

# Prior Authorization Requirements

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

Effective July 1, 2020

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Michigan's 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](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** 800-903-5253
- **Fax:** 855-225-9847 – A fax form is available at [UHCprovider.com/MIcommunityplan](https://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			
<b>Abortion</b>	Prior authorization is required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization is required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required	20975			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization is required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Cancer supportive care</b>	Prior authorization is required for colony- stimulating factor drugs and bone- modifying agents administered in an outpatient setting for a cancer diagnosis  *Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b> J2505* <b>Pegfilgrastim-bmez (Ziextenzo®)</b>			

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Cancer supportive care (continued)		<p>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p> <p>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> <p>Q5108*</p> <p><b>Sargramostim (Leukine®)</b></p> <p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b></p> <p>J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>																																																																																																								
Cardiovascular	Prior authorization is required for lower extremities angiograms only	<p>75710*    75716*</p> <p>*Prior authorization is required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> <tr><td>I70.408</td><td>I70.409</td><td>I70.411</td><td>I70.412</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339	I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349	I70.35	I70.361	I70.362	I70.363	I70.369	I70.391	I70.392	I70.393	I70.399	I70.401	I70.402	I70.403	I70.408	I70.409	I70.411	I70.412
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Centers for Medicare &amp; Medicaid Services (CMS) inpatient only procedures</b>	<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 <b>CMS.gov</b> &gt; Medicare &gt; Medicare Fee for Service Payment &gt; Hospital Outpatient PPS &gt; Addendum A and Addendum B Updates &gt; Addendum B (most recent copy) &gt; Status Indicator (SI) C in column D.</p>				
<b>Chemotherapy</b>	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>Please submit prior authorization requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	<p>Prior authorization is required</p> <p>A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech</p>	69710	69714	69715	69718
		69930	L8619	L8691	L8692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive</b> 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 is required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0636
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0637	E0638	E0641	E0642
		E0652	E0656	E0669	E0670
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0700	E0710	E0766	E0784*
		E0787	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call <b>800-737-0045</b> .	E1007	E1008	E1009	E1010
		E1030	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E2100	E2230	E2300	E2301
		E2310	E2311	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E8000	E8001	K0005
		K0108	K0812	K0830	K0831
	K0848	K0849	K0850	K0851	
	K0852	K0853	K0854	K0855	
	K0856	K0857	K0858	K0859	
	K0860	K0861	K0862	K0863	
	K0864	K0868	K0869	K0870	
	K0871	K0877	K0878	K0879	
	K0880	K0884	K0885	K0886	
	K0890	K0891	S1040	V5274	
<b>Durable medical equipment (DME) – catheter supplies</b>	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 <b>800-737-0045</b> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) – diabetic supplies to include external insulin pumps</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – electric breast pumps</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – incontinence supplies</b>	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 <b>800-737-0045</b> .			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required	B4034 B4149 B4155 B4161	B4035 B4150 B4158 B9002	B4036 B4152 B4159 B9998	B4102 B4153 B4160
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization is required	33477 66180	36514 0191T	55866 S2102	64722
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization is required for genetic and molecular testing performed in an outpatient setting	81105 81109 81121	81106 81110 81161	81107 81111 81162	81108 81120 81163
	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.	81164 81170 81174 81180 81184 81188 81201	81165 81171 81177 81181 81185 81189	81166 81172 81178 81182 81186 81190	81167 81173 81179 81183 81187 81200
	Notification/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.	81205 81209 81216 81222 81228 81235 81240 81244 81255 81262 81266 81271 81275 81286 81293 81297 81301	81206 81210 81217 81223 81229 81236 81241 81245 81256 81263 81267 81272 81276 81289 81294 81298 81305	81207 81212 81218 81225 81233 81237 81242 81250 81257 81264 81268 81273 81284 81290 81295 81299 81306	81208 81215 81219 81226 81234 81239 81243 81251 81261 81265 81270 81274 81285 81292 81296 81300 81310

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<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		81311	81312	81314	81315
		81316	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	87480	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87652	87660	87661	87797
		87798	87799	87800	87801
		0040U	0046U	0049U	0055U
		0060U	0068U	0097U	0111U
	0129U	0130U	0131U	0132U	
	0133U	0134U	0135U	0136U	
	0137U	0138U			
<b>Home health care</b>	Prior authorization is required Services rendered by a Home Health Agency. Bill type 03xx	All Michigan Medicaid allowable codes including but not limited to the following: G0300 G0493 G0494 G0495 G0496			
<b>In-home services</b>	Prior authorization is 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			
<b>Injectable medications</b>	Prior authorization is required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Botulinum toxins</b> J0585 J0586 J0587 J0588 <b>Brineura™</b> J0567 <b>Cerezyme®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1786			
	<b>Cinqair®</b>	J2786	<b>Cryvista®</b>	J0584	<b>Elelyso™</b>
	J3060	<b>Entyvio®</b>	J3380	<b>Erythropoiesis Stimulating Agents****</b>	J0885
	<b>Fasenra™</b>	J0517	<b>Feraheme®</b>	Q0138	<b>Gamifant®</b>
	J9210	<b>Ilaris®</b>	J0638	<b>Ilumya™</b>	J3245
	<b>Inflectra®</b>	Q5103	<b>Injectafer®</b>	J1439	<b>IVIG</b>
	90283	90284	J1459	J1555	J1556
	J1557	J1559	J1561	J1566	J1568
	J1569	J1572	J1575	J1599	<b>Lemtrada®</b>
	J0202	<b>Makena®</b>	J1726	J1729	J2675
	<b>Nucala®</b>	J2182	<b>Ocrevus™</b>	J2350	<b>Onpattro™</b>
	J0222	<b>Orencia®</b>	J0129	<b>Parsabiv™</b>	J0606
	<b>Radicava®</b>	J1301			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Remicade®</b> J1745 <b>Renflexis®</b> Q5104 <b>Rituxan®</b> J9312 <b>Rituxan Hycela®</b> J9311 <b>Ruxience®</b> Q5119 <b>Simponi Aria®</b> J1602 <b>Sodium Hyaluronate</b> J7320    J7321    J7322    J7324 J7325    J7326    J7327    J7329 J7331    J7332    J7333 <b>Soliris®</b> J1300 <b>Stelara®</b> J3358 <b>Synagis®*</b> 90378 <b>Therapeutic radiopharmaceuticals**</b> A9513    A9590    A9606    A9699 <b>Trogarzo™</b> J1746 <b>Truxima®</b> Q5115 <b>Ultomiris™</b> J1303 <b>Unclassified codes****</b> C9399    J3490    J3590 <b>White blood cell colony stimulating factors***</b> J1442    J1447    J2505    Q5101 Q5108    Q5110    Q5111    Q5120 <b>Xembify®</b> J1558 <b>Xolair®*</b> J2357	<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p><b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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.</b></p> <p><b>***For codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111 and Q5120, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX.</b></p> <p>For oncology DX please see Cancer supportive care section above.</p> <p>For non-oncology DX submit online at <b>UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</b></p> <p><b>****For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®</b></p> <p><b>***** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</b></p>			
<b>Joint replacement</b>	Prior authorization is 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		
<b>Non-emergent ambulance transport</b>	Prior authorization is required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization is required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
<b>Orthotics and prosthetics</b>	Prior authorization is 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Orthotics and prosthetics</b> (continued)		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	
		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				
	<b>Proton beam therapy</b>	Prior authorization is required	77520	77522	77523	77525
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty and septoplasty</b>	Prior authorization is required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization is required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal Tunnel Surgery</b>			
		64721			
		<b>Cataract Surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic &amp; Reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>ENT Procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Female Genital System</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic Procedures</b>			
		57522	58353	58558	58563
		58565			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia Repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver Biopsy</b>			
		47000			
		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22514	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; Adenoidectomy</b>			
		42820	42821	42825	42826

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization is 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
		63307	63308		
<b>Stimulators</b>	Prior authorization is required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (continued)</b>		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64555	64568	64570	64590
<b>Transplants</b>	Prior authorization is 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 <b>800-418-4994</b> 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		
		<b>CAR T-cell therapy</b>			
		0537T	0538T	0539T	0540T
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	Prior authorization is 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
<b>Ventricular assist devices (VAD)</b>	Prior authorization is 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 <b>855-282-8929</b> .			
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
<b>Wound vac</b>	Prior authorization is required	E2402			