

# Prior Authorization Requirements for Michigan

## Effective April 1, 2018

### 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 800-903-5253
- **Fax:** 855-225-9847; fax form is available at **UHCommunityPlan.com** > For Health Care Professionals > Michigan > Provider Forms > Medical Prior Authorization Form.

**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	43648	43659
Bariatric surgery and specific obesity-related services		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
<b>Bone growth stimulator</b>	Prior authorization required	20975	E0747	E0748	E0760
Electronic stimulation or ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
<b>Centers for Medicare &amp; Medicaid Services (CMS) inpatient only procedures</b>	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.				

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<b>Centers for Medicare &amp; Medicaid Services (CMS) inpatient only procedures (cont'd)</b>	For a list of inpatient only codes, please visit <b>CMS.gov</b> > 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 for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8619	L8691	L8692
<b>Colony stimulating factor drugs</b>	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<b>Bio similar (Zarxio<sup>®</sup>)</b> Q5101  <b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442  <b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505  <b>Sargramostim (Leukine<sup>®</sup>)</b> J2820  <b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447  <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>			

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<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		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): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	E0194	E0265	E0266	E0445
		E0457	E0460	E0466	E0483
		E0636	E0638	E0641	E0642
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0656	E0669	E0670	E0700
		E0710	E0766	E0784*	E0984
		E0986	E1002	E1003	E1004
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call <b>800-737-0045</b> .	E1238	E1239	E2100	E2230
		E2300	E2301	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2599	E2626
		E8001	K0005	K0108	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 Co, 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 Co, 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> .			

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<b>Durable medical equipment (DME) – electric breast pumps</b>	J&B Medical Supply Co, 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 Co, Inc.	To request incontinence supplies, please call J&B Medical Supply at <b>800-737-0045</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 B9000	B4036 B4152 B4159 B9002	B4102 B4153 B4160 B9998
<b>Experimental and investigational</b>	Prior authorization required	0191T 61863 61886 95978	33477 61864 64555 S2102	36514 61867 64722	55866 61868 66180
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299 G0495 T1030	G0300 G0496 T1031	G0493 S9474	G0494 T1021
<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 and sleep studies				
<b>Injectable medications</b>	Prior authorization required	<b>Acthar<sup>®</sup></b> J0800  <b>Botox<sup>®</sup></b> J0585    J0586    J0587    J0588  <b>Cinqair<sup>®</sup></b> J2786  <b>IVIG</b> 90283    90284    J1459    J1555 J1556    J1557    J1559    J1561 J1566    J1568    J1569    J1572 J1575    J1599  <b>Lemtrada<sup>®</sup></b> J0202			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (cont'd)**

**Makena<sup>®</sup>**  
 J1726    J1729    J2675

**Nucala<sup>®</sup>**  
 J2182

**Ocrevus<sup>™</sup>**  
 J2350

**Probuphine<sup>®</sup>**  
 J0570

**Synagis<sup>®\*</sup>**  
 90378

**Xolair<sup>®\*</sup>**  
 J2357

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 Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.**

<b>Joint replacement</b>	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
<b>Non-emergent ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	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	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2128
		L2136	L2350	L2510	L2627
		L2628	L3230	L3265	L3649
		L3674	L3720	L3730	L3740
		L3900	L3904	L3999	L4000
		L4010	L4020	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	L5682	L5702	L5703
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5812	L5816	L5818	L5822
		L5824	L5828	L5830	L5964
L5966	L5976	L5979	L5980		
L5981	L5982	L5984	L5990		
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b>		L6881 L6895	L6883 L6935	L6884 L7186	L6885 L8499
Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500					
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation					
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Spinal stimulator for pain management</b>	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64570	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</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	50380	50547	S2060
		S2061	S2152		
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:			
		38206	38999	J3490	J9999
		M0075	S2107	Q2040	
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
<b>Vein procedures</b>	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	37780
<b>Ventricular assist devices (VAD)</b>	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> .			
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



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<b>Wound vac</b>	Prior authorization required	E2402