

**Prior Authorization Requirements for  
UnitedHealthcare Connected for MyCareOhio  
(Medicare – Medicaid plan)  
Effective January 1, 2018**



**General Information**

This list contains prior authorization review requirements for UnitedHealthcare Connected for MyCareOhio (Medicare – Medicaid plan) 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 UHCCommunityPlan.com > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Forms > Prior Authorization Fax Request

**Prior authorization is not required for emergency or urgent care.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
<b>Cochlear and other auditory implants</b> 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 69718 92602 L8619 V5273	69711 69799 92603 L8690	69714 69930 92604 L8691	69715 92601 L8614 L8692
<b>Cosmetic and reconstructive</b> 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	11920 11951 11971 15781 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184 21260 21268	11921 11952 15775 15782 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230 21261 21270	11922 11954 15776 15783 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235 21263 21275	11950 11960 15780 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183 21256 21267 21299

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<b>Cosmetic and reconstructive (cont'd)</b>		21740	21742	21743	28344	30120	30540	30545	30560	30620	31295	31296	31297	40500	67900	67901	67902	67903	67904	67906	67908	67909	67912	67950	67961	67966	69090	69300	69320	Q2026	Q2027	Q2202	S2202																																										
<b>Durable medical equipment (DME) – incontinence supplies</b>	<p>Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.</p> <p>For more information please visit <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; For Health Care Professionals &gt; Ohio &gt; Bulletins &gt; Incontinence Supplier Change for UnitedHealthcare Community Plan Members.</p>	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b> .																																																																									
<b>Durable medical equipment (DME): regardless of billed amount</b>	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0650	E0655	E0660	E0665	E1230	E1239	E2310	E2311	E2321	K0800	K0801	K0802	K0806	K0808	K0812	K0813	K0814	K0815	K0816	K0820	K0821	K0822	K0823	K0824	K0825	K0826	K0827	K0828	K0829	K0830	K0831	K0835	K0836	K0837	K0838	K0839	K0840	K0841	K0842	K0843	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	K0898	K0899
<b>Durable medical equipment (DME): more than \$1,000</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	A9280	A9900	A9999	B9999	E0170	E0193	E0194	E0203	E0231	E0246	E0277	E0300	E0302	E0304	E0316	E0328	E0329	E0350	E0373	E0459	E0462	E0465	E0466	E0483	E0603	E0616	E0617	E0618	E0635	E0636	E0638	E0639	E0640	E0642	E0651	E0652	E0656	E0666	E0667	E0668																																		

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<p><b>Durable medical equipment (DME): more than \$1,000 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		E0669 E0673 E0694 E0745 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 E1805 E1815 E1840 E2325 E2330 E2502 E2510 K0007 K0044 K0051 K0073 K0455 K0744 L0464 L3999 L5535 L6382 Q0481	E0670 E0675 E0700 E0746 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1800 E1810 E1818 E2227 E2327 E2376 E2504 E2511 K0020 K0046 K0056 K0098 K0609 K0745 L1000 L5000 L5585 L6384 Q0482	E0671 E0692 E0710 E0761 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 E1801 E1811 E1825 E2312 E2328 E2402 E2506 E2512 K0037 K0047 K0065 K0105 K0730 K0746 L1005 L5400 L5999 Q0479 Q0483	E0672 E0693 E0740 E0762 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 E1802 E1812 E1830 E2322 E2329 E2500 E2508 K0005 K0039 K0050 K0072 K0108 K0743 L0462 L2136 L5420 L6380 Q0480 Q0484

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<b>Durable medical equipment (DME): more than \$1,000 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		Q0489 S1040	Q0495 T1999	Q0496 T5999	Q0503 V2786
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
<b>Experimental or investigational</b>	Prior authorization required	0019T	0030T	0054T	0055T
		0085T	0100T	0101T	0102T
		0103T	0106T	0107T	0108T
		0109T	0110T	0111T	0123T
		0124T	0172T	0173T	0174T
		0175T	0181T	0183T	0186T
		0190T	0191T	0192T	0198T
		0199T	0200T	0201T	0205T
		0206T	0207T	0213T	0214T
		0215T	0216T	0217T	0218T
		0223T	0224T	0225T	0230T
		0231T	0233T	0239T	0243T
		0244T	0250T	0251T	0252T
		0253T	0256T	0257T	0258T
		0259T	0263T	0264T	0265T
		0266T	0267T	0268T	0269T
		0270T	0271T	0272T	0273T
		0274T	0275T	0276T	0277T
		0281T	0282T	0283T	0284T
		0285T	0286T	0287T	0288T
		0291T	0292T	0293T	0294T
		0299T	0300T	0301T	20985
		22505	22867	22869	25259
		27275	27860	28446	29880
		31634	33477	37204	37210
		43257	53855	53860	54240
		55840	55866	58353	58356
		58563	61863	61864	61867
		61868	61886	62263	62264
		62290	62291	62292	64566
		64595	64722	64744	65765
		65767	66180	78351	82523
		85547	90867	90868	90869
		91117	91132	91133	93668
		94011	94012	94013	95250
		95251	95905	95965	95966
		95967	95978	96000	96001
		96003	96004	96902	99174
		A4575	A4638	A6000	A9274

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Experimental or investigational (cont'd)		A9276	A9277	A9278	E0446	E1831	G0295	G0329	G0341	G0342	G0343	G9147	M0076	P2031	P2033	P2038	S0810	S1030	S1031	S2102	S2300	S2325	S3652	S3890	S3902	S9001	S9025	S9055	S9349	S9988	S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916																														
Gender dysphoria treatment	Prior authorization required	55970	55980			These <b>surgical codes</b> with the following <b>DX codes</b> :				<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>	<b>F64.9</b>	<b>Z87.890</b>																			
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267	58270	58275	58280	58290	58291	58292	58293	58294																					
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541	58542	58543	58544	58550	58552	58553	58554	58570	58571	58572	58573																		
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361	24362	24363	26340	27120	27122	27125	27130	27132	27134	27137	27138	27412	27445	27446	27447	27486	27487	29866	29867	29868	G0428	J7330	S2112						
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436																													

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<b>Non-emergent air ambulance transports</b>	Prior authorization required	A0140	A0424		
<b>Orthognathic surgery</b>	Prior authorization required	21120	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	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255		
<b>Orthotics: more than \$1,000</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140	L0150	L0170
		L0200	L0220	L0430	L0452
		L0466	L0468	L0480	L0482
		L0484	L0486	L0622	L0623
		L0624	L0629	L0631	L0632
		L0634	L0636	L0638	L0700
		L0710	L0810	L0820	L0830
		L0859	L0999	L1001	L1200
		L1300	L1310	L1499	L1630
		L1640	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1834	L1844	L1846	L1904
		L1920	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2040	L2050
		L2060	L2070	L2080	L2090
		L2126	L2128	L2232	L2320
		L2387	L2520	L2525	L2526
		L2627	L2628	L2800	L2861
		L3020	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3208	L3209	L3211	L3212
		L3213	L3214	L3215	L3250
		L3251	L3252	L3253	L3254
		L3255	L3257	L3265	L3320
		L3485	L3649	L3674	L3720
		L3764	L3765	L3766	L3891
		L3900	L3901	L3904	L3921
		L3956	L3961	L3967	L3971
		L3973	L3975	L3976	L3977
		L3978	L4000	L4030	L4040
		L4045	L4050	L4055	L4631
<b>Potentially unproven services</b>	Prior authorization required	28890	36514	64405	64555

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Private duty nursing	Prior authorization required	T1000	T1001		
<b>Prosthetics: more than \$1,000</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968 L5980 L5990 L6025 L6100 L6200 L6310 L6370 L6550 L6584 L6621 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L7499 L8042 L8499	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973 L5981 L6000 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8035 L8043 L8505	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5976 L5987 L6010 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6638 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8039 L8044 L8604	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5979 L5988 L6020 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8041 L8049 L8609

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<b>Prosthetics: more than \$1,000 (cont'd)</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L8629 V2627	L8631	L8659	L8699
<b>Respite care</b>	Prior authorization required	S5150	S5151		
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450 30520	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512 S2080	41599	42145
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22110 22206 22212 22222 22527 22548 22556 22595 22614 22634 22808 22819 22842 22846 22850 22856 22864 63001 63012 63020 63042 63046 63051 63060 63076 63082 63088 63102 63173	22101 22112 22207 22214 22224 22532 22551 22558 22600 22630 22800 22810 22830 22843 22847 22851 22857 22865 63003 63015 63030 63043 63047 63055 63064 63077 63085 63090 63103 63180	22102 22114 22208 22216 22226 22533 22552 22585 22610 22632 22802 22812 22840 22844 22848 22852 22861 22899 63005 63016 63035 63044 63048 63056 63066 63078 63086 63091 63170 63182	22103 22116 22210 22220 22526 22534 22554 22590 22612 22633 22804 22818 22841 22845 22849 22855 22862 62287 63011 63017 63040 63045 63050 63057 63075 63081 63087 63101 63172 63185



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<b>Spinal surgery (cont'd)</b>		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		64553	64570	64633	64634
		0092T	0095T	0098T	0163T
		0164T	0165T	0195T	0196T
		0202T	0219T	0220T	0221T
		0222T	0232T	S2348	
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	61888	64568	64569
		64573	C1767	C1778	L8681
		L8689			
<b>Vein procedures</b> 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	36469	36476	36479	37735
		37785			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	Prior authorization required  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 health plan ID card when referring for mental health and substance abuse/substance use services.
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UnitedHealthcareOnline.com</b> > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
Radiology (cont'd)		Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.																																																																				
Transplants	Prior authorization required	<p>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 <b>800-418-4994</b> 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>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>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> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</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	47136	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		38206	38999	J3490	J9999	M0075	S2107		
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	47136	47140																																																																			
47141	47142	47143	47144																																																																			
47145	47146	47147	48551																																																																			
48552	48554	50300	50320																																																																			
50323	50325	50340	50360																																																																			
50365	50370	50380	50547																																																																			
S2060	S2061	S2152																																																																				
38206	38999	J3490	J9999																																																																			
M0075	S2107																																																																					
<p><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>	Prior authorization required	<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 <b>855-282-8929</b>.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td></td><td></td><td></td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983																																																											
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