



2019 OptumCare Network of Utah Contracted provider prior authorization list

Items listed below require prior authorization.

Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services and treatment **require prior authorization.**

All out-of-network providers require prior authorization for any service rendered.

Inpatient/institutional services

Service category	Additional notes
Elective I scheduled medical admissions	
Acute rehabilitation admissions sub-acute admissions	
Skilled nursing facility admissions	
Long-term acute care facility admissions	
Admissions for alcohol, drug and/or substance abuse	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Behavioral Health at 1-800-579-5222 .
Behavioral Health admissions	Admissions for alcohol, drug, and/or substance abuse or mental illness: Call Behavioral Health at 1-800-579-5222 .

Transportation

Service category	Additional notes
Non-urgent/emergency air and land transports	

Contracted provider prior authorization list

Treatments related to the following services

Service category	Additional notes
Investigational or experimental services, procedures or devices	
New (unproven) services and technology	OptumCare assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: a) OptumCare has found the new technology meets requirements for coverage under the member's plan of coverage, and b) prior authorization is requested and provided for the treatment or services utilizing the new technology.
Transplants	For transplant services, call Optum at 1-888-936-7246 , or call the notification number on the back of the health care ID card. <ul style="list-style-type: none"> • Bone marrow • Heart • Intestine • Kidney • Lung • Pancreas

Surgical procedures (This includes inpatient or outpatient services)

Service category	Additional notes
Bariatric surgery	
Bone growth stimulator	
Cochlear implants	
Cosmetic and reconstructive	
Cardiac procedures	<ul style="list-style-type: none"> • Cardioverters • Defibrillators • Pacemakers • Heart catheterizations
Hysterectomies	
Muscle flap procedures	
Orthognathic surgery	
Plastic, reconstructive and cosmetic procedures	Includes breast reconstruction (non-mastectomy), gender dysphoria treatment, and septoplasty/rhinoplasty
Sleep apnea surgical procedures	
Spinal surgery	
Spinal stimulator for pain	
Total joint replacements	
Vagus nerve stimulation	
Vein procedures	
Ventricular assist devices	

Contracted provider prior authorization list

Outpatient services/treatment

Service category	Additional notes																																																																																																																																																																																																																																																																															
DME	<p>Section one</p> <p>These DMEs require prior authorization/notification regardless of price</p> <ul style="list-style-type: none"> • Power mobility devices/accessories • Lymphedema pumps • Pneumatic compressors 																																																																																																																																																																																																																																																																															
	<p>Section two</p> <p>DME services greater than \$1000 (billed charges, per item)</p> <ul style="list-style-type: none"> • Certain DMEs with a retail purchase cost/cumulative rental cost over \$1000 • DME with a retail purchase cost or a cumulative rental cost greater than \$1000 <p>Applicable HCPCs Codes</p> <table border="0"> <tr><td>A7025</td><td>E0238</td><td>E0471</td><td>E0782</td><td>E0985</td><td>E1161</td><td>E1530</td><td>K0056</td></tr> <tr><td>E0112</td><td>E0239</td><td>E0472</td><td>E0783</td><td>E0986</td><td>E1170</td><td>E1540</td><td>K0065</td></tr> <tr><td>E0113</td><td>E0246</td><td>E0483</td><td>E0784</td><td>E0988</td><td>E1171</td><td>E1550</td><td>K0070</td></tr> <tr><td>E0116</td><td>E0249</td><td>E0571</td><td>E0785</td><td>E0994</td><td>E1172</td><td>E1560</td><td>K0072</td></tr> <tr><td>E0117</td><td>E0251</td><td>E0572</td><td>E0786</td><td>E1002</td><td>E1180</td><td>E1570</td><td>K0073</td></tr> 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Contracted provider prior authorization list

Outpatient services/treatment (cont.)

Service category	Additional notes		
Dialysis services	<ul style="list-style-type: none"> If members are referred to an out-of-network provider for dialysis services, advance notification is required for the purposes of steerage to a network dialysis center to avoid high cost-shares to our members even when they may have out of network benefits. Advance notification is not required for end-stage renal disease when a Medicare customer travels outside of the service area. Note that your agreement with us may include restrictions on referring members outside the UnitedHealthcare® network. 		
Heart catheterizations			
Home health care (non-nutritional)	Nursing services <ul style="list-style-type: none"> For service days 1–60, notification is required. For service days 61 and beyond, the following services based in the home require advance notification. 		
	Therapies (occupational, physical, respiratory, speech) <ul style="list-style-type: none"> For service days 1–60, no notification is required. For service days 61 and beyond, the following services based in the home require advance notification. 		
	Home health aide and social worker services <ul style="list-style-type: none"> For service days 1–60, no notification is required. For service days 61 and beyond, the following services based in the home require advance notification. 		
Home health care (nutritional)	Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home		
IMRT/SBRT			
Injectables	Luxturna (voretigene neparvovec-rzyl) <ul style="list-style-type: none"> C9032 C9399 J3490 J3590 	Radicava <ul style="list-style-type: none"> C9399 C9493 J3490 J3590 	Spinraza <ul style="list-style-type: none"> J2326
Nuclear stress tests/myocardial perfusion			
Orthotics (greater than \$1000)	Certain orthotics with a retail purchase cost/cumulative rental cost over \$1000		
Prosthetics (greater than \$1000)	Certain prosthetics with a retail purchase cost/cumulative rental cost over \$1000		
Respiratory therapy	Only required for therapy delivered in home setting		
Therapies	Only required for therapy delivered in home setting: <ul style="list-style-type: none"> PT OT ST 		
Proton beam therapy			

Contracted provider prior authorization list

Radiology services

Service category	Additional notes
Brain imaging	
CT angiography	<ul style="list-style-type: none"> • Head • Pelvis • Chest • Extremities • Abdomen • Heart
MRA	Procedures include: <ul style="list-style-type: none"> • Abdomen • Head • Chest • Spine • Orbit • Pelvis • Face and neck • Extremities
MRI and MRI guidance	Procedures include: <ul style="list-style-type: none"> • Breast • Abdomen • Cardiac • Chest • Temporomandibular joint • Computer-aided detection
MRI	<ul style="list-style-type: none"> • Brain • Spine • Joints
PET scans	All
Nuclear radiology	For the following procedures: <ul style="list-style-type: none"> • Bone/joint/marrow • Esophageal • Heart and vascular • Kidneys/bladder/testicular • Liver and spleen • Lungs • Thyroid, parathyroid, adrenal • Brain/cerebrospinal fluid • Gastrointestinal • Hepatobiliary • Lacrimal system • Lymphatics and lymph node • Salivary glands • Unlisted endocrine
SPECT scan	<ul style="list-style-type: none"> • Heart • Myocardial perfusion

Other services

Service category	Additional notes
Behavioral health services	<ul style="list-style-type: none"> • Behavioral health services through a designated behavioral health network. Many benefit plans only provide coverage for behavioral health services through a designated behavioral health network. • Please call the number on the customer's health care ID card when referring for any mental health or substance abuse/substance use services.

