

Prior Authorization Requirements for UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Connected for MyCare Ohio (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 **UHCommunityPlan.com** > For Health Care Professionals > Ohio > Provider Forms > Prior Authorization Fax Request.

Prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
Breast reconstruction (non-mastectomy) 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
Cochlear 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 69718 92602 L8619	69711 69799 92603 L8690	69714 69930 92604 V5273	69715 92601 L8614
Cosmetic and reconstructive 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	11921 11952 15775 15782 15789 15820 15824 15829 15834 15838 15878	11922 11954 15776 15783 15792 15821 15825 15830 15835 15839 15879	11950 11960 15780 15787 15793 15822 15826 15832 15836 15847 17106

CPT® is a registered trademark of the American Medical Association.

Doc#: PCA-1-010463-04182018_05172018

© 2018 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont'd)		17107	17108	17380	17999
		19300	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21270	21275	21299
		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
	Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies. For more information please visit UHCommunityPlan.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 .		
Durable medical equipment (DME): regardless of billed amount	Prior authorization required only in outpatient settings, to include member'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				
Durable medical equipment (DME): more than \$1,000 DME 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 Prosthetics are not DME – see <i>Prosthetics</i> .	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	E0639	E0640

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		E0651	E0652	E0656	E0666
		E0667	E0668	E0669	E0670
		E0671	E0672	E0673	E0675
		E0692	E0693	E0694	E0700
		E0710	E0740	E0745	E0746
		E0761	E0762	E0764	E0770
		E0782	E0783	E0784	E0785
		E0786	E0830	E0970	E0983
		E0984	E0986	E0988	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1011	E1017	E1018	E1020
		E1029	E1030	E1035	E1036
		E1037	E1050	E1070	E1084
		E1085	E1086	E1087	E1089
		E1100	E1110	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1222	E1224
		E1227	E1228	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1270
		E1280	E1295	E1296	E1297
		E1298	E1310	E1399	E1500
		E1510	E1520	E1530	E1540
		E1550	E1560	E1575	E1580
		E1590	E1592	E1594	E1600
		E1615	E1620	E1625	E1630
		E1632	E1634	E1635	E1636
		E1637	E1639	E1699	E1800
		E1801	E1802	E1805	E1810
		E1811	E1812	E1815	E1818
		E1825	E1830	E1840	E2227
		E2312	E2322	E2325	E2327
		E2328	E2329	E2330	E2376
		E2402	E2500	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	K0005	K0007	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098
		K0105	K0108	K0455	K0609
	K0730	K0743	K0744	K0745	
	K0746	L0462	L0464	L1000	
	L1005	L2136	L3999	L5000	
	L5400	L5420	L5535	L5585	
	L5999	L6380	L6382	L6384	
	Q0479	Q0480	Q0481	Q0482	
	Q0483	Q0484	Q0489	Q0495	
	Q0496	Q0503	S1040	T1999	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		T5999	V2786		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
Experimental or investigational	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	28890
		29880	31634	33477	36514
		37204	37210	43257	53855
		53860	54240	55840	55866
		58353	58356	58563	61850
		61863	61864	61867	61868
		61886	62263	62264	62290
		62291	62292	64405	64555
		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	A9276	A9277	A9278
		E0446	E1831	G0295	G0329
		G0341	G0342	G0343	G9147

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (cont'd)		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 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	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		56625	56800	56805	57106
		57110	57291	57292	57295
		57296	57335	57426	58661
		58720	58940	64856	64892
		64896	92507	92508	
Hysterectomy – inpatient only	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	Radicava® C9493			
		Spinraza™ J2326			
		Unclassified codes* C9399 J3490 J3590			
* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Luxturna™ and Radicava.					
Joint replacement	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement procedures		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		G0428	J7330	S2112	
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent air ambulance transports	Prior authorization required	A0140	A0424		
Orthognathic surgery	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		
Orthotics: more than \$1,000 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
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000	T1001		
Prosthetics: more than \$1,000 Prosthetic codes listed with a retail	Prior authorization required only in outpatient settings, to include	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics: more than \$1,000 (cont'd)	member's home	L5200	L5210	L5220	L5230
purchase or cumulative rental cost of more than \$1,000		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6025	L6026	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6646
		L6648	L6693	L6696	L6697
		L6707	L6709	L6712	L6713
		L6714	L6715	L6721	L6722
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7260	L7261
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8631	L8659	L8699
		V2627			
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to</p>			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)		<p>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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Ohio > Radiology > CPT Code List.</p>			
Respite care	Prior authorization required	S5150	S5151		
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299	S2080		
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	22100	22101	22102	22103
		22110	22112	22114	22116
		22206	22207	22208	22210
		22212	22214	22216	22220
		22222	22224	22226	22526
		22527	22532	22533	22534
		22548	22551	22552	22554
		22556	22558	22585	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22851	22852	22855
		22856	22857	22861	22862
		22864	22865	22899	62287
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63035	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63060	63064	63066	63075
		63076	63077	63078	63081
		63082	63085	63086	63087
		63088	63090	63091	63101
		63102	63103	63170	63172
		63173	63180	63182	63185
		63190	63191	63194	63195

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		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	
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	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	
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:			
		38206	38999	J3490	J9999
		Q2040	Q2041	S2107	
Vagus nerve stimulation	Prior authorization required	61885	61888	64568	64569
Implantation of a device that sends electrical impulses into one of the cranial nerves		64573	C1767	C1778	L8681
		L8689			
Vein procedures	Prior authorization required	36469	36476	36479	37735
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37785			
Ventricular assist devices	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					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (cont'd)		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			