

# Prior Authorization Requirements for Michigan Medicaid, Healthy Michigan Plan (HMP), and Children's Special Health Care Services (CSHCS) Effective June 1, 2021

## 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/Mlcommunityplan](https://UHCprovider.com/Mlcommunityplan) > 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 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370	19328 19350 19367 19371
<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 <i>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and</i>	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	<b>Pegfilgrastim (Neulasta®)</b>
		J2505*
		<b>Pegfilgrastim-apgf (Nyvepria™)</b>
		Q5122
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCATM)</b>
		Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108*
		<b>Sargramostim (Leukine®)</b>
		J2820
<b>Tbo-filgrastim (Granix®)</b>		
J1447*		
<b>Bone-modifying agent that requires prior authorization:</b>		
<b>Denosumab (Xgeva®)</b>		
J0897		
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> .		

Cardiovascular	Prior authorization is required	37220	37221	37224	37225	
		37226	37227	37228	37229	
		75710*	75716*			
		*Prior authorization is required for the following diagnosis codes:				
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9

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

**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](https://www.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** Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

**Injectable chemotherapy drugs that require prior authorization:**

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)
- 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

Please submit prior authorization requests online by using the



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Chemotherapy (continued)**

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 tile on your Link dashboard. Or, call **888-397-8129**.

<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required	69710	69714	69715	69718	
		69930	L8619	L8691	L8692	
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 and Gestational Diabetes Diagnosis	A9276 K0554	A9277	A9278	K0553	
<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	E0457	
		E0460	E0465	E0466	E0470	
		E0471	E0483	E0636	E0637	
		E0638	E0641	E0642	E0652	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0656	E0669	E0670	E0700
			E0710	E0766	E0784*	E0984
			E0986	E1002	E1003	E1004
			Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E1005	E1006	E1007
	E1009	E1010		E1030	E1161	
	E1229	E1231		E1232	E1233	
	E1234	E1235		E1236	E1237	
	E1238	E1239		E2100	E2230	
	*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> .	E2300	E2301	E2310	E2311	
		E2325	E2327	E2329	E2331	
		E2351	E2373	E2510	E2511	
		E2512	E2599	E2626	E8000	
		E8001	K0005	K0108	K0812	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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			
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 <b>800-737-0045</b> .			
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 <b>800-737-0045</b> .			
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 <b>800-737-0045</b> .			
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 <b>800-737-0045</b>			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required	B4034	B4035	B4036	B4102
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization is required	33477	36514	55866	64722
		66180	0191T	S2102	
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	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	81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81200

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>	codes registered with the	81201	81202	81203	81204
	Genetic and Molecular	81205	81206	81207	81208
	Testing Prior	81209	81210	81212	81215
	Authorization/Notification	81216	81217	81218	81219
	program for each specified	81222	81223	81225	81226
	genetic test.	81228	81229	81233	81234
	Notification/Prior	81235	81236	81237	81239
	authorization is required for	81240	81241	81242	81243
	BRCA testing before DNA	81244	81245	81250	81251
	sequencing is performed.	81255	81256	81257	81261
	The ordering care provider	81262	81263	81264	81265
	must notify the laboratory	81266	81267	81268	81270
	conducting the test and the	81271	81272	81273	81274
	laboratory will notify	81275	81276	81284	81285
	UnitedHealthcare.	81286	81289	81290	81292
		81293	81294	81295	81296
		81297	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	87481	87482
	87505	87506	87507	87510	
	87511	87512	87623	87797	
	87798	87799	87800	87801	
	0040U	0046U	0049U	0055U	
	0060U	0068U	0097U	0111U	
	0129U	0136U	0137U		
<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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<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>Beriner®</b> J0597 <b>Botulinum toxins</b> J0585            J0586            J0587            J0588 <b>Brineura™</b> J0567 <b>Cerezyme®</b> J1786 <b>Cimzia®*</b> J0717 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Cryvista®</b> J0584 <b>ElELYso™</b> J3060 <b>Entyvio®</b> J3380 <b>Erythropoiesis Stimulating Agents*****</b> J0885 <b>Evenity™</b> J3111 <b>Fasentra™</b> J0517 <b>Feraheme®</b> Q0138 <b>Gamifant®</b>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (continued)	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya™</b>			
	J3245			
	<b>Inflectra®</b>			
	Q5103			
	<b>Injectafer®</b>			
	J1439			
	<b>IVIG</b>			
	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575	J1599	
	<b>Kalbitor®</b>			
	J1290			
	<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				
<b>Reblozyl®</b>				
J0896				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)

	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Stelara®</b>				
	J3358				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<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	
	Q5122				
	<b>Xembify®</b>				
	J1558				
	<b>Xolair®*</b>				
	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](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (continued)**

\*Please obtain prior notification for Cimzia, 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**.  
 \*\*\*For codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111, Q5120, and Q5122 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**  
 \*\*\*\*For Temporary and unclassified codes C9061, C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Riabni™  
 \*\*\*\*\* For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis

<b>Joint replacement</b> Joint, total hip and knee replacement	Prior authorization is required	23470	23472	23473	23474
		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
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<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization is 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	

<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
		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)		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>Outpatient Therapy</b>	<p>Prior Authorization is required for any services above and beyond the benefit maximum</p> <ul style="list-style-type: none"> <li>• 144 units per calendar year for Physical therapy</li> <li>• 144 units per</li> </ul>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient Therapy (continued)</b>	calendar year for Occupational therapy <ul style="list-style-type: none"> <li>• 36 visits for Speech therapies per calendar year</li> <li>• Providers may call or fax:</li> <li>• Phone: 800-903-5253</li> <li>• Fax: 855-225-9847</li> </ul> Speech therapy is not a covered benefit if being provided to meet developmental milestones				
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<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 Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory System</b> 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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			
	<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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	
	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> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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
		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> Implantation of a device that sends electrical impulses	Prior authorization is required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0760	
		<b>Neurostimulator</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>888-936-7246</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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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			