

# Prior Authorization Requirements for Michigan Effective January 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of 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 UHCCommunityPlan.com > For Health Care Professionals > Michigan > Provider Forms > Medical Prior Authorization Fax 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. The exception to this process are orthopedic and obstetric physician services and 23-hour observation where prior authorization is not needed.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Abortion</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	E0747	E0748	E0760
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8619	L8691	L8692
<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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Cosmetic and reconstructive (cont'd)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		21282 21743 67901 67906 67912 67917 67924 Q2026	21295 28344 67902 67908 67914 67921 67950	21740 30620 67903 67909 67915 67922 67961	21742 67900 67904 67911 67916 67923 67966
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</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 services</i></p> <p>*J&amp;B Medical Supply Co, Inc., is the preferred vendor at <b>800-737-0045</b>.</p>	E0194 E0457 E0636 E0656 E0710 E0986 E1005 E1009 E1229 E1234 E1238 E2300 E2329 E2510 E8001 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0265 E0460 E0638 E0669 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2301 E2331 E2511 K0005 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 V5274	E0266 E0466 E0641 E0670 E0784* E1003 E1007 E1030 E1232 E1236 E2100 E2325 E2351 E2599 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0445 E0483 E0642 E0700 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2327 E2373 E2626 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891
<p><b>Durable medical equipment (DME) – catheter supplies</b></p>	<p>Catheter supplies are a benefit only when provided through J&amp;B Medical Supply Co, Inc.</p>	<p>To request catheter supplies, please call J&amp;B Medical Supply at <b>800-737-0045</b>.</p>			
<p><b>Durable medical equipment (DME) – diabetic supplies to include external insulin pumps</b></p>	<p>J&amp;B Medical Supply Co, Inc., is the preferred vendor for diabetic supplies and external insulin pumps.</p>	<p>To request diabetic supplies, please call J&amp;B Medical Supply at <b>800-737-0045</b>.</p>			
<p><b>Durable medical equipment (DME) – electric breast pumps</b></p>	<p>J&amp;B Medical Supply Co, Inc., is the preferred vendor for electric breast pumps.</p>	<p>To request electric breast pumps, please call J&amp;B Medical Supply at <b>800-737-0045</b>.</p>			
<p><b>Durable medical equipment (DME) – incontinence supplies</b></p>	<p>Incontinence supplies are a benefit only when provided through J&amp;B Medical Supply Co, Inc.</p>	<p>To request incontinence supplies, please call J&amp;B Medical Supply at <b>800-737-0045</b>.</p>			

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<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>Injectable medications</b>	Prior authorization required	<b>Acthar®</b> J0800  <b>Botox®</b> J0585    J0586    J0587    J0588  <b>Cinqair®</b> J2786  <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599  <b>Lemtrada®</b> J0202  <b>Makena®</b> J1726    J1729  <b>Nucala®</b> J2182  <b>Ocrevus™</b> J2350  <b>Probuphine®</b> J0570  <b>Synagis®*</b> 90378			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		<p><b>Xolair®*</b> J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</b></p>			
<b>Joint replacement</b> Joint, total hip and knee replacement	Prior authorization required	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
<b>Non-emergent ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 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	21127 21145 21151 21160 21195 21206 21215 21245 21249
<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 L0464 L0486 L0632 L0638 L1000 L1499 L1720 L1840 L1860	L0170 L0480 L0624 L0634 L0640 L1005 L1680 L1730 L1844 L1945	L0456 L0482 L0629 L0636 L0700 L1200 L1700 L1755 L1845 L1950	L0462 L0484 L0631 L0637 L0710 L1300 L1710 L1834 L1846 L1970

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		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
		L6881	L6883	L6884	L6885
		L6895	L6935	L7186	L8499
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<p><b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<p><b>Sinuplasty</b></p>	Prior authorization required	31295	31296	31297	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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 stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64570	
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
<b>Vein procedures</b> 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	36468	36473	36475	36478
		37700	37718	37722	37780
<b>Wound vac</b>	Prior authorization required	E2402			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Centers for Medicare &amp; Medicaid Services (CMS) inpatient only procedures</b></p>	<p>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.</p> <p>For a list of inpatient only codes, please visit <b>CMS.gov</b> &gt; Medicare &gt; Medicare Fee for Service Payment &gt; Hospital Outpatient PPS &gt; Addendum A and Addendum B Updates &gt; Addendum B (most recent copy) &gt; Status Indicator (SI) C in column C.</p>	
<p><b>Chemotherapy</b></p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <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>
<p><b>Colony stimulating factor drugs</b></p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b>Injectable colony stimulating factor drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>To submit a prior authorization online request for colony stimulating factor drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
<p><b>In-home services</b></p>	<p>Prior authorization required</p> <p>Includes all professional and/or ancillary services performed in a home setting, with the exception of DME and sleep studies</p>																																																																					
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>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.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td></td><td></td></tr> </table>	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			38206	38999	J3490	J9999	M0075	S2107		
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<p><b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p>	<p>Prior authorization required</p>	<p>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>.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
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