

Prior Authorization Requirements for District of Columbia LTSS

Effective October 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan Surest health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- Online: Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- Phone: Call 888-702-2202
- Fax: 866-968-7582. The fax form is available at [Prior Authorization Forms](#).

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Acupuncture	Prior authorization required	97813	97814		
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43842			
Cochlear implants 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	L8692			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of less than \$500.	E0221 E1130 E1290	E0638 E1140	E1086 E1250	E1090 E1260
Durable medical equipment (DME) Greater than \$500	Prior authorization required only for the code listed with a retail purchase or a cumulative rental cost of more than \$500.	E0194 E0483 E0694 E1005 E1010	E0304 E0636 E0986 E1007 E1035	E0465 E0692 E1002 E1008 E1399	E0466 E0693 E1004 E1009 E2298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) Greater than \$500 (cont.)		E2510	K0108	E1230	K0801
		K0806	K0808	K0800	K0836
		K0837	K0838	K0835	K0840
		K0841	K0843	K0839	K0849
		K0850	K0851	K0848	K0854
		K0855	K0856	K0852	K0858
		K0859	K0860	K0857	K0862
		K0863	K0864	K0861	T1999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
Experimental & investigational	Prior authorization required	65765	65767		
Gender dysphoria treatment	Prior authorization required				
Home health care	Prior authorization required	T1502			
Non emergency transportation	Prior authorization required	A0430	A0431	A0435	A0436
Private duty nursing (PDN)	Prior authorization required	T1000 T1004	T1001	T1002	T1003
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 <p>Nuclear medicine and nuclear cardiology procedures</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit http://uhcprovider.com/DCcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			