

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

Effective Jan. 1, 2020

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		
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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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	
	Cochlear and other auditory implants	Prior authorization required	69710	69711	69714	69715
	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	
	Cosmetic and reconstructive	Prior authorization required	11920	11921	11922	11950
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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	
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		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
		E0636	E0639	E0640	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (continued)		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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	0174T	0175T
		0191T	0198T	0200T	0201T
		0207T	0213T	0214T	0215T
		0216T	0217T	0218T	0230T
		0231T	0253T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	A4575
		A4638	A6000	A9274	A9276
		A9277	A9278	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		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	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	Cryvista® J0584 Luxturna™ J3398 Onpattro™ J0222 Radicava® J1301 Soliris® J1300 Spinraza™ J2326 Ultomiris™ J1303 Unclassified codes* C9399 J3490 J3590			
		* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®.			
Injectable medications – Step Therapy	Prior authorization required	Erythropoiesis Stimulating Agents J0881 J0885* Hyaluronic acid polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 Immunomodulators J1745 * For code J0885 prior authorization is required for Procrit only (does not include Epogen)			
Inpatient admissions	Notification required				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 Joint, total hip and knee replacement procedures	Prior authorization required	23470 24362 27122 27134 27445 27487 G0428	23472 24363 27125 27137 27446 29866 J7330	24360 26340 27130 27138 27447 29867 S2112	24361 27120 27132 27412 27486 29868
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 21125 21143 21150 21159 21194 21199 21240 21245 21249	21121 21127 21145 21151 21160 21195 21206 21242 21246 21255	21122 21141 21146 21154 21188 21196 21210 21243 21247	21123 21142 21147 21155 21193 21198 21215 21244 21248
Orthotics	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0200 L0468 L0486 L0629 L0636 L0810 L0999 L1310 L1680 L1720 L1844 L2000 L2030 L2038 L2070 L2232 L2525 L2800 L3201 L3206 L3211 L3215 L3253	L0140 L0220 L0480 L0622 L0631 L0638 L0820 L1001 L1499 L1685 L1730 L1846 L2005 L2034 L2040 L2080 L2320 L2526 L2861 L3202 L3207 L3212 L3250 L3254	L0150 L0452 L0482 L0623 L0632 L0700 L0830 L1200 L1630 L1700 L1755 L1904 L2010 L2036 L2050 L2090 L2387 L2627 L3020 L3203 L3208 L3213 L3251 L3255	L0170 L0466 L0484 L0624 L0634 L0710 L0859 L1300 L1640 L1710 L1834 L1920 L2020 L2037 L2060 L2126 L2520 L2628 L3160 L3204 L3209 L3214 L3252 L3257

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (continued)		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
		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	<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
		22850	22852	22855	22856

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	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
	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) 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
		47133	47135	47136	47140
		47141	47142	47143	47144

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