

Prior Authorization Requirements for Ohio Effective July 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 > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 800-366-7304
- **Fax:** 866-839-6454; fax form is available at 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			
Abortion – pregnancy termination	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
Bariatric surgery 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) 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
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 69930	69714	69715	69718
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	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			
Cosmetic and reconstructive (cont'd)		30560 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961	67900 67904 67911 67916 67923 67966	67901 67906 67912 67917 67924 Q2026
Durable medical equipment (DME) – incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.</p> <p>For more information please visit UHCCommunityPlan.com > For Health Care Professionals > Ohio > Bulletins > Incontinence Supplier Change for UnitedHealthcare Community Plan Members.</p>	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008 .			
<p>Durable medical equipment (DME) – more than \$500</p> <p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	E0193 E0304 E0457 E0470 E0601 E0651 E0700 E0948 E1003 E1007 E1018 E1232 E1236 E2204 E2328 E2373 E2599 E8002 K0014	E0194 E0328 E0460 E0471 E0638 E0667 E0766 E0984 E1004 E1008 E1030 E1233 E1237 E2322 E2329 E2510 E2616 K0005 K0108	E0277 E0329 E0465 E0472 E0642 E0668 E0784 E0986 E1005 E1009 E1161 E1234 E1238 E2325 E2330 E2511 E8000 K0007 K0730	E0302 E0445 E0466 E0483 E0650 E0669 E0947 E1002 E1006 E1010 E1231 E1235 E1300 E2327 E2343 E2512 E8001 K0011
Durable medical equipment (DME) – regardless of billed amount	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	E1230 E2311 K0802 K0813 K0820 K0824 K0828 K0835 K0839 K0843 K0851 K0855	E1239 E2321 K0806 K0814 K0821 K0825 K0829 K0836 K0840 K0848 K0852 K0856	E1310 K0800 K0808 K0815 K0822 K0826 K0830 K0837 K0841 K0849 K0853 K0857	E2310 K0801 K0812 K0816 K0823 K0827 K0831 K0838 K0842 K0850 K0854 K0858

Prior authorization Requirements for Ohio
Effective July 1, 2017

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME) – regardless of billed amount (cont'd)		K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
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	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	66180
		95965	95966	95967	95978
		S1040			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	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	14020	14021
		14040	14041	14060	14301
		14302	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		
Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0154	G0156	G0299	G0300
Hospice	Prior authorization required	T2042	T2043	T2044	T2045

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications	Prior authorization required	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Elelyso® J3060</p> <p>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Synagis®* 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair®* J2357</p> <p><i>*Please obtain prior notification for Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</i></p> <p><i>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.</i></p>
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	<p>23470 23472 23473 23474</p> <p>24360 24361 24362 24363</p> <p>24370 24371 27120 27122</p> <p>27125 27130 27132 27134</p> <p>27137 27138 27412 27446</p> <p>27447 27486 27487 29866</p> <p>29867 29868 J7330</p>
Non-emergent air ambulance transport	Prior authorization required	<p>A0430 A0431 A0435 A0436</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249 30465
Orthotics and prosthetics – more than \$500 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 patient's home	L0170 L0486 L0634 L0710 L1200 L1685 L1832 L1845 L1970 L2030 L2038 L2126 L2510 L2628 L3202 L3207 L3219 L3251 L3720 L3764 L4000 L5010 L5100 L5200 L5250 L5331 L5510 L5580 L5600 L5614 L5642 L5647 L5653 L5682 L5702 L5716 L5728	L0480 L0629 L0636 L0810 L1300 L1720 L1834 L1846 L2000 L2034 L2060 L2128 L2525 L3000 L3203 L3215 L3221 L3252 L3730 L3900 L4010 L5020 L5105 L5210 L5280 L5341 L5535 L5585 L5610 L5616 L5643 L5648 L5661 L5683 L5705 L5718 L5790	L0482 L0631 L0640 L0859 L1310 L1730 L1840 L1860 L2010 L2036 L2106 L2136 L2526 L3160 L3204 L3216 L3222 L3253 L3740 L3901 L4020 L5050 L5150 L5220 L5301 L5400 L5540 L5590 L5611 L5639 L5645 L5649 L5673 L5700 L5706 L5722 L5795	L0484 L0632 L0700 L1000 L1680 L1755 L1844 L1945 L2020 L2037 L2108 L2350 L2627 L3201 L3206 L3217 L3230 L3674 L3763 L3971 L4631 L5060 L5160 L5230 L5321 L5420 L5560 L5595 L5613 L5640 L5646 L5651 L5681 L5701 L5707 L5724 L5811

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
Orthotics and prosthetics – more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L5812	L5814	L5816	L5818		
		L5822	L5824	L5826	L5828		
		L5830	L5840	L5845	L5857		
		L5930	L5950	L5960	L5962		
		L5964	L5966	L5976	L5979		
		L5980	L5981	L5982	L5984		
		L5986	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	L8035	L8500	V2623		
		V2627					
		Private duty nursing	Prior authorization required	T1000	T1001		
		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
Respite services	Prior authorization required	H0045	S5150	S5151			
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430		
		30435	30450	30460	30462		
Sinuplasty	Prior authorization required	31295	31296	31297			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating 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		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	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	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
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <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 <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com ></p>

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Chemotherapy (cont'd)		Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.																																																												
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																																																													
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and 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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, 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>																																																												
Transplants	Prior authorization required	<p>For transplant services, 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.</p> <table border="0" data-bbox="1055 1354 1502 1890"> <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>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</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	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		
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																																																													

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<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 855-282-8929.</p> <table data-bbox="1068 569 1500 659"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
0051T	0052T	0053T	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											