

Prior Authorization Requirements for Ohio Medicaid

Effective Apr. 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with the UnitedHealthcare Community Plan in Ohio 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 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 tile on your Provider Portal dashboard.
- **Phone:** 800-600-9007

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			
Abortion – pregnancy termination	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	11971	19316	19318	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380			
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	Injectable medications section below.	Q5122*
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120*
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108*
		Sargramostim (Leukine®)
		J2820
		Tbo-filgrastim (Granix®)
		J1447*
		Trilaciclib (Cosela™)
		J1448
		<u>Anti-emetic Drugs that require prior authorization:</u>
		Akynzeo® (palonosetron/fosnetupitant)
J1454		
Cinvanti™ (aprepitant)		
J0185		
Emend® (fosaprepitant)		
J1453		
Sustol® (granisetron extended release)		
J1627		
<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 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 tile on your Provider Portal dashboard. Or, call 888-397-8129 .

Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization is notrequired for the following diagnosis codes:			
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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				
Cerebral seizure monitoring – inpatient video EEG	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization is 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) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) 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 				
	<p>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 tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>				
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
conversational speech					
Continuous Glucose Monitor	Prior authorization required	A4226 E2103	A4238 E0787	A4239	E2102
Cosmetic and reconstructive procedures 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 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14061 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
Drug Screening	Prior authorization required	G0483			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008			
Durable medical equipment (DME)	Prior authorization required	Prior authorization is required regardless of billed amount:			
		E1239 K0830 K0850 K0854 K0858 K0862 K0870 K0879 K0886	E2310 K0831 K0851 K0855 K0859 K0863 K0871 K0880 K0890	E2311 K0848 K0852 K0856 K0860 K0864 K0877 K0884 K0891	K0812 K0849 K0853 K0857 K0861 K0869 K0878 K0885
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$500:			
		E0194 E0457 E0700 E0986 E1005 E1009 E1161 E1234 E1238 E2329 E2512	E0277 E0460 E0766 E1002 E1006 E1010 E1231 E1235 E2322 E2373 E2599	E0328 E0483 E0784 E1003 E1007 E1030 E1232 E1236 E2325 E2510 E8000	E0329 E0669 E0984 E1004 E1008 E1130 E1233 E1237 E2327 E2511 E8001

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E8002	K0005	K0108	S1040
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4152 B4160	B4035 B4103 B4153 B4161	B4036 B4104 B4155 B9002	B4100 B4150 B4159 B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477 66180	36514	55866	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
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105 81109 81121 81164	81106 81110 81161 81165	81107 81111 81162 81166	81108 81120 81163 81167
	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.	81168 81173 81177 81181 81185 81189 81193 81203 81209 81220 81225 81229	81170 81174 81178 81182 81186 81190 81194 81204 81212 81222 81226	81171 81175 81179 81183 81187 81191 81200 81205 81216 81223 81227	81172 81176 81180 81184 81188 81192 81201 81208 81218 81224 81228
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider	81233 81238 81242	81234 81239 81243	81231 81236 81240 81244	81232 81237 81241 81245

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81246	81247	81248	81249
		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	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	81335	81336
		81337	81338	81339	81340
		81341	81342	81343	81344
		81345	81346	81347	81348
		81350	81351	81352	81353
		81355	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	81410	81411	81412
		81413	81414	81415	81416
		81417	81419	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81520	81521
81522	81546	81554	81595		
81599	87481	87482	87505		
87506	87507	87510	87511		
87512	87623	87797	87798		
87799	87800	87801	0001U		
0004M	0006M	0007M	0012U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0097U
		0168U	0169U	0170U	0171U
		0172U	0173U	0175U	0177U
		0179U	0180U	0181U	0182U
		0183U	0184U	0185U	0186U
		0187U	0188U	0189U	0190U
		0191U	0192U	0193U	0194U
		0195U	0196U	0197U	0198U
		0199U	0200U	0201U	0203U
		0205U	0209U	0214U	0215U
		0216U	0217U	0218U	0221U
		0222U			
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
Hysterectomy	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Adakveo® J0791 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Apretude™ J0739 Aralast NP® J0256 Avsola™ Q5121 Benlysta J0490 Berinert®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cabenuva™			
		J0741			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Elaprase®			
		J1743			
		Elelyso®			
		J3060			
		Enjaymo™			
		J1302			
		Entyvio®			
		J3380			
		Erythropoiesis Stimulating Agents****			
		J0885			
		Evenity™			
	J3111				
	Evkeeza™				
	J1305				
	Exondys 51™				
	J1428				
	Fabrazyme®				
	J0180				
	Fasenra™				
	J0517				
	Feraheme®				
	Q0138				
	Fensolvi®				
	J1951				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90284	J1459	J1554	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lanreotide				
	J1932				
	Lemtrada®				
	J0202				
	Leqvio®				
J1306					
Lumizyme®					
J0221					
Lupron Depot®					
J1950					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Lupron Depot, Eligard® J9217
		Luxturna™ J3398
		Mepsevii® J3397
		Monoferric® J1437
		Naglazyme® J1458
		Nexviazyme® J0219
		Nplate® J2796
		Nucala® J2182
		Ocrevus™ J2350
		Octreotide Acetate J2354
		Onpattro™ J0222
		Orencia® J0129
		Oxlumo™ J0224
		Parsabiv™ J0606
		Probuphine® J0570
		Prolastin C® J0256
		Prolia® J0897*****
		Radicava® J1301
		Reblozyl® J0896
		Remicade® J1745
		Renflexis® Q5104
		Riabni™

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Q5123			
		Releuko®			
		Q5125			
		Revcovi®			
		J3590			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Rolvedon™			
		J1449			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Sandostatin® LAR			
		J2353			
		Saphnelo™			
		J0491			
		Scenesse®			
		J7352			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®*			
		J1300			
		Somatuline® Depot			
		J1930			
		Spinraza™			
	J2326				
	Spravato™				
	S0013				
	Spevigo®				
	J1747				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Stelara®				
	J3358				
	Stimufend®				
	Q5127				
	Supprelin® LA				
	J9226				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals***				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tzield™				
	C9149				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes**				
	C9399	J3490	J3590		
	Uplizna®				
	J1823				
	Viltepso™				
	J1427				
Vimizim®					
J1322					
Vyepti™					
J3032					
Vyondys 53®					
J1429					
Vyvgart™					
J9332					
White blood cell colony stimulating factors****					
J1442	J1447	J2506	Q5101		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xenpozyme™			
		J0218			
		Xolair®			
		J2357			
		Zemaira®			
		J0256			
		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 Solaris through OptumRx prior notifications services at 800-310-6826.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™ and Purified Cortrophin™ Gel

***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 tile on your Provider Portal dashboard. Or, call 888-397-8129.

****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120, Q5122 and Q5125, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.

For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal> Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210.

***** For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

***** Prior authorization required for J0897 for non oncology DX.

Inpatient admissions – post-acute services	Prior authorization and notification of admission date is required for facilities providing post-acute
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		
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 is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3971	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5160	L5200	L5210	L5220
		L5230	L5250	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5510	L5535	L5540
		L5560	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5857	L5930
		L5950	L5960	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550
	L6570	L6623	L6686	L6687	
	L6689	L6690	L6692	L6693	
	L6704	L6707	L6708	L6709	
	L6900	L6905	L6910	L6915	
	L1820				
Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
Outpatient therapy	Prior Authorization required	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97110	97112
		97113	97116	97124	97129
		97139	97140	97150	97169
		97170	97171	97172	97530
		97533	97535	97537	97542

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)		97545	97546	97750	97755
		97761	97763		
Potentially Unproven Services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1001		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Radiation therapy	Prior authorization required	IGRT			
		77014	77387		
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386		
		Proton Beam Therapy			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SBRT/SRS			
		77371	77372	77373	
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges			
C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92					
77401	77402	77407	77412		
Y90					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					
79445					
To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests					
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology 	<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 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 tile on your Provider Portal dashboard. Or, call 866-889-8054.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	procedures	For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Respite services	Prior authorization required	H0045	S5150	S5151	
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
Site of service (SOS) – outpatient hospital	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)	<p>Auditory System 69205</p> <p>Cardiovascular System 36590 36832</p> <p>Carpal Tunnel Surgery 64721</p> <p>Cataract Surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive 13101 13132 21552 21931</p> <p>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</p> <p>ENT Procedures 21320 30140 30520 69436 69631</p> <p>Eye and Ocular Adnexa 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815</p> <p>Female Genital System 57240 57250 57461 57520 58561 58562</p> <p>Gender Dysphoria Treatment 14040 14060 14301</p> <p>Gynecologic Procedures</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		57522	58353	58558	58563
		58565			
		Hemic and Lymphatic Systems			
		38500	38510	38525	
		Hernia Repair			
		49505	49650	49651	
		Integumentary System			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver Biopsy			
		47000			
		Male Genital System			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	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	29806
		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
		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 & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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 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
		22510	22224	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	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	63655	63685
		64553	64555	64568	64570
		64590			
Stimulators (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.			
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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

CAR T-Cell Therapy

0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055	Q2056		

Gene Therapy

C9399**	J3490**	J3590**	
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*Prior authorization for code 38232 is only required for an oncology diagnosis.

**Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.

Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			

Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal	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 .			
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33927	33928	33929	33975
33976	33979	33981	33982
33983	Q0507	Q0508	Q0509



**Procedures and
Services**

**Additional
Information**

**CPT® or HCPCS Codes and/or
How to Obtain Prior Authorization**

blood flow
