

Prior Authorization Requirements for Michigan Effective October 1, 2017



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			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery 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		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	E0747	E0748	E0760
BRCA genetic testing	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy) 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
Cochlear implants and other auditory implants 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
Cosmetic and reconstructive 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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Cosmetic and reconstructive (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966
<p>Durable medical equipment (DME): more than \$500 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&B Medical Supply Co, Inc., is the preferred vendor at 800-737-0045.</p>	A9999 E0266 E0328 E0460 E0471 E0638 E0651 E0668 E0700 E0947 E1002 E1006 E1010 E1161 E1232 E1236 E2100 E2301 E2321 E2329 E2351 E2376 E2599 E8001 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857	E0193 E0277 E0329 E0465 E0483 E0641 E0652 E0669 E0710 E0948 E1003 E1007 E1011 E1229 E1233 E1237 E2204 E2310 E2325 E2330 E2370 E2510 E2616 E8002 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858	E0194 E0302 E0445 E0466 E0636 E0642 E0656 E0670 E0766 E0984 E1004 E1008 E1018 E1230 E1234 E1238 E2230 E2311 E2327 E2331 E2373 E2511 E2626 K0005 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859	E0265 E0304 E0457 E0470 E0637 E0650 E0667 E0673 E0784* E0986 E1005 E1009 E1030 E1231 E1235 E1239 E2300 E2312 E2328 E2343 E2375 E2512 E8000 K0007 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860

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Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0861 K0862 K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 K0898 S1040 V5274
Durable medical equipment (DME) – catheter supplies	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 800-737-0045 .
Durable medical equipment (DME) – diabetic supplies to include external insulin pumps	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 800-737-0045 .
Durable medical equipment (DME) – electric breast pumps	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 800-737-0045 .
Durable medical equipment (DME) – incontinence supplies	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 800-737-0045 .
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4035 B4036 B4102 B4149 B4150 B4152 B4153 B4155 B4158 B4159 B4160 B4161 B9000 B9002 B9998
Experimental and investigational	Prior authorization required	0191T 33477 36514 54240 55866 61863 61864 61867 61868 61886 62264 62290 62291 62292 64555 64722 66180 95965 95966 95967 95978 S2102
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914 29915 29916
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31254 31255 31256 31267 31276 31287 31288
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156 G0162 G0299 G0300 G0493 G0494 G0495 G0496 S9122 S9123 S9124 S9474 T1021 T1030 T1031
Injectable medications	Prior authorization required	Acthar® J0800 Botox® J0585 J0586 J0587 J0588 Cinqair® J2786 IVIG

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		90283 J1557 J1568 J1599	90284 J1559 J1569	J1459 J1561 J1572	J1556 J1566 J1575
		Lemtrada® J0202			
		Makena® J1725 J2675			
		Nucala® J2182			
		Probuphine® J0570			
		Synagis®* 90378			
		Unclassified** J3490 J3590			
		Xolair®* J2357			
		*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
		**For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.			
Joint replacement 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
Non-emergent ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21248	21127 21145 21151 21160 21195 21206 21215 21245 21249

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		21255	21296	21299	
<p>Orthotics and prosthetics: more than \$500 Orthotics and prosthetic 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 member's home</p>	L0112 L0464 L0486 L0632 L0638 L1000 L1499 L1720 L1834 L1846 L1970 L2030 L2038 L2128 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3720 L3904 L4020 L5050 L5150 L5220 L5280 L5331 L5510 L5540 L5590 L5611 L5640 L5648 L5682 L5702 L5707 L5724 L5812 L5824 L5845 L5976 L5982 L6000	L0170 L0480 L0624 L0634 L0640 L1005 L1680 L1730 L1840 L1860 L2000 L2034 L2060 L2136 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3730 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5520 L5560 L5595 L5613 L5642 L5653 L5683 L5703 L5716 L5726 L5816 L5828 L5962 L5979 L5984 L6010	L0456 L0482 L0629 L0636 L0700 L1200 L1700 L1755 L1844 L1945 L2010 L2036 L2106 L2350 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3740 L4000 L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5570 L5600 L5616 L5644 L5673 L5700 L5705 L5718 L5728 L5818 L5830 L5964 L5980 L5990 L6020	L0462 L0484 L0631 L0637 L0710 L1300 L1710 L1832 L1845 L1950 L2020 L2037 L2108 L2510 L3000 L3203 L3212 L3216 L3222 L3252 L3674 L3900 L4010 L5020 L5105 L5210 L5270 L5321 L5505 L5535 L5580 L5610 L5639 L5646 L5681 L5701 L5706 L5722 L5780 L5822 L5840 L5966 L5981 L5999 L6050

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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	L7499
		L8499	L8500	V2623	V2627
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	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
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	36468	36473	36475	36478
		37700	37718	37722	37780
Wound vac	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
Centers for Medicare & Medicaid Services (CMS) inpatient only procedures	<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 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 C.</p>	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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

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Chemotherapy (cont'd)		<p>For prior authorization, please submit requests online by using 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. Or, call 866-889-8054.</p>																																																												
Colony stimulating factor drugs	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p>Injectable colony stimulating factor drugs that require prior authorization:</p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <p>To submit a prior authorization online request for colony stimulating factor drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p>																																																												
In-home services	<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>																																																													
Transplants	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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>	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		
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<p>Ventricular assist devices (VAD) 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 855-282-8929.</p> <table data-bbox="1052 569 1490 665"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</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>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
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