

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

Effective Sept. 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/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 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>	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> 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
Cancer supportive care (continued)	Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	<p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2505*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®)</p> <p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCATM)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p><u>Anti-emetic Drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant)</p> <p>J1454</p> <p>Aloxi® (palonosetron)</p> <p>J2469</p> <p>Cinvanti™ (aprepitant)</p> <p>J0185</p> <p>Emend® (fosaprepitant)</p> <p>J1453</p> <p>Sustol® (granisetron extended release)</p> <p>J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®)</p> <p>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 tile on your Link dashboard. Or, call 888-397-8129.</p>

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

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

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

<p>Centers for Medicare & Medicaid Services (CMS) inpatient only procedures</p>	<p>Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines. For a list of inpatient only codes, please visit CMS.gov</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Centers for Medicare & Medicaid Services (CMS) inpatient only procedures (continued)	> 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: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • 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 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 .			
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	A9900 E0277	E0194 E0328	E0265 E0329	E0266 E0457

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (continued)	listed with a retail purchase or cumulative rental cost of more than \$500	E0460	E0465	E0466	E0470	
		E0471	E0483	E0636	E0637	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0638	E0641	E0642	E0652	
		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	E1008
			E1009	E1010	E1030	E1161
	E1229		E1231	E1232	E1233	
	E1234		E1235	E1236	E1237	
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045 .	E1238	E1239	E2100	E2230	
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services (continued)		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 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	81203	81204	81205
		81208	81209	81212	81216
		81218	81222	81223	81225
		81226	81228	81229	81233
		81234	81236	81237	81239
		81240	81241	81242	81243
		81244	81245	81250	81251
		81255	81256	81257	81261
		81262	81263	81264	81265
		81266	81267	81268	81271
		81272	81273	81274	81276
81284	81285	81286	81289		
81290	81292	81294	81295		
81297	81298	81300	81305		
81306	81310	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	81375		
81376	81377	81378	81379		
81380	81381	81382	81383		
81400	81401	81402	81403		
81404	81405	81406	81407		

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)		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	
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			
		Adakveo®			
		J0791			
		Acthar®			
		J0800			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
J0567					
Cerezyme®					
J1786					

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

Cimzia®*				
J0717				
Cinqair®				
J2786				
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				
Krystexxa®				
J2507				

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

Lemtrada®			
J0202			
Lupron Depot®			
J1950			
Lupron Depot, Eligard®			
J9217			
Makena®			
J1726	J1729		J2675
Nplate®			
J2796			
Nucala®			
J2182			
Ocrevus™			
J2350			
Octreotide Acetate			
J2354			
Onpattro™			
J0222			
Orencia®			
J0129			
Parsabiv™			
J0606			
Radicava®			
J1301			
Reblozyl®			
J0896			
Remicade®			
J1745			
Renflexis®			
Q5104			
Rituxan®			
J9312			
Rituxan Hycela®			
J9311			
Ruconest®			
J0596			
Ruxience®			
Q5119			
Sandostatin® LAR			
J2353			
Signifor® LAR			
J2502			
Simponi Aria®			

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

	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Stelara®				
	J3358				
	Supprelin® LA				
	J9226				
	Synagis®*				
	90378				
	Tepezza®				
	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				

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

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

***Please obtain prior notification for 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 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 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		

Non-emergent ambulance transport	Prior authorization is required	A0430	A0431	A0435	A0436
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Orthognathic surgery 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	

Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	with a retail purchase or cumulative rental cost of more than \$500	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			
Outpatient Therapy	<p>Prior Authorization is required for any services above and beyond the benefit maximum</p> <ul style="list-style-type: none"> • 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 <p>Speech therapy is not a covered benefit if being provided to meet developmental milestones</p>				
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	<p>Prior authorization is only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p>Auditory System 69205</p> <p>Cardiovascular System 36590 36832</p> <p>Carpal Tunnel Surgery 64721</p> <p>Cataract Surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931</p>			

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		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 Implantation of a device that sends electrical impulses	Prior authorization is required	Bone growth stimulator			
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		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
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	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	37765
		37766	37780		
Ventricular assist devices (VAD)	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 .			
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 is required	E2402			