

# Prior Authorization Requirements for Ohio Medicaid

Effective Nov. 1, 2021

## General Information

This list contains prior authorization requirements for care providers who participate with the UnitedHealthcare Community Plan in Ohio for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** 800-600-9007

**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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Abortion – pregnancy termination</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
	*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <b>Injectable medications</b>	<b>Filgrastim (Neupogen®)</b> J1442*			
		<b>Filgrastim-aafi (Nivestym™)</b> Q5110*			
		<b>Filgrastim-sndz (Zarxio®)</b> Q5101*			
		<b>Pegfilgrastim (Neulasta®)</b> J2505*			
		<b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122			
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			

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

Cancer supportive care (continued)	section below.	Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108*
		<b>Sargramostim (Leukine®)</b>
		J2820
		<b>Tbo-filgrastim (Granix®)</b>
		J1447*
		<b><u>Anti-emetic Drugs that require prior authorization:</u></b>
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>
		J1454
		<b>Aloxi® (palonosetron)</b>
		J2469
		<b>Cinvanti™ (aprepitant)</b>
J0185		
<b>Emend® (fosaprepitant)</b>		
J1453		
<b>Sustol® (granisetron extended release)</b>		
J1627		
<b><u>Bone-modifying agent that requires prior authorization:</u></b>		
<b>Denosumab</b>		
J0897		
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .

Cardiovascular	Prior authorization 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	
	I70.763	I70.768	I70.769	I70.791	
	I70.792	I70.793	I70.798	I70.799	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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	
<b>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on <b>UnitedHealthcare Provider Portal</b>. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930	69714	69715	69718
<b>Continuous Glucose Monitor</b>	Prior authorization required	A4226	E0787		
<b>Cosmetic and reconstructive procedures</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 required	11960 14061 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	11971 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026
<b>Drug Screening</b>	Prior authorization required	G0483			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b>			
<b>Durable medical equipment (DME)</b>	Prior authorization required	Prior authorization is required <b>regardless of billed amount:</b>			
		E1239 K0830 K0850 K0854 K0858 K0862 K0870 K0879 K0886	E2310 K0831 K0851 K0855 K0859 K0863 K0871 K0880 K0890	E2311 K0848 K0852 K0856 K0860 K0864 K0877 K0884 K0891	K0812 K0849 K0853 K0857 K0861 K0869 K0878 K0885
		Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$500:</b>			
		E0194 E0457 E0700 E0986 E1005 E1009 E1161	E0277 E0460 E0766 E1002 E1006 E1010 E1231	E0328 E0483 E0784 E1003 E1007 E1030 E1232	E0329 E0669 E0984 E1004 E1008 E1130 E1233

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Durable medical equipment (DME) (continued)		E1234	E1235	E1236	E1237		
		E1238	E2322	E2325	E2327		
		E2329	E2373	E2510	E2511		
		E2512	E2599	E8000	E8001		
		E8002	K0005	K0108	S1040		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100		
		B4102	B4103	B4104	B4150		
		B4152	B4153	B4155	B4159		
		B4160	B4161	B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722		
		66180					
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255		
		31256	31257	31259	31267		
		31276	31287	31288			
Gender dysphoria treatment	Prior authorization required	55970	55980				
		These surgical codes with the following DX codes:					
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>		
		<b>F64.9</b>	<b>Z87.890</b>				
		14000	14001	14041	15734		
		15738	15750	15757	15758		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58661	58720		
		58940	64856	64892	64896		
		Genetic and molecular testing to include BRCA	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	81105	81106	81107	81108
				81109	81110	81111	81120
81121	81161			81162	81163		
81164	81165			81166	81167		
81170	81171			81172	81173		
81174	81175			81176	81177		
81178	81179			81180	81181		
81182	81183			81184	81185		
81186	81187			81188	81189		
81190	81200			81201	81203		
81204	81205			81208	81209		
81212	81216			81218	81220		
81222	81223			81224	81225		
81226	81227			81228	81229		
81230	81231	81232	81233				
81234	81236	81237	81238				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>	BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81271
		81272	81273	81274	81276
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81310	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81546	81595	81599
		87481	87482	87505	87506
		87507	87510	87511	87512
87623	87797	87798	87799		
87800	87801	0001U	0004M		
0006M	0007M	0012U	0013U		
0014U	0016U	0017U	0018U		
0022U	0023U	0168U	0169U		
0170U	0171U	0172U	0173U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262			
		<b>Acthar®</b> J0800			
		<b>Adakveo®</b> J0791			
		<b>Amondys 45</b> J1426			
		<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>Cabenuva™</b> J0741			
		<b>Cerezyme®</b> J1786			
		<b>Cimzia®*</b> J0717			
		<b>Cinqair®</b>			



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

Injectable medications (continued)	J2786			
	<b>Cinryze®</b>			
	J0598			
	<b>Crysvita®</b>			
	J0584			
	<b>Elelyso®</b>			
	J3060			
	<b>Entyvio®</b>			
	J3380			
	<b>Erythropoiesis Stimulating Agents****</b>			
	J0885			
	<b>Evenity™</b>			
	J3111			
	<b>Evkeeza™</b>			
	J1305			
	<b>Exondys 51™</b>			
	J1428			
	<b>Fasenra™</b>			
	J0517			
	<b>Feraheme®</b>			
	Q0138			
	<b>Fensolvi®</b>			
	J1951			
	<b>Firmagon®</b>			
	J9155			
	<b>Gamifant®</b>			
	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya™</b>			
	J3245			
	<b>Inflectra®</b>			
	Q5103			
	<b>Injectafer®</b>			
	J1439			
	<b>IVIG</b>			
90284	J1459	J1554	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	
J1575	J1599			
<b>Kalbitor®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J1290
		<b>Krystexxa®</b>
		J2507
		<b>Lemtrada®</b>
		J0202
		<b>Lupron Depot®</b>
		J1950
		<b>Lupron Depot, Eligard®</b>
		J9217
		<b>Luxturna™</b>
		J3398
		<b>Monoferric®</b>
		J1437
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo™</b>
		J0224
		<b>Parsabiv™</b>
		J0606
		<b>Probuphine®</b>
		J0570
		<b>Radicava®</b>
		J1301
		<b>Reblozyl®</b>
		J0896
		<b>Remicade®</b>
		J1745
		<b>Renflexis®</b>
		Q5104
		<b>Riabni™</b>
		Q5123
		<b>Rituxan®</b>
		J9312

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

Injectable medications  
(continued)

<b>Rituxan Hycela®</b>				
J9311				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Sandostatin® LAR</b>				
J2353				
<b>Scenesse®</b>				
J7352				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®*</b>				
J1300				
<b>Somatuline® Depot</b>				
J1930				
<b>Spinraza™</b>				
J2326				
<b>Spravato™</b>				
S0013				
<b>Stelara®</b>				
J3358				
<b>Sublocade™</b>				
Q9991	Q9992			
<b>Supprelin® LA</b>				
J9226				
<b>Synagis®*</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Therapeutic Radiopharmaceuticals***</b>				
A9513	A9590	A9606	A9699	
<b>Trelstar®</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Trogarzo™</b>				

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

Injectable medications (continued)

	J1746			
	<b>Truxima®</b>			
	Q5115			
	<b>Ultomiris™</b>			
	J1303			
	<b>Unclassified and temporary codes**</b>			
	C9399	J3490	J3590	
	<b>Uplizna®</b>			
	J1823			
	<b>Vantas™</b>			
	J9225			
	<b>Viltepso™</b>			
	J1427			
	<b>Vyepti™</b>			
	J3032			
	<b>Vyondys 53®</b>			
	J1429			
	<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			
	<b>Zoladex®</b>			
	J9202			

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 Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, and Lupaneta Pack™

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 888-397-8129.

\*\*\*\*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-

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

**Injectable medications (continued)**

oncology DX.  
 For oncology DX, please see Cancer supportive care section above.  
 For non-oncology DX, submit online at [UHCPProvider.com](http://UHCPProvider.com) > UnitedHealthcare Provider Portal> Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210.  
 \*\*\*\*\* For code J0885, prior authorization is required for both oncology and non-oncology DX.  
 Prior authorization is not required for ESRD diagnosis.

<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services:				
	<ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>				

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization 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	J7330	

<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
---	------------------------------	-------	-------	-------	-------

<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization 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 orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	L1845	L1846	L1860	L1945	
	L1970	L2000	L2010	L2020	
	L2030	L2034	L2036	L2037	
	L2038	L2060	L2106	L2108	
	L2126	L2136	L2350	L2510	
	L2526	L2627	L2628	L3230	
	L3674	L3720	L3730	L3740	
	L3763	L3764	L3900	L3901	
	L3971	L4000	L4010	L4020	
	L4631	L5010	L5020	L5050	
	L5060	L5100	L5105	L5150	
	L5160	L5200	L5210	L5220	
	L5230	L5250	L5280	L5301	
	L5321	L5331	L5341	L5400	
	L5420	L5510	L5535	L5540	
	L5560	L5580	L5585	L5590	
	L5595	L5600	L5610	L5613	
	L5614	L5616	L5639	L5640	
	L5642	L5643	L5646	L5647	
	L5648	L5649	L5651	L5653	
	L5661	L5673	L5682	L5683	
	L5700	L5702	L5705	L5706	
	L5716	L5718	L5722	L5724	
	L5728	L5790	L5795	L5811	
	L5812	L5814	L5816	L5818	
	L5822	L5824	L5826	L5828	
	L5830	L5845	L5857	L5930	
	L5950	L5960	L5962	L5964	
	L5966	L5976	L5979	L5980	
	L5981	L5982	L5984	L5986	
	L5987	L5988	L6000	L6010	
	L6020	L6050	L6055	L6100	
	L6110	L6120	L6130	L6200	
	L6205	L6250	L6300	L6310	
	L6320	L6350	L6360	L6370	
	L6400	L6450	L6500	L6550	
	L6570	L6623	L6686	L6687	
	L6689	L6690	L6692	L6693	
	L6704	L6707	L6708	L6709	
	L6900	L6905	L6910	L6915	
L1820					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-network services</b> A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
<b>Outpatient therapy</b>	Prior authorization required	92507	92508	92521	92522
		92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97110	97112
		97113	97116	97124	97127
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97169
		97170	97171	97172	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97761	97763	G0129	G0515
		S8990	S9152		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387		
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386		
		<b>Proton Beam Therapy</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SBRT/SRS</b>			
		77371	77372	77373	
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		<b>Y90</b>			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (continued)		79445	To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests		
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/OHcommunityplan &gt;</b> Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
Respite services	Prior authorization required	H0045	S5150	S5151	
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization 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)	<p><b>Auditory System</b> 69205</p> <p><b>Cardiovascular System</b> 36590      36832</p> <p><b>Carpal Tunnel Surgery</b> 64721</p> <p><b>Cataract Surgery</b> 66821      66982      66984      66987 66988</p> <p><b>Colonoscopy</b> 45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b> 13101      13132      21552      21931</p> <p><b>Digestive System</b> 42415      42440      43200      43236 43237      43238      43242      43245 43246      43247      43248      43251 43254      43255      43259      44360 44361      45171      45334      45335 45381      45390      45990      46020 46040      46050      46200      46220 46221      46250      46255      46261 46270      46275      46288      46505 46750      46910      46946</p>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		<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>Gender Dysphoria Treatment</b>			
		14040	14060	14301	
		<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
		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>			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		63190	63191	63194	63195
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
	64590				
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene 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		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9081**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		Q2054			
		*Prior authorization for code 38232 is only required for an oncology diagnosis.			
		**For unclassified codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b> 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 required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509