

# Advance Notification Requirements for Michigan Effective May 1, 2016



## General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Michigan, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Medicaid, Children’s Special Health Care Services (CSHCS) and Healthy Michigan Plan (HMP):  
**Phone:** 800-903-5253 // **Fax:** 855-255-9847
- **Online:** [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com)
- All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization. The exceptions are orthopedic and obstetrical physician services and 23-hour observations.

*The use of the Universal Referral Form (URF) does not constitute authorization by UnitedHealthcare Community Plan. UnitedHealthcare Community Plan does not need to be notified for in-network referrals. Use of the URF is at the discretion of the primary care physician (PCP).*

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Abortion (pregnancy termination)		59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery	Inpatient and outpatient bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20975	E0747	E0748	
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69717 L8616 L8621 L8627 L8693	69718 L8617 L8622 L8628	69930 L8618 L8623 L8691	L8615 L8619 L8624 L8692

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes				
<b>Cosmetic and reconstructive</b>	Advance notification required for inpatient and outpatient cosmetic and reconstructive services	11960	11971	15820	15821	
		15822	15823	15830	15847	
		17106	17107	17108	17999	
		21137	21138	21139	21172	
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	21175	21179	21180	21181	
		21182	21183	21184	21230	
		21235	21256	21260	21261	
		21263	21267	21268	21275	
		21280	21282	21295	21740	
		21742	21743	28344	30540	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	30545	30560	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>	Prosthetics are not DME ( <i>see Prosthetics and Orthotics</i> )	A9999	E0193	E0194	E0265
			E0266	E0274	E0277	E0296
DME codes listed with a retail purchase or rental cost of more than \$500 – outpatient only		E0297	E0302	E0304	E0328	
		E0329	E0445	E0457	E0460	
		E0465	E0466	E0470	E0471	
		E0483	E0601	E0636	E0637	
		E0638	E0641	E0642	E0650	
		E0651	E0652	E0656	E0666	
		E0667	E0668	E0669	E0670	
		E0671	E0672	E0673	E0700	
		E0710	E0784	E0947	E0948	
		E0984	E0986	E1002	E1003	
Some home health care services may qualify but are not subject to the cost threshold ( <i>see Home Health Care Services</i> ).		E1004	E1005	E1006	E1007	
		E1008	E1009	E1010	E1011	
		E1018	E1030	E1161	E1226	
		E1229	E1230	E1231	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1239	E2100	
		E2204	E2230	E2300	E2301	
		E2310	E2311	E2312	E2321	
		E2325	E2327	E2328	E2329	
		E2330	E2331	E2343	E2351	
		E2370	E2373	E2375	E2376	
		E2510	E2511	E2512	E2599	
		E2614	E2616	E2620	E2621	
		E2626	E8000	E8001	E8002	
K0005		K0007	K0108	K0606		
K0609		K0800	K0801	K0802		
K0806		K0807	K0808	K0812		
K0821		K0822	K0823	K0824		
K0825		K0826	K0827	K0828		
K0829		K0830	K0831	K0836		

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<b>Durable medical equipment (DME): more than \$500 (cont'd.)</b>	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p> <p>DME codes listed with a retail purchase or rental cost of more than \$500 – outpatient only</p> <p>Some home health care services may qualify but are not subject to the cost threshold (see <i>Home Health Care Services</i>).</p>	K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 V5274	K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890
<b>Enteral services</b>	In home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4149 B4154 B4159 B9000	B4035 B4150 B4155 B4160 B9002	B4036 B4152 B4157 B4161 B9998	B4102 B4153 B4158 B4162
<b>Experimental and investigational</b>		33477 61863 61886 62292 95250 95967 S1040	36514 61864 62264 64555 95251 95978 S2102	54240 61867 62290 64722 95965 96002	55866 61868 62291 66180 95966 0191T
<b>Femoroacetabular impingement syndrome (FAI)</b>		29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
<b>Home health services</b>	Prior authorization is required.				
<b>Services provided in the home</b>	<p>Prior authorization is required.</p> <p>All professional/ancillary services performed in a home setting with the exception of Sleep Studies.</p>				

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications</b>	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair	<b>Acthar</b> J0800			
		<b>Botox</b> J0585	J0586	J0587	J0588
		<b>IVIG</b> 90283	90284	J1459	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>Makena</b> J1725	J2675		
		<b>Synagis*</b> 90378			
		<b>Xolair*</b> J2357			
<b>Joint replacement</b>	Outpatient and inpatient joint and total hip and knee replacement procedures	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		
<b>Non-emergent ambulance transport</b>	Non-emergent air ambulance transport requires prior auth.  Non-emergent ground ambulance transport does NOT require prior authorization although UHC utilizes the State of Michigan's Non-Emergent AMB guidelines. Your claim will be reviewed on the back end to see if it meets the non-emergency transport guidelines. All non-emergency claims should include the appropriate documentation when submitting the claim.	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Treatment of maxillofacial (jaw) functional impairment	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

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd.)		30465			
Orthotics/prosthetics: more than \$500	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500	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 L3020 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 L3960 L3962 L3999 L4000 L4010 L4020 L4030 L4631 L5000 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 L5611 L5613 L5616 L5639 L5640 L5642 L5644 L5646 L5648 L5653 L5673 L5679 L5681 L5682 L5683 L5700 L5701 L5702 L5703 L5705 L5706 L5707 L5716 L5718 L5722 L5724 L5726 L5728 L5780			

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<b>Orthotics/prosthetics: more than \$500 (cont'd.)</b>	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500	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	L6646	L6692	L6693
		L6694	L6695	L6696	L6697
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6881
		L6883	L6884	L6885	L6895
		L6935	L7186	L7499	L8499
		L8605	V2623	V2627	
<b>Rhinoplasty</b>	Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
<b>Sinuplasty</b>		31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b>	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	42145	41599
<b>Spinal stimulator for pain management</b>	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
<b>Spinal surgery</b>	Inpatient and outpatient spinal surgeries	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	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

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd.)		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	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	36468 36475 36478 37700 37718 37722 37780
Wound vac		E2402

### Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	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.
Inpatient services		<ul style="list-style-type: none"> <li>Notification only: Routine Obstetrics (OB)/Deliveries – Participating and Nonparticipating Providers</li> <li>Elective Inpatient Admissions</li> <li>Acute Inpatient Rehabilitation</li> <li>Skilled Nursing Facility (SNF), transitional and sub-acute care</li> <li>OB and newborn confinements exceeding two day length of stay (LOS) for Vaginal and four day LOS for Cesarean.</li> <li>All Neonatal Intensive Care (NICU) admissions (including newborns, regardless of LOS)</li> </ul>

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**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																																																								
<b>Out-of-network services</b>	Referral to a health care provider who is not contracted with UnitedHealthcare	All out-of-network services require prior authorization.																																																																																								
<b>Transplants</b>		<p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.</p> <table border="0"> <tr><td>32851</td><td>32852</td><td>32853</td><td>32854</td></tr> <tr><td>32855</td><td>32856</td><td>33226</td><td>33933</td></tr> <tr><td>33935</td><td>33944</td><td>33945</td><td>38205</td></tr> <tr><td>38206</td><td>38207</td><td>38208</td><td>38209</td></tr> <tr><td>38210</td><td>38211</td><td>38212</td><td>38213</td></tr> <tr><td>38214</td><td>38215</td><td>38230</td><td>38232</td></tr> <tr><td>38240</td><td>38241</td><td>38242</td><td>44010</td></tr> <tr><td>44015</td><td>44020</td><td>44021</td><td>44025</td></tr> <tr><td>44050</td><td>44055</td><td>44100</td><td>44110</td></tr> <tr><td>44111</td><td>44120</td><td>44121</td><td>44125</td></tr> <tr><td>44126</td><td>44127</td><td>44128</td><td>44130</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>47136</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>48160</td></tr> <tr><td>48550</td><td>48551</td><td>48552</td><td>48554</td></tr> <tr><td>48556</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50327</td><td>50328</td><td>50329</td></tr> <tr><td>50340</td><td>50360</td><td>50365</td><td>50370</td></tr> <tr><td>50380</td><td>50547</td><td>54680</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2103</td><td>S2152</td><td></td></tr> </table>	32851	32852	32853	32854	32855	32856	33226	33933	33935	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	S2060	S2061	S2103	S2152	
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<b>Ventricular assist devices</b>	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	<p>Fax OptumHealth at <b>877-814-0488</b> or call the notification number on the back of the member's ID card.</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>Q0507</td><td>Q0508</td></tr> <tr><td>Q0509</td><td></td><td></td><td></td></tr> </table>	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																																															
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<b>Centers for Medicare &amp; Medicaid Services (CMS) inpatient only procedures</b>	<p>Services determined by CMS to be inpatient only that are performed as outpatient procedures are not payable based on its Outpatient Prospective Payment System guidelines. These procedures must be requested as inpatient.</p> <p>Please visit: <a href="http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html">http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html</a> for a list of "Inpatient Only" codes (Addendum B, Status Indicator C).</p>																																																																																									

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