

Advance Notification Requirements for Michigan Effective Jan. 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Michigan, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Medicaid, Children's Special Health Care Services (CSHCS) and Healthy Michigan Plan (HMP):
Phone: 800-903-5253 // **Fax:** 855-255-9847
- **Online:** UnitedHealthcareOnline.com
- All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization. The exceptions are orthopedic and obstetrical physician services and 23-hour observations.

The use of the Universal Referral Form (URF) does not constitute authorization by UnitedHealthcare Community Plan. UnitedHealthcare Community Plan does not need to be notified for in-network referrals. Use of the URF is at the discretion of the primary care physician (PCP).

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Abortion (pregnancy termination)		59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery	Inpatient and outpatient bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20975	E0747	E0748	
BRCA genetic testing		81211 81215	81212 81216	81214 81217	
Breast reconstruction (non mastectomy)	Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech.	69717 L8616 L8621 L8627 L8693	69718 L8617 L8622 L8628	69930 L8618 L8623 L8691	L8615 L8619 L8624 L8692
Cosmetic and reconstructive	Advance notification required for inpatient and outpatient cosmetic and reconstructive services Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	11920 15820 15830 17108 21139 21180 21184	11922 15821 15847 17999 21172 21181 21230	11960 15822 17106 21137 21175 21182 21235	11971 15823 17107 21138 21179 21183 21256

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Cosmetic and reconstructive (cont'd.)	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21260 21268 21295 28344 30545 67900 67904 67911 67916 67923 67966	21261 21275 21740 30540 30560 67901 67906 67912 67917 67924 Q2026	21263 21280 21742 30620 67902 67908 67914 67921 67950 Q2026	21267 21282 21743 67903 67909 67915 67922 67961 Q2027
Durable medical equipment (DME): more than \$500	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p> <p>DME codes listed with a retail purchase or rental cost of more than \$500 – outpatient only</p> <p>Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	A9999 E0266 E0297 E0329 E0465 E0483 E0638 E0651 E0667 E0671 E0710 E0984 E1004 E1008 E1018 E1229 E1233 E1237 E2204 E2310 E2325 E2330 E2370 E2510 E2614 E2626 K0005 K0609 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857	E0193 E0274 E0302 E0445 E0466 E0601 E0641 E0652 E0668 E0672 E0784 E0986 E1005 E1009 E1030 E1230 E1234 E1238 E2230 E2311 E2327 E2331 E2373 E2511 E2616 E8000 K0007 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858	E0194 E0277 E0304 E0457 E0470 E0636 E0642 E0656 E0669 E0673 E0947 E1002 E1006 E1010 E1161 E1231 E1235 E1239 E2300 E2312 E2328 E2343 E2375 E2512 E2620 E8001 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859	E0265 E0296 E0328 E0460 E0471 E0637 E0650 E0666 E0670 E0700 E0948 E1003 E1007 E1011 E1226 E1232 E1236 E2100 E2301 E2321 E2329 E2351 E2376 E2599 E2621 E8002 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Durable medical equipment (DME): more than \$500 (cont'd.)		K0861 K0868 K0877 K0884 K0891	K0862 K0869 K0878 K0885 K0898	K0863 K0870 K0879 K0886 V5274	K0864 K0871 K0880 K0890
Enteral services	In home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4149 B4154 B4159 B9000	B4035 B4150 B4155 B4160 B9002	B4036 B4152 B4157 B4161 B9998	B4102 B4153 B4158 B4162
Experimental and investigational		33477* 61863 61886 62292 66180 95966 0191T	36514 61864 62264 64555 95250 95967 S1040	54240 61867 62290 64566 95251 95978 S2102	55866 61868 62291 64722 95965 96002
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Home health services	Prior authorization is required.				
Services provided in the home	Prior authorization is required. All professional/ancillary services performed in a home setting with the exception of Sleep Studies.				
Injectable medications	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair	Acthar J0800			
		Botox J0585	J0586	J0587	J0588
		IVIG 90283 J1557 J1568	90284 J1559 J1569	J1459 J1561 J1572	J1556 J1566 J1599
		Makena J1725	J2675		
		Synagis* 90378			
		Xolair* J2357			

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Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
Non-emergent ambulance transport	<p>Non-emergent air ambulance transport requires prior auth.</p> <p>Non-emergent ground ambulance transport does NOT require prior authorization although UHC utilizes the State of Michigan's Non-Emergent AMB guidelines. Your claim will be reviewed on the back end to see if it meets the non-emergency transport guidelines. All non-emergency claims should include the appropriate documentation when submitting the claim.</p>	A0430	A0431	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics/prosthetics: more than \$500	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L1005 L1680 L1720 L1834 L1845 L1950 L2020 L2037 L2108 L2136	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L1200 L1690 L1730 L1840 L1846 L1970 L2030 L2038 L2114 L2350	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L1300 L1700 L1755 L1843 L1860 L2000 L2034 L2060 L2116 L2510	L0458 L0470 L0486 L0629 L0635 L0639 L1000 L1499 L1710 L1832 L1844 L1945 L2010 L2036 L2106 L2128 L2627

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Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics/prosthetics: more than \$500 (cont'd.)		L2628	L2999	L3000	L3010
		L3020	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3674	L3720	L3730	L3740
		L3900	L3904	L3960	L3962
		L3999	L4000	L4010	L4020
		L4030	L4631		
		L5000	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	L5611
		L5613	L5616	L5639	L5640
		L5642	L5644	L5646	L5648
		L5653	L5673	L5679	L5681
		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5812	L5816	L5818	L5822
		L5824	L5828	L5830	L5840
		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	L6646	L6692	L6693
		L6694	L6695	L6696	L6697
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6881
		L6883	L6884	L6885	L6895
		L6935	L7186	L7499	L8499
		L8605	V2623	V2627	
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462

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Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	42145	41599
Sleep studies	<ul style="list-style-type: none"> Unattended sleep studies: <u>No</u> prior authorization required Attended sleep studies require prior authorization Children <6 years old <u>No</u> prior authorization required 	95805 95811	95807	95808	95810
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64570	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568		

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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	36468 37718	36475 37722	36478 37780	37700
Wound vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Behavioral health services	Behavioral health services through a designated behavioral health network	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>			
Inpatient services	<ul style="list-style-type: none"> Notification only: Routine Obstetrics (OB)/Deliveries – Participating and NonParticipating Providers Elective Inpatient Admissions Acute Inpatient Rehabilitation Skilled Nursing Facility (SNF), transitional and sub-acute care OB and newborn confinements exceeding two day length of stay (LOS) for Vaginal and four day LOS for Cesarean. All Neonatal Intensive Care (NICU) admissions (including newborns, regardless of LOS) 				
Out of network services	Referral to a health care provider who is not contracted with UnitedHealthcare	All out of network services require prior authorization.			
Transplants		<p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.</p> <p>32851 32852 32853 32854 32855 32856 33226 33933 33935 33944 33945 38205 38206 38207 38208 38209 38210 38211 38212 38213 38214 38215 38230 38232 38240 38241 38242 44010 44015 44020 44021 44025</p>			

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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Transplants (cont'd.)		44050 44111 44126 44132 44137 47133 47141 47145 48550 48556 50325 50340 50380 S2061	44055 44120 44127 44133 44715 47135 47142 47146 48551 50300 50327 50360 50547 S2103	44100 44121 44128 44135 44720 47136 47143 47147 48552 50320 50328 50365 54680 S2152	44110 44125 44130 44136 44721 47140 47144 48160 48554 50323 50329 50370 S2060
Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Fax OptumHealth at 877-814-0488 or call the notification number on the back of the member's ID card. 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509			
Centers for Medicare & Medicaid Services (CMS) inpatient only procedures	Services determined by CMS to be inpatient only that are performed as outpatient procedures are not payable based on its Outpatient Prospective Payment System guidelines. These procedures must be requested as inpatient. Please visit: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html for a list of "Inpatient Only" codes (Addendum B, Status Indicator C).				

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