

# Prior authorization requirements for Michigan Medicaid, Healthy Michigan Plan (HMP) and Children's Special Health Care Services (CSHCS)

Effective December 1, 2022

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Michigan 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 tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call **800-903-5253**
- **Fax:** 855-225-9847 – A fax form is available at [UHCprovider.com/MIcommunityplan](https://UHCprovider.com/MIcommunityplan) > 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. Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Abortion</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b>	Prior authorization required	20975			
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast, except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	
<b>Cancer Supportive Care</b>	Prior authorization required	Q5125			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		DX Not Req PA			
		E08.52	E09.52	E10.52	E11.52
		E13.52	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	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Cardiovascular (cont.)</b>		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

**Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures** Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines.

For a list of inpatient-only codes, please visit [cms.gov](https://www.cms.gov) > Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D.

<b>Chemotherapy</b>	Prior authorization required	J9274	J9298
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8619
		L8691	L8692		
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 and gestational diabetes diagnosis	A4239 K0554	A9276	A9277	A9278
<b>Cosmetic and Reconstructive</b> 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	14020	14021	14041
		14061	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	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			
<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME — see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold — see <i>Home health care</i> . *J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call <b>800-737-0045</b> .	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0636	E0637
		E0638	E0641	E0642	E0652
		E0656	E0669	E0670	E0700
		E0710	E0766	E0784*	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E2100	E2230
		E2300	E2301	E2310	E2311
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E8000

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME) – (cont.)</b>		E8001	E8002	K0005	K0108
		K0606	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	V5274	
<b>Durable medical equipment (DME) – catheter supplies</b>	Catheter supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request catheter supplies, please call J&B Medical Supply at <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – diabetic supplies to include external insulin pumps</b>	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – electric breast pumps</b>	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – Respiratory supplies</b>	Respiratory supplies are a benefit only when provided through Binson’s Hospital Supplies or Binson’s Medical Equipment, Inc.	To request respiratory supplies, please call Binson’s Medical Equipment & Supplies at <b>888-246-7667</b> .			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4149 B4155 B4161	B4035 B4150 B4158 B9002	B4036 B4152 B4159 B9998	B4102 B4153 B4160
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477 66180	36514 0191T	55866 S2102	64722
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic and molecular testing to</b>	Prior authorization is required for genetic and molecular	81105	81106	81107	81108

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>include BRCA gene testing</b>	testing performed in an outpatient setting.	81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81222	81223	81225	81226
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81276	81277
		81278	81279	81284	81285
		81286	81289	81290	81291
		81292	81294	81295	81297
		81298	81300	81305	81306
		81307	81309	81310	81312
		81312	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81327
		81329	81330	81331	81332
		81333	81336	81337	81338
		81339	81340	81341	81342
		81343	81344	81345	81346
		81347	81348	81351	81352
		81353	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
	81376	81377	81378	81379	
	81380	81381	81382	81383	
	81400	81401	81402	81403	
	81404	81405	81406	81407	
	81408	81415	81416	81417	
	81419	81420	81479	81507	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		81518	81519	81520	81521
		81522	81546	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0040U	0046U	0049U
		0055U	0060U	0068U	0097U
		0111U	0129U	0136U	0137U
<b>Home health care</b>	Prior authorization required For services rendered by a Home Health Agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following: G0300                      G0493                      G0494                      G0495 G0496			
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
<b>In-home services</b>	Prior authorization required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME (refer to the DME section above) and sleep studies	All Michigan Medicaid allowable codes			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Adakveo®</b> J0791 <b>Acthar®</b> J0800 <b>Aldurazyme®</b> J1931 <b>Apretude™</b> J0739 <b>Aralast NP, Prolastin-C, Zemaira</b> J0256 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Berinert®</b> J0597 <b>Botulinum toxins</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

J0585	J0586	J0587	J0588
<b>Brineura™</b>			
J0567			
<b>Cerezyme®</b>			
J1786			
<b>Cimzia®*</b>			
J0717			
<b>Cinqair®</b>			
J2786			
<b>Cinryze®</b>			
J0598			
<b>Cryvista®</b>			
J0584			
<b>Cutaquig®</b>			
J1551			
<b>Elaprase®</b>			
J1743			
<b>Elelyso™</b>			
J3060			
<b>Entyvio®</b>			
J3380			
<b>Erythropoiesis Stimulating Agents</b>			
J0885			
<b>Evenity™</b>			
J3111			
<b>Fabrazyme®</b>			
J0180			
<b>Fasenra™</b>			
J0517			
<b>Feraheme®</b>			
Q0138			
<b>Fensolvi®</b>			
J1951			
<b>Firmagon®</b>			
J9155			
<b>Gamifant®</b>			
J9210			
<b>Glassia®</b>			
J0257			
<b>Givlaari®</b>			
J0223			
<b>Ilaris®</b>			
J0638			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Krystexxa®</b>				
J2507				
<b>Lemtrada®</b>				
J0202				
<b>Leqvio®</b>				
J1306				
<b>Lumizyme®</b>				
J0221				
<b>Lupron Depot®</b>				
J1950				
<b>Lupron Depot, Eligard®</b>				
J9217				
<b>Makena®</b>				
J1726	J1729	J2675		
<b>Mepsevii®</b>				
J3397				
<b>Naglazyme®</b>				
J1458				
<b>Nexviazyme™</b>				
J0219				
<b>Nplate®</b>				
J2796				
<b>Nucala®</b>				
J2182				
<b>Ocrevus™</b>				
J2350				
<b>Octreotide Acetate</b>				
J2354				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Prolia®</b>				
J0897				
<b>Radicava®</b>				
J1301				
<b>Reblozyl®</b>				
J0896				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Revcovi®</b>				
J3590				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Ryplazim™</b>				
J2998				
<b>Sandostatin® LAR</b>				
J2353				
<b>Saphnelo™</b>				
J0491				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

		J1300			
		<b>Somatuline® Depot</b>			
		J1930			
		<b>Stelara®</b>			
		J3358			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Synagis®*</b>			
		90378			
		<b>Tepezza®</b>			
		J3241			
		<b>Therapeutic radiopharmaceuticals**</b>			
		A9513	A9590	A9606	A9607
		A9699			
		<b>Trelstar®</b>			
		J3315			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		J1746			
		<b>Truxima®</b>			
		Q5115			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified and temporary codes****</b>			
		C9399	J3490	J3590	
		<b>Vyvgart™</b>			
		J9332			
		<b>White blood cell colony stimulating factors</b>			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			
		<b>Xolair®*</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			

Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications Policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

**Procedures and services**

**Additional information**

**CPT® or HCPCS codes and/or how to obtain prior authorization**

Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**.

\*\*\*For temporary and unclassified codes C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Riabni™

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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			
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or 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
		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2136	L2350	L2510
		L2627	L2628	L3230	L3265
		L3649	L3674	L3720	L3730
L3740	L3900	L3904	L3999		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L4000	L4010	L4020	L4631
		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	L5535	L5540	L5560
		L5570	L5580	L5590	L5595
		L5600	L5610	L5613	L5616
		L5639	L5640	L5642	L5644
		L5646	L5648	L5653	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5812	L5816
		L5818	L5822	L5824	L5828
		L5830	L5845	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5990
		L5999	L6000	L6010	L6020
		L6050	L6100	L6110	L6120
		L6130	L6200	L6250	L6300
		L6350	L6400	L6450	L6500
		L6550	L6570	L6623	L6646
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6883	L6884
		L6885	L6895	L6935	L7186
	L8499				

### Outpatient therapy

Prior authorization is required for any services above and beyond the benefit maximum:

- 144 units per calendar year for physical therapy
- 144 units per calendar year for occupational therapy
- 36 visits for speech therapies per calendar year
- Providers may call or fax:
  - Phone: 800-903-5253
  - Fax: 855-225-9847

Speech therapy is not a covered benefit if being provided to meet developmental milestones.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Prostate procedures</b>	Prior authorization is required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	55874
<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>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal</b>			
		23470	23472	23473	23474
		29805	29820	29806	29807
		29819	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.  Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)	<b>Auditory system</b>			
		69205			
		<b>Cardiovascular system</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive system</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
45381	45390	45990	46020		
46040	46050	46200	46220		
46221	46250	46255	46261		
46270	46275	46288	46505		
46750	46910	46946			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		<b>ENT procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and ocular adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Female genital system</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hemic and lymphatic systems</b>			
		38500	38510	38525	
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Integumentary system</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			
		<b>Male genital system</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal system</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22514*	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		* For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under Spinal surgery service category. Site of Service will also apply				
		<b>Nervous system</b>				
		64561	64640			
		<b>Ophthalmologic</b>				
		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
		<b>Respiratory system</b>				
		30802	30930	31525	31535	
		31536	31541	31624		
		<b>Tonsillectomy and adenoidectomy</b>				
		42820	42821	42825	42826	
		42830				
		<b>Upper gastrointestinal endoscopy</b>				
		43235	43239	43249		
		<b>Urinary system</b>				
		52276	52287	52320	52344	
		<b>Urologic procedures</b>				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145		
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110	
		22112	22114	22206	22207	
		22210	22212	22214	22220	
		22224	22510	22511	22512	
		22513	22514	22515	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	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
			63308		
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64555	64568	64570	
<b>Transplants</b>	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</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	50547	S2060	S2061
		S2152			
		<b>CAR T-cell therapy:</b>			
		0537T	0538T	0539T	0540T
		C9098	J9999		
<b>Vein procedures</b> Removal and ablation of the main trunks and	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37766	37780		
<b>Ventricular assist services (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			