

Advance Notification Requirements for Michigan Effective January 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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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
		21182	21183	21184	21230
		21235	21256	21260	21261

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>		21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21267 21282 21743 30560 67902 67908 67914 67921 67950	21268 21295 28344 30620 67903 67909 67915 67922 67961	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 E0328 E0460 E0471 E0637 E0650 E0667 E0673 E0947 E1002 E1006 E1010 E1161 E1232 E1236 E2100 E2301 E2321 E2329 E2351 E2376 E2599 E8001 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864	E0193 E0277 E0329 E0465 E0483 E0638 E0651 E0668 E0700 E0948 E1003 E1007 E1011 E1229 E1233 E1237 E2204 E2310 E2325 E2330 E2370 E2510 E2616 E8002 K0606 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868	E0194 E0302 E0445 E0466 E0601 E0641 E0652 E0669 E0710 E0984 E1004 E1008 E1018 E1230 E1234 E1238 E2230 E2311 E2327 E2331 E2373 E2511 E2626 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869	E0265 E0304 E0457 E0470 E0636 E0642 E0656 E0670 E0784 E0986 E1005 E1009 E1030 E1231 E1235 E1239 E2300 E2312 E2328 E2343 E2375 E2512 E8000 K0007 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870

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		K0871 K0880 K0890	K0877 K0884 K0891	K0878 K0885 K0898	K0879 K0886 V5274
Enteral services 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
Experimental and investigational	Prior authorization required	0191T 55866 61868 62291 66180 95978	33477 61863 61886 62292 95965 S1040	36514 61864 62264 64555 95966 S2102	54240 61867 62290 64722 95967
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156 G0299 S9124 T1031	G0162 G0300 S9474	G0163 S9122 T1021	G0164 S9123 T1030
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* 90378 Xolair* J2357 *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Joint replacement Joint, total hip and knee replacement	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	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	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	L1832
		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	L2999	L3000
		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	L3999	L4000	L4010		
L4020	L4631	L5010	L5020		
L5050	L5060	L5100	L5105		
L5150	L5160	L5200	L5210		

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		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	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	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
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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
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		
		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 37718	36475 37722	36478 37780	37700
		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	<p>Prior authorization required</p> <p>Behavioral health services through a designated behavioral health network</p>	<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>
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 based 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	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (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 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.</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>	

Additional Advance Notification and Prior Authorization Programs																																																															
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																													
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>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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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>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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