

Prior Authorization Requirements for Ohio Medicaid

Effective July 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® 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	95980
		95981	95982		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
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	19366	19367
		19368	19369	19370	19371
		19380			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<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-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™)			

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Cancer supportive care (cont'd)

Q5108

Sargramostim (Leukine[®])

J2820

Tbo-filgrastim (Granix[®])

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 [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
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	11971	15830	15847	
		17106	17107	17108	17999	
		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
		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			
		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:				
	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 retail purchase or cumulative rental cost of more than \$500:				
		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		
	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				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Femoroacetabular 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	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
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0299	G0300	
Injectable medications	Prior authorization required	Actemra[®] J3262 Acthar[®] J0800 Botulinum toxins J0585 J0586 J0587 J0588 Brineura[™] J0567 Cerezyme[®] J1786 Crysvita[®] J0584 Cinqair[®] J2786 ElELYso[®] J3060 Entyvio[®] J3380 Exondys 51[™] J1428 Fasenra[™] J0517 Ilaris[®] J0638 Ilumya[™]			

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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<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 & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & 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 800-310-6826.</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 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</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0170 L0486 L0634 L0710 L1200 L1685 L1832 L1845 L1970	L0480 L0629 L0636 L0810 L1300 L1720 L1834 L1846 L2000	L0482 L0631 L0640 L0859 L1310 L1730 L1840 L1860 L2010	L0484 L0632 L0700 L1000 L1680 L1755 L1844 L1945 L2020

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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 A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
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	Prior authorization required for participating physicians who request these advanced outpatient imaging	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)	procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 . 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.			
Respite services	Prior authorization required	H0045	S5150	S5151	
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307

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