

# Prior Authorization Requirements for Ohio Medicaid Effective August 1, 2019

## General Information

This list contains prior authorization requirements for care providers who participate with 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 tool on your Link dashboard.
- **Phone:** 800-366-7304

**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 <sup>®</sup> 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	95980
		95981	95982		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<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	19366	19367
		19368	19369	19370	19371
		19380			
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442 <b>Filgrastim-aafi (Nivestym<sup>™</sup>)</b> Q5110 <b>Filgrastim-sndz (Zarxio<sup>®</sup>)</b> Q5101 <b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505 <b>Pegfilgrastim-cbqv (UDENYCA<sup>™</sup>)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b>			

**Cancer supportive care (cont'd)**

Q5108

**Sargramostim (Leukine<sup>®</sup>)**

J2820

**Tbo-filgrastim (Granix<sup>®</sup>)**

J1447

**Bone-modifying agent that requires prior authorization:**

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

**Cerebral seizure monitoring – inpatient video EEG**

Prior authorization required for inpatient services

95951

Prior authorization is not required for outpatient hospital or ambulatory surgical center

**Chemotherapy**

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

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

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

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**Cochlear implants and other auditory implants**

Prior authorization required

69710

69714

69715

69718

A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech

69930

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15830	15847	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17106	17107	17108	17999	
		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235	21256	21275	21280
			21282	21295	21740	21742
			21743	28344	30620	67900
			67901	67902	67903	67904
			67906	67908	67909	67911
			67912	67914	67915	67916
		67917	67921	67922	67923	
		67924	67950	67961	67966	
			Q2026			
	<b>Durable medical equipment (DME) – 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 required <b>regardless of billed amount:</b>				
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1239	E2310	E2311	K0812	
		K0830	K0831	K0848	K0849	
		K0850	K0851	K0852	K0853	
		K0854	K0855	K0856	K0857	
		K0858	K0859	K0860	K0861	
		K0862	K0863	K0864	K0869	
		K0870	K0871	K0877	K0878	
		K0879	K0880	K0884	K0885	
		K0886	K0890	K0891		
		Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$500:</b>				
		E0194	E0277	E0328	E0329	
		E0445	E0457	E0460	E0465	
		E0466	E0470	E0471	E0483	
		E0669	E0700	E0766	E0784	
		E0984	E0986	E1002	E1003	
		E1004	E1005	E1006	E1007	
		E1008	E1009	E1010	E1030	
		E1130	E1161	E1231	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E2322	E2325	
		E2327	E2329	E2373	E2510	
		E2511	E2512	E2599	E8000	
		K0005	K0108	S1040		
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4150	
		B4152	B4153	B4155	B4159	
		B4160	B4161	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722	
		66180				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<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	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58150	58180	58260	58262
		58290	58291	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571
		58572	58573	58661	58720
		58940	64856	64892	64896
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0151	G0152	G0153	G0156
		G0299	G0300		
<b>Injectable medications</b>	Prior authorization required	<b>Actemra<sup>®</sup></b>			
		J3262			
		<b>Acthar<sup>®</sup></b>			
		J0800			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura<sup>™</sup></b>			
		J0567			
		<b>Cerezyme<sup>®</sup></b>			
		J1786			
		<b>Crysvita<sup>®</sup></b>			
		J0584			
		<b>Cinqair<sup>®</sup></b>			
		J2786			
		<b>Elelyso<sup>®</sup></b>			
		J3060			
		<b>Entyvio<sup>®</sup></b>			
		J3380			
		<b>Exondys 51<sup>™</sup></b>			
		J1428			
		<b>Fasenra<sup>™</sup></b>			
		J0517			
		<b>Ilaris<sup>®</sup></b>			
		J0638			
		<b>Ilumya<sup>™</sup></b>			

<b>Injectable medications (cont'd)</b>		J3245			
		<b>Inflectra<sup>®</sup></b>			
		Q5103			
		<b>IVIG</b>			
		90284	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>Lemtrada<sup>®</sup></b>			
		J0202			
		<b>Luxturna<sup>™</sup></b>			
		J3398			
		<b>Nucala<sup>®</sup></b>			
		J2182			
		<b>Ocrevus<sup>™</sup></b>			
		J2350			
		<b>Onpattro<sup>™</sup></b>			
		C9036	J3490**	J3590**	
		<b>Orencia<sup>®</sup></b>			
		J0129			
		<b>Parsabiv<sup>™</sup></b>			
		J0606			
		<b>Probuphine<sup>®</sup></b>			
		J0570			
		<b>Radicava<sup>®</sup></b>			
		J1301			
		<b>Remicade<sup>®</sup></b>			
		J1745			
		<b>Renflexis<sup>®</sup></b>			
		Q5104			
		<b>Simponi Aria<sup>®</sup></b>			
		J1602			
		<b>Soliris<sup>®</sup></b>			
		J1300			
		<b>Spinraza<sup>™</sup></b>			
		J2326			
		<b>Sublocade<sup>™</sup></b>			
		Q9991	Q9992		
		<b>Synagis<sup>®*</sup></b>			
		90378			
	<b>Therapeutic Radiopharmaceuticals<sup>***</sup></b>				
	A9513	A9606	A9699		
	<b>Trogarzo<sup>™</sup></b>				
	J1746				
	<b>Unclassified codes<sup>**</sup></b>				
	C9399	J3490	J3590		
	<b>Xolair<sup>®*</sup></b>				
	J2357				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpatro. and Ultomiris™.</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b></p>			
<b>Joint replacement</b>	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	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	Prior authorization 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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		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				

**Out-of-network services** Prior authorization required for out-of-network services  
A referral to a health care provider who is not contracted with UnitedHealthcare

<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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient Therapy (cont'd)</b>		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>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <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 Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Respite services</b>	Prior authorization required	H0045	S5150	S5151	
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<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



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		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	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			

<b>Stimulators</b>	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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		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
		Q2041	Q2042		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b>	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	37780	
<b>Ventricular assist devices (VAD)</b>	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> .			
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