

Prior Authorization Requirements for Ohio Medicaid

Effective Sept. 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 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:** 800-600-9007

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			
Abortion – pregnancy termination	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) 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
Cancer supportive care	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. *Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505* Pegfilgrastim-apgf (Nyvepria™) Q5122 Pegfilgrastim-bmez (Ziextenzo®)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	section below.	Q5120*
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108*
		Sargramostim (Leukine®)
		J2820
		Tbo-filgrastim (Granix®)
		J1447*
		<u>Anti-emetic Drugs that require prior authorization:</u>
		Akynzeo® (palonosetron/fosnetupitant)
		J1454
		Aloxi® (palonosetron)
		J2469
		Cinvanti™ (aprepitant)
J0185		
Emend® (fosaprepitant)		
J1453		
Sustol® (granisetron extended release)		
J1627		
<u>Bone-modifying agent that requires prior authorization:</u>		
Denosumab		
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 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)		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
	170.731	170.732	170.733	170.734	
	170.735	170.738	170.739	170.741	
	170.742	170.743	170.744	170.745	
	170.748	170.749	170.761	170.762	
	170.763	170.768	170.769	170.791	
	170.792	170.793	170.798	170.799	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
	Cerebral seizure monitoring – inpatient video EEG	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712
95714			95715	95716	95718
95720			95722	95724	95726
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) and 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 <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>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear implants and other auditory implants 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
Continuous Glucose Monitor	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive procedures 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
Drug Screening	Prior authorization required	G0483			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008			
Durable medical equipment (DME)	Prior authorization required	Prior authorization is required regardless of billed amount:			
		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 retail purchase or cumulative rental cost of more than \$500:			
		E0194 E0457 E0700 E0986 E1005 E1009	E0277 E0460 E0766 E1002 E1006 E1010	E0328 E0483 E0784 E1003 E1007 E1030	E0329 E0669 E0984 E1004 E1008 E1130

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (continued)		E1161	E1231	E1232	E1233	
		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				
Femoracetabular 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:				
		F64.0	F64.1	F64.2	F64.8	
		F64.9	Z87.890			
		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	81105	81106	81107	81108
			81109	81110	81111	81120
		81121	81161	81162	81163	
Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81234	81236	81237	81238
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		0170U	0171U	0172U	0173U
		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	
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
Hysterectomy	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Adakveo® J0791 Avsola™ Q5121 Benlysta J0490 Berinert® J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme® J1786 Cimzia®* J0717 Cinqair® J2786 Cinryze® J0598			

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

Crysvita®				
J0584				
ElELYso®				
J3060				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents*****				
J0885				
Evenity™				
J3111				
Exondys 51™				
J1428				
Fasenra™				
J0517				
Feraheme®				
Q0138				
Firmagon®				
J9155				
Gamifant®				
J9210				
Givlaari®				
J0223				
Ilaris®				
J0638				
Ilumya™				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
90284	J1459	J1554	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	
J1575	J1599			
Kalbitor®				
J1290				
Krystexxa®				
J2507				
Lemtrada®				
J0202				
Lupron Depot®				
J1950				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Lupron Depot, Eligard® J9217
		Luxturna™ J3398
		Monoferric® J1437
		Nplate® J2796
		Nucala® J2182
		Ocrevus™ J2350
		Octreotide Acetate J2354
		Onpattro™ J0222
		Orencia® J0129
		Oxlumo™ J0224
		Parsabiv™ J0606
		Probuphine® J0570
		Radicava® J1301
		Reblozyl® J0896
		Remicade® J1745
		Renflexis® Q5104
		Riabni™ Q5123
		Rituxan® J9312
		Rituxan Hycela® J9311
		Ruconest® J0596
		Ruxience® Q5119
		Sandostatin® LAR

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J2353			
	Scenesse®				
		J7352			
	Signifor® LAR				
		J2502			
	Simponi Aria®				
		J1602			
	Sodium Hyaluronate				
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Soliris®*				
		J1300			
	Somatuline® Depot				
		J1930			
	Spinraza™				
		J2326			
	Spravato™				
		S0013			
	Stelara®				
		J3358			
	Sublocade™				
		Q9991	Q9992		
	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**					
	C9075	C9399	J3490	J3590	

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

Uplizna®
J1823

Vantas™
J9225

Viltepso™
J1427

Vyepti™
J3032

Vyondys 53®
J1429

White blood cell colony stimulating factors****

J1442	J1447	J2505	Q5101
Q5108	Q5110	Q5111	Q5120
Q5122			

Xembify®
J1558

Xolair®*
J2357

Zoladex®
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 C9075 C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, and Lupaneta Pack™

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****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 UHCPProvider.com > Link > Prior Authorization and Notification tile on your Link 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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions – post-acute services	Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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				
Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
Outpatient therapy	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)		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			
Private duty nursing	Prior authorization required	T1000	T1001		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<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 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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Respite services	Prior authorization required	H0045	S5150	S5151	
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization 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. 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 21552 21931</p> <p>Digestive System</p>			

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	Prior authorization 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
		64553	64555	64568	64570
	64590				
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Prior authorization for code 38232 is only required for an oncology diagnosis.			
		**For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509