Prior authorization requirements for UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan and

Children's Special Health Care Services

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan (HMP) and Children's Special Health Care Services (CSHCS) health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **800-903-5253**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Note: Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to	Prior authorization required	20975			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370
Cardiovascular	Prior authorization required	37254 37263 37271 37280 37288 37296	37256 37265 37273 37282 37290 37298	37258 37267 37275 37284 37292 93580	37260 37269 37277 37286 37294
		Prior authorization not required with the following diagnosis codes:			
		M86.8X51 M86.8X62 M86.8X79	M86.8X52 M86.8X69 M86.8X89	M86.8X59 M86.8X71	M86.8X61 M86.8X72
Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures	Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines. For a list of inpatient-only codes, please visit cms.gov> Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D				
Chemotherapy	No prior authorization required				
Cochlear implants and other auditory implants A medical device within the inner ear with an external	Prior authorization required	69710 L8691	69714 L8692	69930	L8619

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
portion that helps persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with type 2 and gestational diabetes diagnosis	A4238 A9278	A4239 E2102	A9276 E2103	A9277
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14061* 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020* 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021* 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14041 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 * Will not require prior authorization when billed with skin cancer diagnoses.
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than $500 Prosthetics are not DME — see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see Home health care section. *J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B	A9900 E0277 E0465 E0483 E0641 E0669 E0784* E1003 E1007 E1030 E1232 E1236 E2100 E2310 E2329 E2510	E0194 E0328 E0466 E0636 E0642 E0670 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2311 E2331 E2626	E0265 E0329 E0470 E0637 E0652 E0700 E0986 E1005 E1009 E1229 E1234 E1238 E2298 E2325 E2351 E8000	E0266 E0457 E0471 E0638 E0656 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2301 E2327 E2373 E8001

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Medical Supply, please call 800-737-0045.	E8002 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 K1032	K0005 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K1024 K1033	K0108 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K1025 S1040	K0606 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 K1031
Durable medical equipment (DME) — catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request catheter supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — diabetic supplies to include external insulin pumps	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — electric breast pumps	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — incontinence supplies	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — respiratory supplies	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667.			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4149 B4155 B4161	B4035 B4150 B4158 B9002	B4036 B4152 B4159 B9998	B4102 B4153 B4160
Experimental and investigational (and/or linked services)	Prior authorization required	33477 S2102	36514	64722	66180

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162 81229 81402 81406 81416 81441 81451 81459 81479 81521 81599 0037U	81163 81277 81403 81407 81417 81445 81455 81462 81518 81522 87505 0094U	81164 81400 81404 81408 81425 81449 81457 81463 81519 81523 87506 0239U	81228 81401 81405 81415 81426 81450 81458 81464 81520 81546 87507 0242U
Home health care	Prior authorization required For services rendered by a home health agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following: G0299 G0495	 G0300 G0496	 G0493	 G0494
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		58573
In-home services	Prior authorization required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME (refer to the DME section above) and sleep studies	All Michigan Medicaid allowable codes
Injectable medications	Prior authorization required	Actemra J3262 Adakveo J0791 Adzynma J7171 Acthar J0801 Aldurazyme J1931 Amvuttra J0225 Aralast NP, Prolastin-C, Zemaira J0256 Avsola Q5121 Avtozma Q5156 Benlysta J0490 Berinert J0597 Bildyos Q5162 Bkemv Q5152 Bosaya Q5161 Botulinum toxins J0585 J0586 J0587 J0588

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Brineura J0567 Briumvi J2329 Cerezyme J1786 Cimerli Q5128 Cimzia J0717 Cinqair J2786 Cinryze J0598 Conexxence Q5158 Cortrophin gel J0802 Cosentyx IV J3247 Cryvista J0584 Cutaquig J1551 Daxxify J0589 Elaprase J1743 Elelyso J3060 Encelto J3403 Enjaymo J1302 Entyvio J3380 Epysqli Q5151 Evenity

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J3111 Evkeeza J1305 Eylea HD J0177 Fabrazyme J0180 Fasenra J0517 Feraheme Q0138 Fensolvi J1951 Firmagon J9155 Fylnetra Q5130 Gamifant J9210 Gazyva J9301 Glassia J0257 Givlaari J0223 Hemlibra J7170 Hyalgan, Supartz, Visco-3 J7321 Hymovis, Hymovis One J7322 Hympavzi J7172 Ilaris J0638 Ilumya J3245 Imaavy J9256

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Imuldosa IV Q5098 Inflectra Q5103 Injectafer J1439 Intravenous immunoglobulin (IVIG) 90283 90284 J1459 J1552 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1577 J1599 Izervay J2782 Jubbonti Q5136 Kalbitor J1290 Kanuma J2840 Kisunla J0175 Korsuva J0879 Krystexxa J2507 Lanreotide J1932 Lemtrada J0202 Leqembi J0174 Leqvio J1306 Lumizyme J0221 Lupron Depot J1950 Lupron Depot, Eligard

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9217 Lutrate Depot J1954 Mepsevii J3397 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Omvoh J2267 Onpattro J0222 Orencia J0129 Ospomyv Q5169 Osvyrti Q5166 Otulfi IV Q9999 Panzyga J1576

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Papzimeos J3404 Parsabiv J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolia J0897 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis Q5104 Revcovi J3590 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311 Rolvedon J1449 Ruconest J0596 Ruxience Q5119 Ryplazim

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J2998 Rystiggo J9333 Sandostatin LAR J2353 Saphnelo J0491 Selardsdi Q9998 Signifor LAR J2502 Simponi Aria J1602 Skyrizi J2327 Sodium hyaluronate J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Soliris J1299 Somatuline Depot J1930 Spevigo J1747 Starjemza Q5164 Stelara J3358 Steqeyma IV Q5099 Stimufend Q5127 Stoboclo Q5157 Supprelin LA J9226 Syfovre J2781

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Synagis 90378 Tepezza J3241 Tezspire J2356 Therapeutic radiopharmaceuticals** A9607 Tofidence Q5133 Trelstar J3315 Tremfya IV J1628 Triptodur J3316 Truxima Q5115 Tyenne Q5135 Tzield J9381 Ultomiris J1303 Unclassified and temporary codes* C9157 C9166 C9399 J3490 J3590 Intravitreal vascular endothelial growth factor (VEGF) J0178 J0179 J2777 J2778 J2779 Q5124 Veopoz J9376 Vyvgart J9332 Vyvgart Hytrulo J9334 Wezlana IV Q5138 White blood cell colony-stimulating factors J1442 J1447 J2506 Q5101

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5108 Q5122 Xembify J1558 Xenpozyme J0218 Xolair J2357 Yesintek IV Q5100 Zoladex J9202	Q5110	Q5111	Q5120
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. Please obtain prior notification for Cimzia and Synagis through Optum Rx® prior notifications services at 800-310-6826. * For unclassified and temporary codes C9157, C9166, C9399, J3490 and J3590, prior authorization is only required Elfabrio, Kebilidi ** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27134 27446 29866	27125 27137 27447 29867	27130 27138 27486 29868	27132 27412 27487
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	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

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Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2136	L2350	L2510
		L2627	L2628	L3230	L3649
		L3674	L3720	L3730	L3740
		L3900	L3904	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5613	L5616	L5639
		L5640	L5642	L5644	L5646
		L5648	L5653	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5812	L5816	L5818
		L5822	L5824	L5828	L5830
		L5845	L5962	L5964	L5966
		L5976	L5979	L5980	L5981
		L5982	L5984	L5990	L5999
		L6050	L6100	L6110	L6120
		L6130	L6200	L6250	L6300
		L6350	L6400	L6450	L6500
		L6550	L6570	L6623	L6646
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6883	L6884

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6885 L8499	L6895	L6935	L7186
Outpatient therapy	Prior authorization is required for any services above and beyond the benefit maximum: • 144 units per calendar year for physical therapy • 144 units per calendar year for occupational therapy • 36 visits for speech therapies per calendar year • Care providers may call: – Phone: 800-903-5253 Speech therapy is not a covered benefit if being provided to meet developmental milestones.				
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022.	37243	52441	52442	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal 23470 29820 29822	23472 29806 29823	23473 29807 29824	23474 29819 29825

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		29826 29827 29828
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Auditory system 69205 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66988 Cosmetic and reconstructive 13101 13132 14040 14060 14301 Digestive system 42440 46220 46221 46250 46255 46261 46270 46505 46946 Ear, nose and throat (ENT) procedures 30140 30520 Eye and ocular adnexa 65710 66710 66711 67010 67041 67042 67840 68110 68115 68720 68815 Female genital system 57461 58561 Gynecologic procedures 58565 Hernia repair 49585 49587 49652 49653 49654 49655 Integumentary system 11440 Male genital system 54840 Miscellaneous 20680 Musculoskeletal system 21012 21013 22514 24071 27327 27632 28035 28041 28060 28090 28104 28110 28118 28119 28124 28285 28289 28292 28296 28297 28298 28299 29845 29846 29848 29861 29875 29876

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) — outpatient hospital (cont.)		29877 29879 29880 29881 29882 29888 29893 G0260 * For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under spinal surgery service category. Site of Service will also apply. Nervous system 64561 64640 Ophthalmologic 65426 65730 65855 66170 66761 67036 67040 67040 Respiratory system 30802 30930 31535 31536 31541 Tonsillectomy and adenoidectomy 42821 42826 Urinary system 52276 52287 Urologic procedures 50590 52000 52005 52204 52234 52235 52260 52281 52310 52332 52352 52356 54161 55040
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 41599 42145
Spinal surgery	Prior authorization required	22206 22207 22210 22212 22214 22220 22224 22510 22511 22512 22513 22514 22515 22532 22533 22548 22551 22554 22556 22558 22586 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22836 22837 22838 22849 22852 22856 22861 22899 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63185	63190	63191	63267
		63268	63270	63271	63272
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747 E0748 E0760 Neurostimulator 43648 43881 61863 61867 61885 61886 63650 63655 63685 64555 64568 64590			
Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil, Skysona, Waskyra, Yescarta® (axicabtagene ciloleucel), and Zevaskyn please call the Optum Transplant Case Management team at 888-936-7246 or the number on the back of the member's health plan ID card. 32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 38232* J3386 J3387 J3389 J3394 J3402 S2060 S2061 S2152 CAR T-cell therapy: J9999 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis. Transplants Unclassified*: C9301 J3490 J3590			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		*Aucatzyl			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist services (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			

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