

Prior Authorization Requirements for District of Columbia LTSS

Effective Apr. 1, 2024

Overview

This list contains prior authorization requirements for care providers who provide inpatient and outpatient services to UnitedHealthcare Community Plan members in District of Columbia Medicaid. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on the 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 tile on your Provider Portal dashboard.
- **Phone:** Call 888-350-5608

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	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 E8002	E0638 E1140 E2300	E1086 E1250 E8000	E1090 E1260 E8001
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.	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care	Prior authorization required	S9123	S9124	T1502	
Non emergency transportation	Prior authorization required	A0431	A4030	A0435	A0436
Private duty nursing (PDN)	Prior authorization required	T1000 T1004	T1001	T1002	T1003

Radiology

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans

Nuclear medicine and nuclear cardiology procedures

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

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