

Prior Authorization Requirements for UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

Effective May 1, 2021

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan) 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:** 800-600-9007

Prior authorization is not required for emergency or urgent care.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|---|---|---|
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20974 | 20975 | 20979 | |
| BRCA genetic testing | Prior authorization required | 81163 81212 | 81164 81215 | 81165 81216 | 81166 81217 |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 19330 19355 19367 19371 | 19318 19340 19357 19368 19380 | 19325 19342 19361 19369 19396 | 19328 19350 19364 19370 L8600 |
| Cardiovascular | Prior authorization required | 75710* | 75716* | | |
| | | *Prior authorization 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|------------------------|--|---------|---------|--|
| Cardiovascular (continued) | 170.232 | 170.233 | 170.234 | 170.235 | |
| | 170.238 | 170.239 | 170.241 | 170.242 | |
| | 170.243 | 170.244 | 170.245 | 170.248 | |
| | 170.249 | 170.25 | 170.261 | 170.262 | |
| | 170.263 | 170.268 | 170.269 | 170.291 | |
| | 170.292 | 170.293 | 170.298 | 170.299 | |
| | 170.301 | 170.302 | 170.303 | 170.308 | |
| | 170.309 | 170.311 | 170.312 | 170.313 | |
| | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | Cochlear and other auditory implants | Prior authorization required | 69710 | 69711 | 69714 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | 69718 | 69799 | 69930 | 92601 |
| | | 92602 | 92603 | 92604 | L8614 |
| | | L8619 | L8690 | V5273 | |
| Continuous Glucose Monitor | Prior authorization required | A4226 | A9276 | A9277 | A9278 |
| | | K0553 | K0554 | | |
| Cosmetic and reconstructive | Prior authorization required | 11920 | 11921 | 11922 | 11950 |
| | | 11951 | 11952 | 11954 | 11960 |
| | | 11971 | 15775 | 15776 | 15780 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Cosmetic and reconstructive (continued) | | 15781 | 15782 | 15783 | 15787 |
| | | 15788 | 15789 | 15792 | 15793 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15819 | 15820 | 15821 | 15822 |
| | | 15823 | 15824 | 15825 | 15826 |
| | | 15828 | 15829 | 15830 | 15832 |
| | | 15833 | 15834 | 15835 | 15836 |
| | | 15837 | 15838 | 15839 | 15847 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 15877 | 15878 | 15879 | 17106 |
| | | 17107 | 17108 | 17380 | 17999 |
| | | 19300 | 21172 | 21175 | 21179 |
| | | 21180 | 21181 | 21182 | 21183 |
| | | 21184 | 21230 | 21235 | 21256 |
| | | 21260 | 21261 | 21263 | 21267 |
| | | 21268 | 21270 | 21275 | 21299 |
| | | 21740 | 21742 | 21743 | 28344 |
| | | 30120 | 30540 | 30545 | 30560 |
| | | 30620 | 31295 | 31296 | 31297 |
| | | 31298 | 40500 | 67900 | 67901 |
| | | 67902 | 67903 | 67904 | 67906 |
| | | 67908 | 67909 | 67912 | 67950 |
| | | 67961 | 67966 | 69090 | 69300 |
| | | 69320 | Q2026 | Q2202 | S2202 |
| 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 required regardless of billed amount: | | | |
| | | E0466 | E1230 | E1239 | E2310 |
| | | E2311 | E2321 | K0800 | K0801 |
| | | K0802 | K0806 | K0808 | K0812 |
| | | K0813 | K0814 | K0815 | K0816 |
| | | K0820 | K0821 | K0822 | K0823 |
| | | K0824 | K0825 | K0826 | K0827 |
| | | K0828 | K0829 | K0830 | K0831 |
| | | K0835 | K0836 | K0837 | K0838 |
| | | K0839 | K0840 | K0841 | K0842 |
| | | K0843 | 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 |

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

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|---|--|-------|-------|-------|--|
| Durable medical equipment (DME) (continued) | K0890 K0891 K0898 K0899 Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000: | | | | |
| | A9280 | A9900 | A9999 | B9999 | |
| | E0170 | E0193 | E0194 | E0203 | |
| | E0231 | E0246 | E0277 | E0300 | |
| | E0302 | E0304 | E0316 | E0328 | |
| | E0329 | E0350 | E0373 | E0459 | |
| | E0462 | E0465 | E0483 | E0603 | |
| | E0616 | E0617 | E0618 | E0635 | |
| | E0636 | E0639 | E0640 | E0670 | |
| | E0692 | E0693 | E0694 | E0700 | |
| | E0710 | E0740 | E0745 | E0746 | |
| | E0761 | E0762 | E0764 | E0770 | |
| | E0782 | E0783 | E0784 | E0785 | |
| | E0786 | E0787 | E0830 | E0970 | |
| | E0983 | E0984 | E0986 | E0988 | |
| | E1002 | E1003 | E1004 | E1005 | |
| | E1006 | E1007 | E1008 | E1009 | |
| | E1010 | E1011 | E1017 | E1018 | |
| | E1020 | E1029 | E1030 | E1035 | |
| | E1036 | E1037 | E1050 | E1070 | |
| | E1084 | E1085 | E1086 | E1087 | |
| | E1089 | E1100 | E1110 | E1161 | |
| | E1170 | E1171 | E1172 | E1180 | |
| | E1190 | E1195 | E1200 | E1222 | |
| | E1224 | E1227 | E1228 | E1229 | |
| | E1231 | E1232 | E1233 | E1234 | |
| | E1235 | E1236 | E1237 | E1238 | |
| | E1270 | E1280 | E1295 | E1296 | |
| | E1297 | E1298 | E1310 | E1399 | |
| | E1500 | E1510 | E1520 | E1530 | |
| | E1540 | E1550 | E1560 | E1575 | |
| | E1580 | E1590 | E1592 | E1594 | |
| | E1600 | E1615 | E1620 | E1625 | |
| | E1630 | E1632 | E1634 | E1635 | |
| | E1636 | E1637 | E1639 | E1699 | |
| | E1800 | E1801 | E1802 | E1805 | |
| | E1810 | E1811 | E1812 | E1815 | |
| | E1818 | E1825 | E1830 | E1840 | |
| | E2227 | E2312 | E2322 | E2325 | |
| | E2327 | E2328 | E2329 | E2330 | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Durable medical equipment (DME) (continued) | | E2376 | E2402 | E2500 | E2502 |
| | | E2504 | E2506 | E2508 | E2510 |
| | | E2511 | E2512 | K0005 | K0007 |
| | | K0020 | K0037 | K0039 | K0044 |
| | | K0046 | K0047 | K0050 | K0051 |
| | | K0056 | K0065 | K0072 | K0073 |
| | | K0098 | K0105 | K0108 | K0455 |
| | | K0609 | K0730 | K0743 | K0744 |
| | | K0745 | K0746 | L0462 | L0464 |
| | | L1000 | L1005 | L2136 | L3999 |
| | | L5000 | L5400 | L5420 | L5535 |
| | | L5585 | L5999 | L6380 | L6382 |
| | | L6384 | Q0479 | Q0480 | Q0481 |
| | | Q0482 | Q0483 | Q0484 | Q0489 |
| | | Q0495 | Q0496 | Q0503 | S1040 |
| | | T1999 | T5999 | V2786 | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4102 | B4103 | B4104 | |
| Experimental or investigational (and/or linked services) | Prior authorization required | 20985 | 22505 | 22867 | 22869 |
| | | 25259 | 27275 | 27860 | 28446 |
| | | 28890 | 29880 | 31634 | 33477 |
| | | 36514 | 43257 | 53855 | 53860 |
| | | 54240 | 55840 | 55866 | 58353 |
| | | 58356 | 58563 | 62263 | 62264 |
| | | 62290 | 62291 | 62292 | 64405 |
| | | 64566 | 64722 | 64744 | 65765 |
| | | 65767 | 66180 | 78351 | 82523 |
| | | 85547 | 90867 | 90868 | 90869 |
| | | 91117 | 91132 | 91133 | 93668 |
| | | 94011 | 94012 | 94013 | 95250 |
| | | 95251 | 95905 | 95965 | 95966 |
| | | 95967 | 96000 | 96001 | 96003 |
| | | 96004 | 96902 | 99174 | 0054T |
| | | 0055T | 0100T | 0101T | 0102T |
| | | 0106T | 0107T | 0108T | 0109T |
| | | 0110T | 0174T | 0175T | 0191T |
| | | 0198T | 0200T | 0201T | 0207T |
| | | 0213T | 0214T | 0215T | 0216T |
| | | 0217T | 0218T | 0253T | 0263T |
| | | 0264T | 0265T | 0266T | 0267T |
| | | 0268T | 0269T | 0270T | 0271T |
| | | 0272T | 0273T | 0274T | 0275T |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|------------------------------|--------------|--------------|
| Experimental or investigational (and/or linked services) (continued) | | A4575 | A4638 | A6000 | A9274 |
| | | E0446 | E1831 | G0295 | G0329 |
| | | G0341 | G0342 | G0343 | G9147 |
| | | M0076 | P2031 | P2033 | P2038 |
| | | S0810 | S1030 | S1031 | S2102 |
| | | S2300 | S2325 | S3652 | S3902 |
| | | S9001 | S9025 | S9055 | S9349 |
| | | S9988 | S9990 | S9991 | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| 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 | 21899 | 31599 | 31899 |
| | | 53410 | 53420 | 53425 | 53430 |
| | | 54125 | 54400 | 54401 | 54405 |
| | | 54408 | 54520 | 54660 | 54690 |
| | | 55175 | 55180 | 56625 | 56800 |
| | | 56805 | 57106 | 57110 | 57291 |
| | | 57292 | 57295 | 57296 | 57335 |
| | | 57426 | 58661 | 58720 | 58940 |
| | | 64856 | 64892 | 64896 | 92507 |
| | | 92508 | | | |
| | | Hysterectomy – inpatient only Vaginal hysterectomies | Prior authorization required | 58260 | 58262 |
| 58270 | 58275 | | | 58280 | 58290 |
| 58291 | 58292 | | | 58294 | |
| Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries | Prior authorization required | 58150 | 58152 | 58180 | 58541 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | |
| Injectable medications | Prior authorization required | Adakveo® | | | |
| | | J0791 | | | |
| | | Cryvista® | | | |
| | | J0584 | | | |
| | | Givlaari® | | | |
| | | J0223 | | | |
| Luxturna™ | | | | | |
| | | J3398 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---------------------------------------|------------------------|--|
| Injectable medications (continued) | | Onpattro™ J0222 |
| | | Radicava® J1301 |
| | | Reblozyl® J0896 |
| | | Scenesse® J7352 |
| | | Soliris® J1300 |
| | | Spinraza™ J2326 |
| | | Tepezza® J3241 |
| | | Ultomiris™ J1303 |
| | | Uplizna™ J1823 |
| | | Zolgensma® J3399 |

Inpatient admissions Notification required

| | | |
|---|--|---|
| Inpatient admissions - post acute services | <p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities | <p>Submit prior authorization requests through naviHealth as part of the Continued Care program.</p> <p>Phone: 855-851-1127 Fax: 844-244-9482</p> <p>The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they’re discharged from the acute setting to returning home.</p> |
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|--|------------------------------|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 24360 | 24361 |
| | | 24362 | 24363 | 26340 | 27120 |
| | | 27122 | 27125 | 27130 | 27132 |
| | | 27134 | 27137 | 27138 | 27412 |
| | | 27445 | 27446 | 27447 | 27486 |
| | | 27487 | 29866 | 29867 | 29868 |
| | | G0428 | J7330 | S2112 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Non-emergent air transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| Non-emergent air ambulance transports | Prior authorization required | A0140 | A0424 | | |
| Orthognathic surgery | Prior authorization required | 21120 | 21121 | 21122 | 21123 |
| | | 21125 | 21127 | 21141 | 21142 |
| | | 21143 | 21145 | 21146 | 21147 |
| | | 21150 | 21151 | 21154 | 21155 |
| | | 21159 | 21160 | 21188 | 21193 |
| | | 21194 | 21195 | 21196 | 21198 |
| | | 21199 | 21206 | 21210 | 21215 |
| | | 21240 | 21242 | 21243 | 21244 |
| | | 21245 | 21246 | 21247 | 21248 |
| | | 21249 | 21255 | | |
| Orthotics | Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | L0112 | L0140 | L0150 | L0170 |
| | | L0200 | L0220 | L0452 | L0466 |
| | | L0468 | L0480 | L0482 | L0484 |
| | | L0486 | L0622 | L0623 | L0624 |
| | | L0629 | L0631 | L0632 | L0634 |
| | | L0636 | L0638 | L0700 | L0710 |
| | | L0810 | L0820 | L0830 | L0859 |
| | | L0999 | L1001 | L1200 | L1300 |
| | | L1310 | L1499 | L1630 | L1640 |
| | | L1680 | L1685 | L1700 | L1710 |
| | | L1720 | L1730 | L1755 | L1834 |
| | | L1844 | L1846 | L1904 | L1920 |
| | | L2000 | L2005 | L2010 | L2020 |
| | | L2030 | L2034 | L2036 | L2037 |
| | | L2038 | L2040 | L2050 | L2060 |
| | | L2070 | L2080 | L2090 | L2126 |
| | | L2232 | L2320 | L2387 | L2520 |
| | | L2525 | L2526 | L2627 | L2628 |
| | | L2800 | L2861 | L3020 | L3160 |
| | | L3201 | L3202 | L3203 | L3204 |
| | | L3206 | L3207 | L3208 | L3209 |
| | | L3211 | L3212 | L3213 | L3214 |
| | | L3215 | L3250 | L3251 | L3252 |
| | | L3253 | L3254 | L3255 | L3257 |
| | | L3265 | L3320 | L3485 | L3649 |
| | | L3674 | L3720 | L3764 | L3765 |
| | | L3766 | L3891 | L3900 | L3901 |
| | | L3904 | L3921 | L3956 | L3961 |
| | | L3967 | L3971 | L3973 | L3975 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------|--|--|-------|-------|-------|
| Orthotics (continued) | | L3976 | L3977 | L3978 | L4000 |
| | | L4030 | L4040 | L4045 | L4050 |
| | | L4055 | L4631 | | |
| Private duty nursing | Prior authorization required | T1000 | T1001 | | |
| Prosthetics | Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | 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 | L5540 | L5560 | L5570 |
| | | L5580 | L5590 | L5595 | L5600 |
| | | L5610 | L5611 | L5613 | L5614 |
| | | L5616 | L5639 | L5643 | L5649 |
| | | L5651 | L5681 | L5683 | L5700 |
| | | L5701 | L5702 | L5703 | L5707 |
| | | L5724 | L5726 | L5728 | L5780 |
| | | L5781 | L5782 | L5795 | L5814 |
| | | L5818 | L5822 | L5824 | L5826 |
| | | L5828 | L5830 | L5840 | L5845 |
| | | L5848 | L5856 | L5857 | L5858 |
| | | L5930 | L5960 | L5961 | L5966 |
| | | L5968 | L5973 | L5976 | L5979 |
| | | L5980 | L5981 | L5987 | L5988 |
| | | L5990 | L6000 | L6010 | L6020 |
| | | L6026 | L6050 | L6055 | L6100 |
| | | L6110 | L6120 | L6130 | L6200 |
| | | L6205 | L6250 | L6300 | L6310 |
| | | L6320 | L6350 | L6360 | L6370 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | L6621 |
| | | L6624 | L6638 | L6646 | L6648 |
| | | L6693 | L6696 | L6697 | L6707 |
| | | L6709 | L6712 | L6713 | L6714 |
| | | L6715 | L6721 | L6722 | L6880 |
| | | L6881 | L6882 | L6883 | L6884 |
| L6885 | L6895 | L6900 | L6905 | | |
| L6910 | L6920 | L6925 | L6930 | | |
| L6935 | L6940 | L6945 | L6950 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Prosthetics (continued) | | L6955 | L6960 | L6965 | L6970 |
| | | L6975 | L7007 | L7008 | L7009 |
| | | L7040 | L7045 | L7170 | L7180 |
| | | L7181 | L7185 | L7186 | L7190 |
| | | L7191 | L7499 | L8035 | L8039 |
| | | L8041 | L8042 | L8043 | L8044 |
| | | L8049 | L8499 | L8505 | L8604 |
| | | L8609 | L8629 | L8631 | L8659 |
| | | L8699 | V2627 | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain 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 tool 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 care | Prior authorization required | S5150 | S5151 | | |
| Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | 30520 | | |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 | 41512 | 41599 | 42145 |
| | | 42299 | S2080 | | |
| Spinal surgery | Prior authorization required | 22100 | 22101 | 22102 | 22103 |
| | | 22110 | 22112 | 22114 | 22116 |
| | | 22206 | 22207 | 22208 | 22210 |
| | | 22212 | 22214 | 22216 | 22220 |
| | | 22222 | 22224 | 22226 | 22526 |
| | | 22527 | 22532 | 22533 | 22534 |
| | | 22548 | 22551 | 22552 | 22554 |
| | | 22556 | 22558 | 22585 | 22590 |
| | | 22595 | 22600 | 22610 | 22612 |
| | | 22614 | 22630 | 22632 | 22633 |
| | | 22634 | 22800 | 22802 | 22804 |
| | | 22808 | 22810 | 22812 | 22818 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Spinal surgery (continued) | | 22819 | 22830 | 22840 | 22841 |
| | | 22842 | 22843 | 22844 | 22845 |
| | | 22846 | 22847 | 22848 | 22849 |
| | | 22850 | 22852 | 22855 | 22856 |
| | | 22857 | 22861 | 22862 | 22864 |
| | | 22865 | 22899 | 62287 | 63001 |
| | | 63003 | 63005 | 63011 | 63012 |
| | | 63015 | 63016 | 63017 | 63020 |
| | | 63030 | 63035 | 63040 | 63042 |
| | | 63043 | 63044 | 63045 | 63046 |
| | | 63047 | 63048 | 63050 | 63051 |
| | | 63055 | 63056 | 63057 | 63064 |
| | | 63066 | 63075 | 63076 | 63077 |
| | | 63078 | 63081 | 63082 | 63085 |
| | | 63086 | 63087 | 63088 | 63090 |
| | | 63091 | 63101 | 63102 | 63103 |
| | | 63170 | 63172 | 63173 | 63185 |
| | | 63190 | 63191 | 63194 | 63195 |
| | | 63196 | 63197 | 63198 | 63199 |
| | | 63200 | 63250 | 63251 | 63252 |
| | | 63265 | 63267 | 63268 | 63270 |
| | | 63271 | 63272 | 63286 | 63300 |
| | | 63301 | 63302 | 63303 | 63304 |
| | | 63305 | 63306 | 63307 | 63308 |
| | | 64633 | 64634 | 0095T | 0098T |
| | | 0163T | 0164T | 0165T | 0202T |
| | 0219T | 0220T | 0221T | 0222T | |
| | 0232T | S2348 | | | |
| Stimulators | Prior authorization required | Bone growth stimulator | | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61886 | 64595 | 64555 | 63650 |
| | | 63655 | 63685 | 64553 | 64570 |
| | | 61885 | 64568 | 61850 | 64590 |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Transplants (continued) | | 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 |
| | | Q2041 | Q2042 | Q2053 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vagus nerve stimulation | Prior authorization required | 61888 | 64569 | C1767 | C1778 |
| Implantation of a device that sends electrical impulses into one of the cranial nerves | | L8681 | L8689 | | |
| Vein procedures | Prior authorization required | 36473 | 36475 | 36476 | 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 | | 36479 | 37700 | 37718 | 37722 |
| | | 37735 | 37780 | 37785 | |
| 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 | | | |