

Prior Authorization Requirements for Wisconsin Medicaid

Effective July 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Wisconsin 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:** 866-604-3267

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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43848 95982	43645 43842 43860	43659 43846 95980	43770 43847 95981
Behavioral health services	Prior authorization required 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 or substance use services.			
Birth to age 3 program and in-school therapies	Prior authorization required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) 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
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio®) Q5101 Filgrastim (Neupogen®)			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
		Pegfilgrastim (Neulasta®)			
		J2505			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111			
		Pegfilgrastim-jmdb (Fulphila™)			
		Q5108			
		Sargramostim (Leukine®)			
		J2820			
		Tbo-filgrastim (Granix®)			
		J1447			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		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 .			
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:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), 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 			
		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 .			
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	L8614	L8619	L8690
		L8691	L8692		
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive procedures (cont'd)		21282	21295	21740	21742	
		21743	28344	30620	67900	
	Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		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)	Prior authorization required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900	E0194	E0265	E0266	
		E0277	E0328	E0329	E0445	
		E0457	E0460	E0465	E0466	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0470	E0471	E0483	E0486	
		E0652	E0656	E0669	E0670	
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0745	E0766	E0784	E0984	
		E0986	E1002	E1003	E1004	
		E1005	E1007	E1008	E1009	
		E1010	E1030	E1036	E1825	
		E2100	E2227	E2228	E2230	
		E2310	E2311	E2322	E2325	
		E2327	E2329	E2351	E2373	
		E2510	E2511	E2512	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						
Enteral services 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		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722	
		65765	65767	66180	0191T	
		E1831	S0810	S9990	S9991	
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic testing	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
		81407	81408	81479	
Home health care	Prior authorization required only in outpatient settings, to include member's home	99504	99600	G0299	S9123
		S9124	T1021		
	Note: G-codes aren't supported by the state	*Prior authorization not required for Place of Service Hospice/Bill Type 81X or 82X.			
Hospice	Prior authorization required	T2044	T2045		
Incontinence supplies	Prior authorization required	T4542			
Injectable medications	Prior authorization required	Synagis® 90378			
		Therapeutic radiopharmaceuticals* A9513 A9606 A9699			
		*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			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
	To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493 .				
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics	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	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		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	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
L5845	L5848	L5930	L5950		
L5960	L5961	L5962	L5964		
L5966	L5968	L5973	L5976		
L5979	L5980	L5981	L5982		
L5984	L5986	L5987	L5988		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L5999	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	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8610	L8612
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
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 procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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/WIcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		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		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8685	L8686	L8687	L8688
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Transplants(cont'd)		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		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	
Wound vac	Prior authorization required	E2402				