

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

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:** 800-366-7304

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	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		19396	L8600		
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715
		69718	69799	69930	92601
		92602	92603	92604	L8614
		L8619	L8690	V5273	
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11920	11921	11922	11950
		11951	11952	11954	11960
		11971	15775	15776	15780
		15781	15782	15783	15787
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15788	15789	15792	15793
		15819	15820	15821	15822
		15823	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15835	15836
		15837	15838	15839	15847

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive (cont'd)		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	Q2027	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	
		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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		E0636	E0639	E0640	E0666
		E0670	E0692	E0693	E0694
		E0700	E0710	E0740	E0745
		E0746	E0761	E0762	E0764
		E0770	E0782	E0783	E0784
		E0785	E0786	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
		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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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	37204	37210	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	0019T	0030T	0054T
		0055T	0085T	0100T	0101T
		0102T	0103T	0106T	0107T
		0108T	0109T	0110T	0111T
		0123T	0124T	0172T	0173T
		0174T	0175T	0181T	0183T
		0186T	0190T	0191T	0192T
		0198T	0199T	0200T	0201T
		0205T	0206T	0207T	0213T
		0214T	0215T	0216T	0217T
		0218T	0223T	0224T	0225T
		0230T	0231T	0233T	0239T
		0243T	0244T	0250T	0251T
		0252T	0253T	0256T	0257T
		0258T	0259T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	0276T
0277T	0281T	0282T	0283T		
0284T	0285T	0286T	0287T		
0288T	0291T	0292T	0293T		
0294T	0299T	0300T	0301T		
A4575	A4638	A6000	A9274		
A9276	A9277	A9278	E0446		
E1831	G0295	G0329	G0341		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services) (cont'd)		G0342	G0343	G9147	M0076
		P2031	P2033	P2038	S0810
		S1030	S1031	S2102	S2300
		S2325	S3652	S3890	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 F64.9	F64.1 Z87.890	F64.2	F64.8
14000	14001	14041	15734
15738	15750	15757	15758
19303	19304	20926	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	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	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	Cryvista[®]			
		J0584			
		Luxturna[™]			
		J3398			
		Onpatro[™]			
		C9036	J3490**	J3590**	
		Radicava[®]			
		J1301			
		Soliris[®]			
		J1300			
		Spinraza[™]			
		J2326			
		Unclassified codes*			
C9399	J3490	J3590			

* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpatro and Ultomiris[™].

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions	Notification required				
Inpatient admissions: Acute inpatient rehabilitation (AIR) Long-term acute care (LTAC) Skilled nursing facility (SNF)	Prior authorization and notification of admission date required				
Joint replacement	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement procedures		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (cont'd)		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
		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
		L6025	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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7260	L7261
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8631	L8659	L8699
		V2627			
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		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
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		22850	22851	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
		63060	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63170	63172
		63173	63180	63182	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	0092T	0095T
		0098T	0163T	0164T	0165T
		0195T	0196T	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) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants(cont'd)		47133	47135	47136	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		
Vagus nerve stimulation	Prior authorization required	61888	64569	64573	C1767
Implantation of a device that sends electrical impulses into one of the cranial nerves		C1778	L8681	L8689	
Vein procedures	Prior authorization required	36469	36473	36475	36476
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36478	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			