

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

Effective Sept 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 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 > 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			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast, except when following mastectomy		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*	93580	
		*Prior authorization is required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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
		I70.201	I70.202	I70.203	I70.208
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		T82.868A	T82.898A	Z95.820	Z98.62

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.

Cochlear implants and other auditory implants 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 L8691	69714 L8692	69930	L8619
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Continuous glucose monitor	Prior authorization required with type 2 and gestational diabetes diagnosis	A9276 K0554	A9277	A9278	K0553
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Cosmetic and Reconstructive 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 14041 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908	11971 14061 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909	14020 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911	14021 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and Reconstructive (cont.)		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
Durable Medical Equipment (DME)	<p>Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME — see <i>Orthotics and prosthetics</i>.</p> <p>Some home health care services may qualify but are not subject to the cost threshold — see <i>Home health care</i>.</p> <p>*J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.</p>	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
		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		
Durable medical equipment (DME) – catheter supplies	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 800-737-0045 .			
Durable medical equipment (DME) – diabetic supplies to include external insulin pumps	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 800-737-0045 .			
Durable medical equipment (DME) – electric breast pumps	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 800-737-0045 .			
Durable medical equipment (DME) – incontinence supplies	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 800-737-0045 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) – Respiratory supplies	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 888-246-7667 .			
Enteral services 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
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 66180	36514 0191T	55866 S2102	64722
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. 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. 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.	81105 81109 81121 81164 81168 81173 81177 81181 81185 81189 81193 81203 81209 81222 81228 81232 81237 81241 81245 81253 81257 81261 81265 81269 81274 81278 81286	81106 81110 81161 81165 81170 81174 81178 81182 81186 81190 81194 81204 81212 81223 81229 81233 81238 81242 81250 81254 81258 81262 81266 81271 81276 81279 81289	81107 81111 81162 81166 81171 81175 81179 81183 81187 81191 81200 81205 81216 81225 81230 81234 81239 81243 81251 81255 81259 81263 81267 81272 81276 81284 81290	81108 81120 81163 81167 81172 81176 81180 81184 81188 81192 81201 81208 81218 81226 81231 81236 81240 81244 81252 81256 81260 81264 81268 81273 81277 81285 81291

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		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
		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	
Home health care	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			
Hysterectomy	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		
In-home services	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications

Prior authorization required

Actemra®				
J3262				
Adakveo®				
J0791				
Acthar®				
J0800				
Aldurazyme®				
J1931				
Apretude™				
J0739				
Aralast NP, Prolastin-C, Zemaira				
J0256				
Avsola™				
Q5121				
Benlysta				
J0490				
Berinert®				
J0597				
Botulinum toxins				
J0585	J0586	J0587	J0588	
Brineura™				
J0567				
Cerezyme®				
J1786				
Cimzia®*				
J0717				
Cinqair®				
J2786				
Cinryze®				
J0598				
Cryvista®				
J0584				
Cutaquig®				
J1551				
Elaprase®				
J1743				
Elelyso™				
J3060				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents				
J0885				
Evenity™				

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

J3111				
Fabrazyme®				
J0180				
Fasenra™				
J0517				
Feraheme®				
Q0138				
Fensolvi®				
J1951				
Firmagon®				
J9155				
Gamifant®				
J9210				
Glassia®				
J0257				
Givlaari®				
J0223				
Ilaris®				
J0638				
Ilumya™				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
Kalbitor®				
J1290				
Kanuma®				
J2840				
Krystexxa®				
J2507				
Lemtrada®				
J0202				
Leqvio®				
J1306				
Lumizyme®				
J0221				
Lupron Depot®				

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

J1950				
Lupron Depot, Eligard®				
J9217				
Makena®				
J1726	J1729		J2675	
Mepsevii®				
J3397				
Naglazyme®				
J1458				
Nplate®				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				
Octreotide Acetate				
J2354				
Onpattro™				
J0222				
Orencia®				
J0129				
Parsabiv™				
J0606				
Radicava®				
J1301				
Reblozyl®				
J0896				
Remicade®				
J1745				
Renflexis®				
Q5104				
Revcovi®				
J3590				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim™				
J2998				

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

Sandostatin® LAR				
J2353				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				
Stelara®				
J3358				
Supprelin® LA				
J9226				
Synagis®*				
90378				
Tepezza®				
J3241				
Therapeutic radiopharmaceuticals**				
A9513	A9590	A9606	A9699	
Trelstar®				
J3315				
Triptodur®				
J3316				
Trogarzo™				
J1746				
Truxima®				
Q5115				
Ultomiris™				
J1303				
Unclassified and temporary codes****				
C9399	J3490	J3590		
Vantas™				
J9225				
Vyvgart™				
J9332				
White blood cell colony stimulating factors				
J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120	

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

Q5122
Xembify®
 J1558
Xolair®*
 J2357
Zoladex®
 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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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 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 Fylnetra®*, Lupaneta Pack™, Releuko®****, Riabni™

******Fylnetra® and Releuko® effective 10/1**

Joint replacement 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			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
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	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	purchase or cumulative rental cost of more than \$500	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
		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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy	<p>Prior authorization is required for any services above and beyond the benefit maximum:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – Phone: 800-903-5253 – Fax: 855-225-9847 <p>Speech therapy is not a covered benefit if being provided to meet developmental milestones.</p>				
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022	37243 53852	52441 55866	52442 55873	53850 55874
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
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal 23470 29805 29819 29825	23472 29820 29822 29826	23473 29806 29823 29827	23474 29807 29824 29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)</p>	<p>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984 66987</p> <p>66988</p> <p>Colonoscopy</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		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	
		ENT procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Female genital system			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver biopsy				
	47000				
	Male genital system				
	54840				
	Miscellaneous				
	20680				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Site of service (SOS) – outpatient hospital (cont.)		Musculoskeletal system				
		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	
			* 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			
			Nervous system			
			64561	64640		
			Ophthalmologic			
			65426	65730	65855	66170
			66761	67028	67036	67040
			67228	67311	67312	
			Respiratory system			
			30802	30930	31525	31535
			31536	31541	31624	
			Tonsillectomy and adenoidectomy			
			42820	42821	42825	42826
			42830			
		Upper gastrointestinal endoscopy				
		43235	43239	43249		
		Urinary system				
		52276	52287	52320	52344	
		Urologic procedures				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	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
		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					
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	63685		
	64555	64568	64570	64590	
Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		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			
		CAR T-cell therapy:			
		0537T	0538T	0539T	0540T
	C9098	J9999			
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist services (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			