

Prior Authorization Requirements

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

Effective October 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 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775 43847	43842 43848	43845 43860	43846
Bone growth stimulator	Prior authorization required	20975			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 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 *Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505*			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (cont'd)		<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>
Cardiovascular	Prior authorization required for lower extremities angiogram only	75710 75716
Centers for Medicare & Medicaid Services (CMS) inpatient only procedures	<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>	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<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	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
		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			
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	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
		E0700	E0710	E0766	*E0784
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1161	E1229	E1231	E1232
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045 .	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	

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	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	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	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

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)		81298	81299	81300	81301
		81305	81306	81310	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	0012M	0013M	0036U
		0037U	0040U	0045U	0046U
		0047U	0048U	0049U	0050U
		0055U	0056U	0060U	
	Home health care	Prior authorization required only in outpatient settings, to include member's home	G0300	G0493	G0494
		G0496	S9474	T1021	T1030
		T1031			
In-home services	Prior authorization required				
Injectable medications	Prior authorization required	Actemra®	J3262	Acthar®	J0800
		Botulinum toxins	J0585	J0586	J0587
			J0585	J0586	J0587
		Brineura™	J0567	J0586	J0588
		Cerezyme®	J1786	J0587	J0588
		Cinqair®	J2786	J0588	
		Cryvista®	J0584		
		Elelyso™	J3060		
		Entyvio®	J3380		
		Fasenra™			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J0517			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		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			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Radicava®			
		J1301			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
	J7331	J7332			
	Soliris®				
	J1300				
	Synagis®*				
	90378				
	Therapeutic radiopharmaceuticals**				
	A9513	A9606	A9699		
	Trogarzo™				
	J1746				
	Ultomiris™				
	J1303				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Xolair®*			
		J2357			
		White blood cell colony stimulating factors***			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	
		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 & 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 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.			
		***Codes J2505, Q5108, Q5111, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210			
	Joint replacement	Prior authorization required	23470	23472	23473
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
Orthognathic surgery	Prior authorization 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		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	
	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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	
Sinuplasty	Prior authorization required	31295	31296	31297	31298	
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	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	E0747 43648 61864 61886 64555	Bone growth stimulator E0748 E0760 Neurostimulator 43881 43882 61863 61867 61868 61885 63650 63655 63685 64568 64570 64590			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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
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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			
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