

Prior Authorization Requirements for Ohio Effective October 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:** 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 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 UHCommunityPlan.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 E0638 E0667 E0766 E0984 E1004 E1008 E1030 E1233 E1237 E2322 E2329 E2510 E2616 K0005 K0108	E0194 E0328 E0460 E0471 E0642 E0668 E0784 E0986 E1005 E1009 E1161 E1234 E1238 E2325 E2330 E2511 E8000 K0007 K0730	E0277 E0329 E0465 E0472 E0650 E0669 E0947 E1002 E1006 E1010 E1231 E1235 E1300 E2327 E2343 E2512 E8001 K0011	E0302 E0445 E0466 E0483 E0651 E0700 E0948 E1003 E1007 E1018 E1232 E1236 E2204 E2328 E2373 E2599 E8002 K0014
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

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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
		S1040			
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
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	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	14040	14041
		14060	14301	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
Injectable medications	Prior authorization required	Acthar® J0800			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd)		Botox® J0585 J0586 J0587 J0588
		Cerezyme® J1786
		Cinqair® J2786
		Ellelyso® J3060
		Exondys 51™ C948 4
		IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599
		Lemtrada® J0202
		Nucala® J2182
		Probuphine® J0570
		Soliris® J1300
		Spinraza™ C948 9
		Synagis®* 90378
		Unclassified** J3490 J3590
		Xolair®* J2357
<p>*Please obtain prior notification for Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</p>		
<p>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.</p>		

**Prior authorization Requirements for Ohio
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Joint replacement 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	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery 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	
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	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
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3971
		L4000	L4010	L4020	L4631
		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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>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</p>		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 V2627	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	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	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
<p>Private duty nursing</p>	Prior authorization required	T1000	T1001		
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<p>Respite services</p>	Prior authorization required	H0045	S5150	S5151	
<p>Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<p>Sinuplasty</p>	Prior authorization required	31295	31296	31297	
<p>Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>	Prior authorization required	21685	41599	42145	
<p>Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management</p>	Prior authorization required	63650	63655	63685	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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
		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	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

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p>Chemotherapy (cont'd)</p>		<p>have a Q code</p> <ul style="list-style-type: none"> 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>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.</p>
<p>Colony stimulating factor drugs</p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> J1442 filgrastim (Neupogen®) J1447 tbo-filgrastim (Granix®) J2505 pegfilgrastim (Neulasta®) J2820 sargramostim (Leukine®) Q5101 filgrastim, bio similar (Zarxio®) <p>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.</p>
<p>Out-of-network services 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>Radiology</p>	<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 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.</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>

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<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"> <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		
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<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 border="0"> <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																																																
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