

Prior Authorization Requirements

for Michigan Medicaid, Healthy Michigan Plan (HMP), and Children's Special Health Care Services (CSHCS)

Effective July 1, 2019

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Michigan participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **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 on your Link dashboard.
- **Phone:** 800-903-5253
- **Fax:** 855-225-9847; fax form is available at **UHCprovider.com/MIcommunityplan** > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

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. 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	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	95980
		95981	95982		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen[®])			
		J1442			
		Filgrastim-aafi (Nivestym[™])			
		Q5110			
Filgrastim-sndz (Zarxio[®])					
Q5101					
Pegfilgrastim (Neulasta[®])					

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
<p>Cancer supportive care (cont'd)</p>		<p>J2505</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using 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 on your Link dashboard. Or, call 888-397-8129.</p>
<p>Centers for Medicare & Medicaid Services (CMS) inpatient only procedures</p>	<p>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.</p> <p>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.</p>	
<p>Chemotherapy</p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Please submit prior authorization requests online by using 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 on your Link dashboard. Or, call 888-397-8129.</p>

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear implants and other auditory implants	Prior authorization required	69710 69930	69714 L8619	69715 L8691	69718 L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Cosmetic and reconstructive	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	11971 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9900 E0277 E0457 E0470 E0637 E0652 E0700 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2311 E2331 E2511 E8000 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0194 E0328 E0460 E0471 E0638 E0656 E0710 E0986 E1005 E1009 E1229 E1234 E1238 E2300 E2325 E2351 E2512 E8001 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0265 E0329 E0465 E0483 E0641 E0669 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2301 E2327 E2373 E2599 K0005 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 V5274	E0266 E0445 E0466 E0636 E0642 E0670 *E0784 E1003 E1007 E1030 E1232 E1236 E2100 E2310 E2329 E2510 E2626 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .				
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .				
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045 .				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) – catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Co, 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 Co, 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 Co, 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 Co, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045 .			
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 66180	36514 0191T	55866 S2102	64722
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 BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification 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. Notification/prior authorization 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.	81105 81109 81121 81165 81171 81177 81181 81185 81189 81202 81206 81210 81217 81223 81229 81236 81241 81245 81256 81263 81267 81272 81276 81289 81294 81298 81305 81312	81106 81110 81161 81166 81172 81178 81182 81186 81190 81203 81207 81212 81218 81225 81233 81237 81242 81250 81257 81264 81268 81273 81284 81290 81295 81299 81306 81314	81107 81111 81163 81167 81173 81179 81183 81187 81200 81204 81208 81215 81219 81226 81234 81239 81243 81251 81261 81265 81270 81274 81285 81292 81296 81300 81310 81315	81108 81120 81164 81170 81174 81180 81184 81188 81201 81205 81209 81216 81222 81228 81235 81240 81244 81255 81262 81266 81271 81275 81286 81293 81297 81301 81311 81316

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont'd)		81317	81318	81319	81320
		81321	81322	81323	81327
		81329	81330	81331	81332
		81333	81336	81337	81340
		81341	81342	81343	81344
		81345	81370	81371	81372
		81373	81374	81375	81376
		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81420	81479	81518	81519
		81599	0012M	0013M	0036U
		0037U	0040U	0045U	0046U
		0047U	0048U	0049U	0050U
		0055U	0056U	0057U	0060U
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0300 G0496 T1031	G0493 S9474	G0494 T1021	G0495 T1030
In-home services	Prior authorization required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME and sleep studies				
Injectable medications	Prior authorization required	Actemra[®] J3262 Botulinum toxins J0585 J0586 J0587 J0588 Cinqair[®] J2786 Entyvio[®] J3380 Inflectra[®] Q5103 IVIG 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Lemtrada[®] J0202 Makena[®] J1726 J1729 J2675 Nucala[®] J2182 Ocrevus[™] J2350			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

- Orencia[®]**
J0129
- Parsabiv[™]**
J0606
- Probuphine[®]**
J0570
- Remicade[®]**
J1745
- Renflexis[®]**
Q5104
- Simponi Aria[®]**
J1602
- Synagis^{®*}**
90378
- Therapeutic radiopharmaceuticals****
A9513 A9606 A9699
- Xolair^{®*}**
J2357

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. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

For prior authorization, please submit requests online by using 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 on your Link dashboard. Or, call **888-397-8129**.

Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
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	L3265
		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	L6000	L6010	L6020		
L6050	L6100	L6110	L6120		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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
		L6885	L6895	L6935	L7186
		L8499			
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation					
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	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	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63307	63308		
Stimulators	Prior authorization required			Bone growth stimulator	
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
				Neurostimulator	
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64555	64568	64570	64590
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification 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
		38232	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	50380	50547	S2060
		S2061	S2152		
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			