

Prior Authorization Requirements for Ohio

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Ohio 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:** 800-366-7304
- **Fax:** 866-839-6454; fax form is available at **UHCommunityPlan.com** > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Fax Request.

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	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Abortion – pregnancy termination	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
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	20979	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 other than following mastectomy	Prior authorization required	19316	19318	19328	19330
		19340	19342	19350	19357
		19361	19364	19366	19367
		19368	19369	19370	19371
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio®) Q5101 Filgrastim (Neupogen®) J1442 Pegfilgrastim (Neulasta®) J2505 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447			

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		Bone-modifying agent that requires prior authorization: Denosumab J0897 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 .			
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 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 .			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930	69714	69715	69718
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	11971 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies. For more information please visit UHCCommunityPlan.com > For Health Care Professionals > Ohio > Bulletins > Incontinence Supplier Change for UnitedHealthcare Community Plan Members.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 .			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0194	E0445	E0457	E0460
		E0466	E0483	E0669	E0700
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1161	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E2322
		E2325	E2327	E2329	E2373
		E2510	E2511	E2599	K0005
		K0108	S1040		
Durable medical equipment (DME) – regardless of billed amount	Prior authorization required only in outpatient settings, to include member's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1239	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4150
		B4152	B4153	B4155	B4159
		B4160	B4161	B9002	B9998
Experimental and investigational	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	66180	95978
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58150	58180	58260	58262
		58290	58291	58541	58542
		58543	58544	58550	58552
58553	58554	58570	58571		
58572	58573	58661	58720		
58940	64856	64892	64896		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300		
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Injectable medications	Prior authorization required	Acthar[®]			
		J0800			
		Botox[®]			
		J0585	J0586	J0587	J0588
		Brineura[™]			
		C9014			
		Cerezyme[®]			
		J1786			
		Cinqair[®]			
		J2786			
		ElELYso[®]			
		J3060			
		Exondys 51[™]			
		J1428			
		Fasenra[™]			
C9466					
Ilaris[®]					
J0638					
IVIG					
90284	J1459	J1555	J1556		
J1557	J1559	J1561	J1566		
J1568	J1569	J1572	J1575		
J1599					
Lemtrada[®]					
J0202					
Nucala[®]					
J2182					
Ocrevus[™]					
J2350					
Probuphine[®]					
J0570					
Radicava[®]					
C9493					
Soliris[®]					
J1300					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Spinraza™			
		J2326			
		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Unclassified**			
		C9399	J3490	J3590	
		Xolair®*			
		J2357			
		<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 & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</p> <p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra, Luxturna™, Radicava, Sublocade™ and Trogarzo™.</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
			A0430	A0431	A0435
Non-emergent air ambulance transport	Prior authorization required				
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1970
		L2000	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3674	L3720	L3730	L3740
		L3764	L3900	L3901	L3971
		L4000	L4010	L4020	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5510
		L5535	L5540	L5560	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5646	L5648	L5651	L5653
		L5661	L5682	L5702	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5857	L5930	L5950
		L5960	L5964	L5966	L5976
		L5979	L5980	L5981	L5982
		L5984	L5987	L5988	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6500
		L6550	L6570	L6623	L6686
		L6687	L6689	L6690	L6692
L6693	L6704	L6707	L6708		
L6709	L6900	L6905	L6910		
L6915					
Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
Private duty nursing	Prior authorization required	T1000	T1001		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 . For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Ohio > Radiology > CPT Code List .			
Respite services	Prior authorization required	H0045	S5150	S5151	
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	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of 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
		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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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	64553	64570	
Transplants	Prior authorization required	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 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		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		
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:			
		38206	38999	J3490	J9999
		S2107	Q2040	Q2041	
Vagus nerve stimulation	Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist devices (VAD)	Prior authorization required	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 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow					
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509