclusions:	Advance notification required for service day 61 and beyond				
<ul style="list-style-type: none"> Medicare prior authorization reduction 	<p><u>For UnitedHealthcare Community Plan Medicare (DSNP):</u></p> <p>Advance notification required at day 1</p>				
Home health care services – nutritional	Prior authorization required only in outpatient settings, to include patient's home	B4149	B4150	B4152	B4153
Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home		B4155	B4158	B4159	B4160
		B4161			
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
	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.	58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Hysterectomy (vaginal) – inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290
Plan exclusions:	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.	58291	58292	58293	58294
<ul style="list-style-type: none"> Medicare prior authorization reduction 					

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p>Non-emergency air transport Non-urgent ambulance transportation by air between specified locations</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	A0430	A0431	A0435	A0436
<p>Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment</p> <p>Plan exclusions: None</p>	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<p>Orthotics: more than \$1,000 Orthotics with a retail purchase or a cumulative rental cost of more than \$1,000</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	Prior authorization required	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	L2128
		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

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
Orthotics: more than \$1,000 (cont'd)		L3766	L3891	L3900	L3901
		L3904	L3921	L3956	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L4000
		L4030	L4040	L4045	L4050
		L4055	L4631		
Orthopedic Spine and joint surgeries Plan exclusions: None	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
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	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	0171T
0195T	0196T	0200T	0201T		
		J7330			

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans			
<p>(Part B) Occupational therapy, speech therapy or physical therapy provided in a skilled nursing facility (SNF)</p> <p><i>Applies only to Erickson Advantage Members residing in a long-term care facility</i></p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare Advantage including UnitedHealthcare Nursing Home plans 	<p>Prior authorization required</p>	<p>For Medicare Advantage, please see <i>Physical therapy/occupational therapy</i> in the "Other Advance Notification & Prior Authorization Programs" section</p>			
<p>Potentially unproven services (including experimental/investigational)</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes due to:</p> <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 	28890 64722 95966	36514 64744	64405 66180	64555 95965
<p>Prosthetics Prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	L5010 L5100 L5200 L5250 L5312 L5400 L5510 L5540 L5585 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930	L5020 L5105 L5210 L5270 L5321 L5420 L5520 L5560 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960	L5050 L5150 L5220 L5280 L5331 L5500 L5530 L5570 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961	L5060 L5160 L5230 L5301 L5341 L5505 L5535 L5580 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966

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Prosthetics (cont'd)		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
	Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523
Plan exclusions:					
<ul style="list-style-type: none"> Medicare prior authorization reduction 					
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Plan exclusions: None					
Sleep apnea procedures and surgeries Maxillomandibular advancement and 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 with	21685	41512	41530	41599
		42145			

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Procedures and Services	Additional Information	Codes for Medicare Solutions Plans
<p>Sleep apnea procedures and surgeries (cont'd)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>laser-assisted uvulopalatoplasty (LAUP)</p> <p>Applies only for surgical sleep apnea procedures – not sleep studies</p>	
<p>Spinal stimulator for pain management</p> <p>Spinal cord stimulators when implanted for pain management</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>63650 63655 63685</p>
<p>Vagus nerve stimulation</p> <p>Implantation of a device that sends electrical impulses into one of the cranial nerves</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>61885 64568 L8680 L8682 L8685 L8686 L8687 L8688</p>
<p>Vein procedures</p> <p>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</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>36475 36478 37700 37718 37722 37780</p>

Other Advance Notification & Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Behavioral health services</p> <p>Behavioral health services through a designated behavioral health network</p> <p>Plan exclusions:</p> <p>Erickson Advantage</p>	<p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the member's health plan ID card when referring for mental health or substance abuse/substance use services.</p>

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Medicare Plans and/or How to Obtain Prior Authorization
<p>Cardiology prior authorization program</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Erickson Advantage • UnitedHealthcareWest • MedicareComplete Secure Horizons plans in California • UnitedHealthcare Nursing Home Plans • United Healthcare Assisted Living Plan • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents • Medicare prior authorization reduction 	<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, echocardiograms, and stress echoes 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>The physician may request prior authorization:</p> <ol style="list-style-type: none"> 1. Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission & Status 2. Phone: 866-889-8054 <p>Additional details, including a list of the CPT codes requiring prior authorization, is available at UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program.</p>
<p>End-stage renal disease/dialysis services</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Medicare prior authorization reduction 	<p>Advance notification is required if a 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 our members, even when they may have out-of-network benefits.</p> <p>Advance notification isn't required for ESRD when a Medicare Solutions member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.</p>	<p>Verbal notification is required.</p> <p>To enroll or refer a Medicare member to the Optum Kidney Resource Service, please call 866-561-7518.</p>
<p>Out-of-network services</p> <p>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</p> <p>Plan exclusions: None</p>	<p>Please note that your agreement with UnitedHealthcare may include restrictions on directing members outside of the UnitedHealthcare network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for Medicare Advantage members when:</u></p> <ul style="list-style-type: none"> • 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 	

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<p>Out-of-network services (cont'd)</p>	<p>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.</p>													
<p>Physical therapy occupational therapy – Oxford Mosaic Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Medicare Advantage • Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>Please call the number on the member's health plan ID card.</p>												
<p>Radiology prior authorization</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Erickson Advantage • UnitedHealthcare Nursing Home Plans • United Healthcare Assisted Living Plan • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents • Medicare prior authorization reduction 	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures <p>The advanced imaging procedures requiring prior authorization are referred to as "Advanced Outpatient Imaging Procedures".</p> <p>For more information, please see the <i>Outpatient Radiology Prior Authorization Protocol for Medicare Advantage</i> section in the Administrative Guide.</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Prior authorization can be requested:</p> <ol style="list-style-type: none"> 1. Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status 2. Phone: 866-889-8054 <p>For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program.</p>												
<p>Therapeutic radiology services</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Erickson Advantage • Community Plans that are not Medicare Advantage plans • UnitedHealthcare MedicareComplete Choice (PPO) - Utah residents • Medicare prior authorization reduction 	<p>Prior authorization required</p>	<p>Intensity modulated radiation therapy (IMRT)</p> <table border="0"> <tr> <td>77385</td> <td>77386</td> <td>G6015</td> <td>G6016</td> </tr> </table> <p>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</p> <table border="0"> <tr> <td>77371</td> <td>77372</td> <td>77373</td> <td>G0173</td> </tr> <tr> <td>G0251</td> <td>G0339</td> <td>G0340</td> <td></td> </tr> </table> <p>For Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit</p>	77385	77386	G6015	G6016	77371	77372	77373	G0173	G0251	G0339	G0340	
77385	77386	G6015	G6016											
77371	77372	77373	G0173											
G0251	G0339	G0340												

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Therapeutic radiology services (cont'd)		UnitedHealthcareOnline.com > Clinician Resources > Oncology > Medicare Advantage Therapeutic Radiation.
Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation Plan exclusions: None	Prior authorization required	For transplant services, please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. Evaluation for transplant 99205 Bone marrow harvest 38240 38241 38242 Heart/lung 33930 33935 Heart 33940 33944 33945 Lung 32850 32851 32852 32853 32854 32856 S2060 S2061 Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547 Pancreas 48551 48552 48554 Liver 47135 47143 47147 Intestine 44132 44133 44135 44136 Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow Plan exclusions: None		Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. 33975 33976 33979 33981 33982 33983 0051T 0052T 0053T