

Advance Notification Requirements for Michigan Effective October 1, 2016



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:

- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Prior Authorization and Notification application 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.

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	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		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	69717
		69718	69930	L8615	L8616
		L8617	L8618	L8619	L8627
		L8628	L8691	L8692	L8693
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
		21182	21183	21184	21230

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>		21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	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>	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 K0800 K0807 K0822 K0826 K0830 K0838 K0842	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 K0801 K0808 K0823 K0827 K0831 K0839 K0843	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 K0802 K0812 K0824 K0828 K0836 K0840 K0848	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 K0806 K0821 K0825 K0829 K0837 K0841 K0849

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		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
		K0898	V5274		
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	S1040	S2102	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0160	G0161	G0162
		G0163	G0164	G0299	G0300
		S9122	S9123	S9124	S9127
		S9128	S9129	S9131	S9474
		T1021	T1030	T1031	
Injectable medications	Prior authorization required	Acthar J0800			
		Botox J0585 J0586 J0587 J0588			
		IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599			
		Makena J1725 J2675			
		Synagis*			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		90378 Xolair* J2357 *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21122	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
		30465			
Orthotics and prosthetics: more than \$500 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	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
		L0488	L0491	L0624	L0629
		L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L1000
		L1005	L1200	L1300	L1499
		L1680	L1690	L1700	L1710
		L1720	L1730	L1755	L1832
		L1834	L1840	L1843	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2114	L2116	L2128
		L2136	L2350	L2510	L2627
		L2628	L2999	L3000	L3010

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>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</p>		L3020 L3203 L3212 L3216 L3222 L3252 L3674 L3900 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5510 L5540 L5590 L5611 L5640 L5648 L5681 L5701 L5706 L5722 L5780 L5822 L5840 L5966 L5981 L5999 L6050 L6130 L6350 L6550 L6692 L6696 L6709 L6714 L6885 L7499 V2623	L3160 L3204 L3213 L3217 L3230 L3253 L3720 L3904 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5520 L5560 L5595 L5613 L5642 L5653 L5682 L5702 L5707 L5724 L5812 L5824 L5845 L5976 L5982 L6000 L6100 L6200 L6400 L6570 L6693 L6697 L6711 L6881 L6895 L8499 V2627	L3201 L3206 L3214 L3219 L3250 L3265 L3730 L3960 L4010 L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5570 L5600 L5616 L5644 L5673 L5683 L5703 L5716 L5726 L5816 L5828 L5962 L5979 L5984 L6010 L6110 L6250 L6450 L6623 L6694 L6707 L6712 L6883 L6935 L8500	L3202 L3207 L3215 L3221 L3251 L3649 L3740 L3962 L4020 L5020 L5105 L5210 L5270 L5321 L5505 L5535 L5580 L5610 L5639 L5646 L5679 L5700 L5705 L5718 L5728 L5818 L5830 L5964 L5980 L5990 L6020 L6120 L6300 L6500 L6646 L6695 L6708 L6713 L6884 L7186 L8605

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 30435	30410 30450	30420 30460	30430 30462
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 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64570	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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 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
Behavioral health services	Prior authorization required Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.
Centers for Medicare & Medicaid Services (CMS) inpatient only procedures	Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable based according to CMS Outpatient Prospective Payment System guidelines. 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.	
Chemotherapy	Prior authorization 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), 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 <p>To submit a prior authorization online request</p>

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Chemotherapy (cont'd)		for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.																																																													
Transplants	Prior authorization required	<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 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>38207</td> <td>38208</td> <td>38209</td> </tr> <tr> <td>38210</td> <td>38212</td> <td>38213</td> <td>38214</td> </tr> <tr> <td>38215</td> <td>38232</td> <td>38240</td> <td>38241</td> </tr> <tr> <td>38242</td> <td>44132</td> <td>44133</td> <td>44135</td> </tr> <tr> <td>44136</td> <td>44137</td> <td>44715</td> <td>44720</td> </tr> <tr> <td>44721</td> <td>47133</td> <td>47135</td> <td>47140</td> </tr> <tr> <td>47141</td> <td>47142</td> <td>47143</td> <td>47144</td> </tr> <tr> <td>47145</td> <td>47146</td> <td>47147</td> <td>48551</td> </tr> <tr> <td>48552</td> <td>48554</td> <td>50300</td> <td>50320</td> </tr> <tr> <td>50323</td> <td>50325</td> <td>50340</td> <td>50360</td> </tr> <tr> <td>50365</td> <td>50370</td> <td>50380</td> <td>50547</td> </tr> <tr> <td>S2060</td> <td>S2061</td> <td>S2152</td> <td></td> </tr> </table>		32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	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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Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Prior authorization required	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>		33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																
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