

Prior Authorization Requirements for UnitedHealthcare-Effective October 01, 2019

December 31, 2019

This list contains notification/prior authorization review requirements for care providers who participate with United Healthcare Commercial for inpatient and outpatient services. Updates to the list are announced routinely in the UnitedHealthcare Network Bulletin.

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

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

⇒ **Phone:** 877-842-3210

PG 7.

Foot surgery	Prior authorization required	28285	28289	28291	28292
		28296	28297	28298	28299

PG 14.

Orthotics	Prior authorization required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0220	L0480	L0482	L0484
		L0486	L0636	L0638	L1640
		L1680	L1685	L1700	L1710
		L1720	L1755	L1844	L1846
		L2005	L2020	L2034	L2036
		L2037	L2038	L2330	L3251
		L3253	L3485	L3766	L3900
		L3901	L3904	L3961	L3971
		L3975	L3976	L3977	

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Cont'd

PG 20.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (cont'd)		67840	67875	67880	67935
		67938	67971	67973	67975
		68100	68110	68115	68135
		68320	68440	68530	68700
		68720	68750	68761	68801
		68811	68815		
		Female Genital System			
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
	56821	57000	57061	57065	
	57100	57105	57106	57130	
	57135	57210	57240	57250	
	57260	57268	57282	57283	
	57287	57295	57300	57400	
	57410	57415	57420	57421	
	57425	57452	57454	57456	
	57461	57500	57505	57510	
	57511	57513	57520	57530	
	57700	57720	57800	58100	
	58120	58263	58560	58561	
	58562	58700	58925	59150	
	59151	59200			
	Hemic and Lymphatic Systems				
	38221	38222	38500	38505	
	38510	38520	38525	38740	
	38760				
	Integumentary System				
	10060	10061	10080	10081	

Effective October 01, 2019 UHC Commercial is requiring prior auth for CPT 10060 and 10061 for outpatient hospital settings only.

The authorization requirement for CPT codes 10060 & 10061 does not apply to the office. Minor procedures in the office or a participating ambulatory surgical center do not require authorization as long as the provider is in network.

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Cont'd

For reference see link below:

<https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/pa-requirements/commercial/UHC-Commercial-Advance-Notification-Prior-Authorization-Requirements-10012019.pdf>

