

Prior Authorization Requirements for District of Columbia LTSS

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare District of Columbia LTSS health care professionals providing inpatient and outpatient services.

Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

This list changes periodically. Updates are announced routinely in the UnitedHealthcare [Network News](#). If viewing a printed copy, please visit [Advance Notification and Plan Requirement Resources](#) > Select a Plan type for the most current information.

Prior authorization is not required for emergency or urgent care. Prior authorization is also not required for primary care providers in the State of Rhode Island for services they provide in the normal course of primary care treatment.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43842			
Cochlear implants 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	L8692			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of less than \$500.	E0638 E1140	E1086 E1250	E1090 E1260	E1130 E1290
Durable medical	Prior authorization	E0194	E0304	E0465	E0466

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
equipment (DME) Greater than \$500	required only for the code listed with a retail purchase or a cumulative rental cost of more than \$500.	E0483 E0694 E1005 E1010 E2510 K0806 K0837 K0841 K0850 K0855 K0859 K0863	E0636 E0986 E1007 E1035 K0108 K0808 K0838 K0843 K0851 K0856 K0860 K0864	E0692 E1002 E1008 E1399 E1230 K0800 K0835 K0839 K0848 K0852 K0857 K0861	E0693 E1004 E1009 E2298 K0801 K0836 K0840 K0849 K0854 K0858 K0862 T1999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
Experimental & investigational	Prior authorization required	65765	65767		
Gender dysphoria treatment	Prior authorization required				
Home health care	Prior authorization required	T1502			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Private duty nursing (PDN)	Prior authorization required	T1000 T1004	T1001	T1002	T1003
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: 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. Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit http://uhcprovider.com/DCcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			