

# Prior Authorization Requirements for Wisconsin Medicaid

## Effective January 1, 2019

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Wisconsin participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 800-897-8317; fax form is available at **UHCprovider.com/WIcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms**

**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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43860 95980	0313T 0317T 43659 43846 43881 95981	0314T 43644 43770 43847 43882 95982	0315T 43645 43775 43848 64590
<b>Behavioral health services</b>	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0760	20979	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<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>Injectable colony-stimulating factor drugs that require prior authorization:</b>  <b>Bio similar (Zarxio®)</b> Q5101			

CPT® is a registered trademark of the American Medical Association.

Doc#: PCA-1-010594-04302018\_05092018

© 2018 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive care (cont'd)</b>		<p><b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym<sup>™</sup>)</b> Q5110</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505</p> <p><b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b> Q5108</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b> J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab</b> J0897</p> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Chemotherapy</b>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<p><b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior authorization required</p>	<p>69710 69930 L8691</p>	<p>69714 L8614 L8692</p>	<p>69715 L8619</p>	<p>69718 L8690</p>
<p><b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p>	<p>Prior authorization required</p>	<p>11960 15822 17106 21137 21175 21182 21235 21282</p>	<p>11971 15823 17107 21138 21179 21183 21256 21295</p>	<p>15820 15830 17108 21139 21180 21184 21275 21740</p>	<p>15821 15847 17999 21172 21181 21230 21280 21742</p>

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (cont'd)</b>		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)</b>	Prior authorization required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	E0194	E0265	E0266	E0445
		E0457	E0460	E0466	E0483
		E0656	E0669	E0670	E0745
		E0766	E0784	E0984	E0986
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1002	E1003	E1004	E1005
		E1007	E1008	E1009	E1010
		E1030	E1036	E2100	E2227
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E2228	E2230	E2322	E2325
		E2327	E2329	E2351	E2373
		E2510	E2511	E2599	E2626
		E2627	E2628	E2629	E2630
		K0005	K0008	K0013	K0108
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
K0891	S1040	T1999	V2786		
V5274	V5281	V5282	V5283		
V5286	V5287	V5288	V5290		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B4149	B4150	B4152
		B4153	B4155	B4158	B4159
		B4160	B4161	B9002	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	61863	61864	61867	61868
		61886	64555	64722	65765
		65767	66180	95978	0191T
		E1831	S0810	S9990	S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b> <b>Functional endoscopic sinus surgery (FESS) (cont'd)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization required	81161	81201	81203	81222
		81223	81280	81282	81292
		81294	81295	81297	81298
		81300	81302	81304	81317
		81319	81321	81323	81324
		81325	81400	81401	81402
		81403	81404	81405	81406

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic testing (cont'd)</b>		81407	81408	81479	
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home  <b>Note:</b> G-codes aren't supported by the state	99504	G0299*	T1021	
		<b>*Prior authorization not required for Place of Service Hospice/Bill Type 81X or 82X.</b>			
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Incontinence supplies</b>	Prior authorization required	T4542			
<b>Injectable medications</b>	Prior authorization required	<b>Synagis<sup>®</sup></b> 90378			
		<b>Please obtain prior notification for Synagis<sup>®</sup> through OptumRx prior notifications services at 800-310-6826.</b>			
<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	S2112
<b>Non-emergent air ambulance transport</b>	Prior authorization required  To request prior authorization for transportation, please call Medical Transportation Management at <b>866-907-1493</b> .	A0430 S9960	A0431 S9961	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	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2060	L2106	L2108
		L2126	L2136	L2350	L2510

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

**Orthotics and prosthetics (cont'd)**

L2526	L2627	L2628	L3230
L3649	L3671	L3674	L3720
L3730	L3740	L3764	L3900
L3901	L3904	L3905	L3961
L3971	L3975	L3976	L3977
L3999	L4000	L4010	L4020
L5010	L5020	L5050	L5060
L5100	L5105	L5150	L5160
L5200	L5210	L5220	L5230
L5250	L5270	L5280	L5301
L5312	L5321	L5331	L5341
L5400	L5420	L5460	L5500
L5505	L5510	L5520	L5530
L5535	L5540	L5560	L5570
L5580	L5585	L5590	L5595
L5600	L5610	L5613	L5614
L5616	L5639	L5640	L5642
L5643	L5644	L5646	L5648
L5651	L5653	L5661	L5682
L5702	L5703	L5706	L5716
L5718	L5722	L5724	L5726
L5728	L5780	L5790	L5795
L5811	L5812	L5814	L5816
L5818	L5822	L5824	L5826
L5828	L5830	L5848	L5930
L5950	L5960	L5961	L5964
L5966	L5968	L5973	L5976
L5979	L5980	L5981	L5982
L5984	L5987	L5988	L6000
L6010	L6020	L6050	L6055
L6100	L6110	L6120	L6130
L6200	L6205	L6250	L6300
L6310	L6320	L6350	L6360
L6370	L6380	L6382	L6384
L6400	L6450	L6500	L6550
L6570	L6580	L6582	L6584
L6588	L6590	L6621	L6623
L6624	L6646	L6648	L6686
L6687	L6689	L6690	L6692
L6693	L6707	L6708	L6709
L6711	L6712	L6713	L6714
L6715	L6880	L6881	L6882
L6883	L6884	L6885	L6895
L6900	L6905	L6910	L6915
L6920	L6925	L6930	L6935
L6940	L6945	L6950	L6955
L6960	L6965	L6970	L6975
L7007	L7008	L7009	L7040
L7045	L7170	L7180	L7185

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		L7186 L8040 L8045 L8610	L7190 L8042 L8046 L8612	L7191 L8043 L8047	L7405 L8044 L8499
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	T1001	T1002	T1003	
<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 app 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 app tile 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/WIcommunityplan &gt; Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</b></p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<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 stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		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	64553	64570
<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		
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568	L8680	L8685
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8686	L8687	L8688	
<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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (VAD) (cont'd)		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			