

# Prior Authorization Requirements for Ohio Effective April 1, 2017



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Ohio 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](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 800-366-7304
- **Fax:** 866-839-6454; fax form is available at [UHCCommunityPlan.com](http://UHCCommunityPlan.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	Current Procedural Terminology (CPT) Codes			
<b>Abortion – pregnancy termination</b>	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19340 19361 19368	19318 19342 19364 19369	19328 19350 19366 19370	19330 19357 19367 19371
<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 69930	69714	69715	69718
<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	11960 17107 21138 21179 21183 21256 21267 21282 21743	11971 17108 21139 21180 21184 21260 21268 21295 28344	15847 17999 21172 21181 21230 21261 21275 21740 30540	17106 21137 21175 21182 21235 21263 21280 21742 30545

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive (cont'd)</b>		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> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	E0193	E0194	E0277	E0302
		E0304	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0472	E0483
		E0601	E0638	E0650	E0651
		E0667	E0668	E0669	E0700
		E0766	E0784	E0947	E0948
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1018
		E1030	E1161	E1230	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1300
		E2204	E2310	E2311	E2321
		E2322	E2325	E2327	E2328
		E2329	E2330	E2343	E2373
		E2510	E2511	E2512	E2599
		E2616	E8000	E8001	E8002
		K0005	K0007	K0011	K0014
		K0108	K0730		
<b>Enteral services</b> 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
<b>Experimental and investigational</b>	Prior authorization required	33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	66180
		95965	95966	95967	95978
		S1040			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		F64.0	F64.1	F64.2	F64.8

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gender dysphoria treatment (cont'd)		F64.9	Z87.890		
		15734	14000	14001	14020
		14021	14041	14302	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	
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0154	G0156	G0299	G0300
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	<b>Botox</b> J0585      J0586      J0587      J0588  <b>Cerezyme</b> J1786  <b>Cinqair</b> J2786  <b>Elelyso</b> J3060  <b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599  <b>Nucala</b> J2182  <b>Probuphine</b> J0570  <b>Synagis*</b> 90378  <b>Unclassified Codes**</b> J3490      J3590			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		<b>Xolair*</b> J2357  *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b> .  **For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	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	J7330	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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
<b>Orthotics and prosthetics: more than \$500</b> 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	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2525	L2526	L2627
		L2628	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3215	L3216	L3217
		L3219	L3221	L3222	L3230
		L3251	L3252	L3253	L3674

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L3720 L3764 L4000 L5010 L5100 L5200 L5250 L5331 L5510 L5580 L5600 L5614 L5642 L5647 L5653 L5682 L5702 L5716 L5728 L5812 L5822 L5830 L5930 L5964 L5980 L5986 L6010 L6100 L6200 L6310 L6370 L6550 L6687 L6693 L6709 L6915	L3730 L3900 L4010 L5020 L5105 L5210 L5280 L5341 L5535 L5585 L5610 L5616 L5643 L5648 L5661 L5683 L5705 L5718 L5790 L5814 L5824 L5840 L5950 L5966 L5981 L5987 L6020 L6110 L6205 L6320 L6400 L6570 L6689 L6704 L6900 L8035	L3740 L3901 L4020 L5050 L5150 L5220 L5301 L5400 L5540 L5590 L5611 L5639 L5645 L5649 L5673 L5700 L5706 L5722 L5795 L5816 L5826 L5845 L5960 L5976 L5982 L5988 L6050 L6120 L6250 L6350 L6450 L6623 L6690 L6707 L6905 L8500	L3763 L3971 L4631 L5060 L5160 L5230 L5321 L5420 L5560 L5595 L5613 L5640 L5646 L5651 L5681 L5701 L5707 L5724 L5811 L5818 L5828 L5857 L5962 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6500 L6686 L6692 L6708 L6910 V2623 V2627
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<b>Respite services</b>	Prior authorization required	H0045	S5150	S5151	
<p><b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	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	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
		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	
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
<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	36473	36475	36478	37700
		37718	37722	37780	

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																								
<p><b>Chemotherapy</b></p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>																								
<p><b>Out-of-network services</b> A referral to a health care provider who is not contracted with UnitedHealthcare</p>	<p>Prior authorization required for out-of-network services</p>																									
<p><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 at <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCommunityPlan.com">UHCommunityPlan.com</a> &gt; For Health Care Professionals &gt; Ohio &gt; Radiology &gt; CPT Code List.</p>																								
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant services, 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 ID card.</p> <table border="0" data-bbox="1055 1722 1494 1932"> <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> </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
32850	32851	32852	32853																							
32854	32855	32856	33930																							
33933	33935	33940	33944																							
33945	38208	38209	38210																							
38212	38213	38214	38215																							
38232	38240	38241	38242																							

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>		44132 44137 47133 47142 47146 48554 50325 50370 S2061	44133 44715 47135 47143 47147 50300 50340 50380 S2152	44135 44720 47140 47144 48551 50320 50360 50547	44136 44721 47141 47145 48552 50323 50365 S2060
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 <b>855-282-8929</b> .  0051T    0052T    0053T    33975 33976    33979    33981    33982 33983    Q0507    Q0508    Q0509			