

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

Effective July 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 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 > 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 is required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization is required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required	20975			
Breast reconstruction (non-mastectomy) 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
Cancer supportive care	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>		Injectable colony-stimulating factor drugs that require prior authorization: Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®)		

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.	Q5101*
		Pegfilgrastim (Neulasta®)
		J2505*
		Pegfilgrastim-apgf (Nyvepria™)
		Q5122
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120*
		Pegfilgrastim-cbqv (UDENYCATM)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108*
		Sargramostim (Leukine®)
		J2820
		Tbo-filgrastim (Granix®)
		J1447*
Anti-emetic Drugs that require prior authorization:		
J0185 J1453 J1454 J1627		
J2469 J8501 J8655 J8670		
Bone-modifying agent that requires prior authorization:		
Denosumab (Xgeva®)		
J0897		
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 tile on your Link dashboard. Or, call 888-397-8129 .		

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

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

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

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot® (J1950)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Chemotherapy (continued)	intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> 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 tile on your Link dashboard. Or, call 888-397-8129.</p>				
Cochlear implants and other auditory implants 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 69930	69714 L8619	69715 L8691	69718 L8692	
Continuous Glucose Monitor	Prior authorization required with Type 2 and Gestational Diabetes Diagnosis	A9276 K0554	A9277	A9278	K0553	
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required	11960 14041 15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	11971 14061 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14020 15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14021 15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 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	A9900 E0277 E0460 E0471 E0638 E0656 E0710 E0986 E1005 E1009 E1229 E1234	E0194 E0328 E0465 E0483 E0641 E0669 E0766 E1002 E1006 E1010 E1231 E1235	E0265 E0329 E0466 E0636 E0642 E0670 E0784* E1003 E1007 E1030 E1232 E1236	E0266 E0457 E0470 E0637 E0652 E0700 E0984 E1004 E1008 E1161 E1233 E1237	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	<i>Home health care.</i>	E1238	E1239	E2100	E2230
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045 .	E2300	E2301	E2310	E2311
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E8000
		E8001	E8002	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			
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			
Durable medical equipment (DME) – Respiratory supplies	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667 .			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization 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	

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	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/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 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81200
		81201	81202	81203	81204
		81205	81206	81207	81208
		81209	81210	81212	81215
		81216	81217	81218	81219
		81222	81223	81225	81226
		81228	81229	81233	81234
		81235	81236	81237	81239
		81240	81241	81242	81243
		81244	81245	81250	81251
		81255	81256	81257	81261
		81262	81263	81264	81265
		81266	81267	81268	81270
		81271	81272	81273	81274
		81275	81276	81284	81285
		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		

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 (continued)		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0040U	0046U	0049U	0055U
		0060U	0068U	0097U	0111U
		0129U	0136U	0137U	
Home health care	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			
Hysterectomy	Prior authorization is required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
In-home services	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			
Injectable medications	Prior authorization is required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
J1786					
Cimzia®*					
J0717					
Cinqair®					
J2786					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Cinryze®				
	J0598				
	Cryvista®				
	J0584				
	Elelyso™				
	J3060				
	Entyvio®				
	J3380				
	Erythropoiesis Stimulating Agents*****				
	J0885				
	Evenity™				
	J3111				
	Fasenra™				
	J0517				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Lemtrada®				
J0202					
Lupron Depot®					
J1950					
Lupron Depot, Eligard®					
J9217					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Makena®	J1726	J1729	J2675	
	Nucala®	J2182			
	Ocrevus™	J2350			
	Onpattro™	J0222			
	Orencia®	J0129			
	Parsabiv™	J0606			
	Radicava®	J1301			
	Reblozyl®	J0896			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Ruconest®	J0596			
	Ruxience®	Q5119			
	Simponi Aria®	J1602			
	Sodium Hyaluronate	J7320	J7321	J7322	J7324
	Sodium Hyaluronate	J7325	J7326	J7327	J7329
	Sodium Hyaluronate	J7331	J7332		
	Soliris®	J1300			
	Stelara®	J3358			
	Supprelin® LA	J9226			
	Synagis®*	90378			
	Tepezza®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3241	Therapeutic radiopharmaceuticals**			
	A9513	A9590	A9606	A9699	
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes****				
	C9399	J3490	J3590		
	Vantas™				
	J9225				
	White blood cell colony stimulating factors***				
	J1442	J1447	J2505	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	Xembify®				
	J1558				
	Xolair®*				
	J2357				
	Zoladex®				
	J9202				
<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 & 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.</p>					
<p>*Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</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>***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.</p>					
<p>For oncology DX please see Cancer supportive care section above.</p>					
<p>For non-oncology DX submit online at</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210 ****For Temporary and unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, and Riabni™ ***** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis			
Joint replacement	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		
Non-emergent ambulance transport	Prior authorization is required	A0430	A0431	A0435	A0436
Orthognathic surgery	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	
Orthotics and prosthetics	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
		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

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

Outpatient Therapy

Prior Authorization is required for any services above and beyond the benefit maximum

- 144 units per calendar year for Physical therapy
- 144 units per calendar year for Occupational therapy
- 36 visits for Speech therapies per calendar year
- Providers may call or fax:
- Phone: 800-903-5253
- Fax: 855-225-9847

Speech therapy is not a

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient Therapy (continued)	covered benefit if being provided to meet developmental milestones				
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization is required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive System 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 ENT Procedures 21320 30140 30520 69436 69631 Eye and Ocular Adnexa 65710 65820 66250 66710			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
	Female Genital System				
		57240	57250	57461	57520
		58561	58562		
	Gynecologic Procedures				
		57522	58353	58558	58563
		58565			
	Hemic and Lymphatic Systems				
		38500	38510	38525	
	Hernia Repair				
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
	Integumentary System				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver Biopsy				
		47000			
	Male Genital System				
		54840			
	Miscellaneous				
		20680			
	Musculoskeletal System				
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		29880	29881	29882	29888
		29893	G0260		
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic Procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required	21685	41599	42145	
Spinal surgery	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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
Stimulators	Prior authorization is 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 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 888-936-7246 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required	36468 37700 37766	36473 37718 37780	36475 37722	36478 37765
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 855-282-8929 .			
		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization is required	E2402			