

Prior authorization requirements for Michigan Medicaid, Healthy Michigan Plan (HMP) and Children's Special Health Care Services (CSHCS)

Effective July 1, 2023

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Michigan 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 tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call **800-903-5253**
- **Fax:** 855-225-9847 – A fax form is available at UHCprovider.com/MIcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms

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. Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975			
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast, except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	
Cancer Supportive Care	No prior authorization required				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		DX Not Req PA			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular (cont.)		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines.

For a list of inpatient-only codes, please visit [cms.gov](https://www.cms.gov) > Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D.

Chemotherapy No prior authorization required



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8691	69714 L8692	69930	L8619
Continuous glucose monitor	Prior authorization required with type 2 and gestational diabetes diagnosis	A4238 A9278	A4239 E2102	A9276 E2103	A9277
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 14061* 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020* 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021* 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14041 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
<i>*will NOT require prior auth when billed with skin cancer diagnoses</i>					
Durable Medical Equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME — see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold — see <i>Home health care</i> . *J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.	A9900 E0277 E0465 E0483 E0641 E0669 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2301 E2327 E2373 E2599	E0194 E0328 E0466 E0636 E0642 E0670 E0784* E1003 E1007 E1030 E1232 E1236 E2100 E2310 E2329 E2510 E2626	E0265 E0329 E0470 E0637 E0652 E0700 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2311 E2331 E2511 E8000	E0266 E0457 E0471 E0638 E0656 E0710 E0986 E1005 E1009 E1229 E1234 E1238 E2300 E2325 E2351 E2512 E8001

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		E8002	K0005	K0108	K0606
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	K1024	K1025	K1030
		K1031	K1032	K1033	S1040
	V5274				
Durable medical equipment (DME) – catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request catheter supplies, please call J&B Medical Supply at 800-737-0045 .			
Durable medical equipment (DME) – diabetic supplies to include external insulin pumps	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at 800-737-0045 .			
Durable medical equipment (DME) – electric breast pumps	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at 800-737-0045 .			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045 .			
Durable medical equipment (DME) – Respiratory supplies	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667 .			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4149 B4155 B4161	B4035 B4150 B4158 B9002	B4036 B4152 B4159 B9998	B4102 B4153 B4160
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 66180	36514 S2102	55866	64722
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
		81164	81165	81166	81167	
		81168	81170	81171	81172	
		81173	81174	81175	81176	
		81177	81178	81179	81180	
		81181	81182	81183	81184	
		81185	81186	81187	81188	
		81189	81190	81191	81192	
	Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81193	81194	81200	81201	
		81203	81204	81205	81208	
		81209	81212	81216	81218	
		81222	81223	81225	81226	
		Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81228	81229	81230	81231
			81232	81233	81234	81236
			81237	81238	81239	81240
			81241	81242	81243	81244
			81245	81250	81251	81252
			81253	81254	81255	81256
	81257		81258	81259	81260	
	81261		81262	81263	81264	
	81265		81266	81267	81268	
	81269		81271	81272	81273	
	81274	81276	81276	81277		
	81278	81279	81284	81285		
	81286	81289	81290	81291		
	81292	81294	81295	81297		
	81298	81300	81305	81306		
	81307	81309	81310	81312		
	81312	81314	81315	81316		
	81317	81318	81319	81320		
	81321	81322	81323	81327		
	81329	81330	81331	81332		
	81333	81336	81337	81338		
	81339	81340	81341	81342		
	81343	81344	81345	81346		
	81347	81348	81351	81352		
	81353	81357	81360	81361		
	81362	81363	81364	81370		
81371	81372	81373	81375			
81376	81377	81378	81379			
81380	81381	81382	81383			
81400	81401	81402	81403			
81404	81405	81406	81407			
81408	81415	81416	81417			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		81419	81420	81479	81507
		81518	81519	81520	81521
		81522	81546	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0040U	0046U	0049U
		0055U	0060U	0068U	0111U
		0129U	0136U	0137U	
Home health care	Prior authorization required For services rendered by a Home Health Agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following:			
		G0300	G0493	G0494	G0495
		G0496			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
In-home services	Prior authorization required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME (refer to the DME section above) and sleep studies	All Michigan Medicaid allowable codes			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Acthar®			
		J0800			
		Aldurazyme®			
		J1931			
		Apretude™			
		J0739			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola™			
		Q5121			
Benlysta					
J0490					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)

Berinerit®				
J0597				
Botulinum toxins				
J0585	J0586	J0587	J0588	
Brineura™				
J0567				
Cerezyme®				
J1786				
Cimerli®				
Q5128				
Cimzia®				
J0717				
Cinqair®				
J2786				
Cinryze®				
J0598				
Cryvista®				
J0584				
Cutaquig®				
J1551				
Elaprase®				
J1743				
Elelyso™				
J3060				
Enjaymo®				
J1302				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents				
J0885				
Evenity™				
J3111				
Fabrazyme®				
J0180				
Fasenra™				
J0517				
Feraheme®				
Q0138				
Fensolvi®				
J1951				
Firmagon®				
J9155				
Fynetra®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)

		Q5130			
		Gamifant®			
		J9210			
		Glassia®			
		J0257			
		Givlaari®			
		J0223			
		Hemgenix®			
		J1411			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lanreotide™			
		J1932			
		Lemtrada®			
		J0202			
		Leqvio®			
		J1306			
		Lumizyme®			
		J0221			
		Lupron Depot®			
		J1950			
		Lupron Depot, Eligard®			
		J9217			
		Makena®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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Injectable medications (cont.)

J1726	J1729	J2675		
Mepsevii®				
J3397				
Naglazyme®				
J1458				
Nexviazyme™				
J0219				
Nplate®				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				
Octreotide Acetate				
J2354				
Onpatro™				
J0222				
Orencia®				
J0129				
Panzyga®				
J1576				
Parsabiv™				
J0606				
Probuphine®				
J0570				
Prolia®				
J0897				
Radicava®				
J1301				
Reblozyl®				
J0896				
Remicade®				
J1745				
Renflexis®				
Q5104				
Revcovi®				
J3590				
Riabni®				
Q5123				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)

Rolvedon®				
J1449				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim™				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo™				
J0491				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				
Stelara®				
J3358				
Stimufend®				
Q5127				
Sunlenca®				
J1961				
Supprelin® LA				
J9226				
Synagis®				
90378				
Tepezza®				
J3241				
Tezspire®				
J2356				
Therapeutic radiopharmaceuticals**				
A9513	A9590	A9606	A9607	
A9699				
Trelstar®				
J3315				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)

Triptodur®

J3316

Trogarzo™

J1746

Truxima®

Q5115

Tzield®

J9381

Ultomiris™

J1303

Unclassified and temporary codes

C9399 J3490 J3590

Intravitreal Vascular Endothelial Growth Factor (VEGF)

J0178 J0179 J2777 J2778

J2779 Q5124

Vyvgart™

J9332

White blood cell colony stimulating factors

J1442 J1447 J2506 Q5101

Q5108 Q5110 Q5111 Q5120

Q5122

Xembify®

J1558

Xolair®

J2357

Zoladex®

J9202

Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications Policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Please obtain prior notification for Cimzia and Synagis through OptumRx prior notifications services at **800-310-6826**.

** For prior authorization, please submit requests online by using 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 tool on your Provider Portal dashboard. Or call **888-397-8129**.

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		27486 29868	27487	29866	29867
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
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
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638 L1000 L1499 L1720 L1832 L1845 L1950 L2020 L2037 L2108 L2627 L3649 L3740 L4000 L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5570 L5600 L5639 L5646 L5682 L5703	L0170 L0480 L0624 L0634 L0640 L1005 L1680 L1730 L1834 L1846 L1970 L2030 L2038 L2136 L2628 L3674 L3900 L4010 L5020 L5105 L5210 L5270 L5321 L5505 L5535 L5580 L5610 L5640 L5648 L5683 L5705	L0456 L0482 L0629 L0636 L0700 L1200 L1700 L1755 L1840 L1860 L2000 L2034 L2060 L2350 L3230 L3720 L3904 L4020 L5050 L5150 L5220 L5280 L5331 L5510 L5540 L5590 L5613 L5642 L5653 L5700 L5706	L0462 L0484 L0631 L0637 L0710 L1300 L1710 L1820 L1844 L1945 L2010 L2036 L2106 L2510 L3265 L3730 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5520 L5560 L5595 L5616 L5644 L5673 L5702 L5716

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5718	L5722	L5724	L5726
		L5728	L5780	L5812	L5816
		L5818	L5822	L5824	L5828
		L5830	L5845	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5990
		L5999	L6000	L6010	L6020
		L6050	L6100	L6110	L6120
		L6130	L6200	L6250	L6300
		L6350	L6400	L6450	L6500
		L6550	L6570	L6623	L6646
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6883	L6884
		L6885	L6895	L6935	L7186
	L8499				
Outpatient therapy	<p>Prior authorization is required for any services above and beyond the benefit maximum:</p> <ul style="list-style-type: none"> • 144 units per calendar year for physical therapy • 144 units per calendar year for occupational therapy • 36 visits for speech therapies per calendar year • Providers may call or fax: <ul style="list-style-type: none"> – Phone: 800-903-5253 – Fax: 855-225-9847 <p>Speech therapy is not a covered benefit if being provided to meet developmental milestones.</p>				
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022	37243 53852	52441 55866	52442 55873	53850 55874
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
Rhinoplasty and septoplasty Treatment of nasal functional impairment	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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and septal deviation

Shoulder surgery	Prior authorization required	Musculoskeletal			
		23470	23472	23473	23474
		29805	29820	29806	29807
		29819	29822	29823	29824
		29825	29826	29827	29828

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)	Auditory system			
		69205			
		Cardiovascular system			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		ENT procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Female genital system			
57240	57250	57461	57520		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS)
– outpatient hospital
(cont.)

	58561	58562		
	Gynecologic procedures			
	57522	58353	58558	58563
	58565			
	Hemic and lymphatic systems			
	38500	38510	38525	
	Hernia repair			
	49505	49585	49587	49650
	49651	49652	49653	49654
	49655			
	Integumentary system			
	10121	11440	11450	11624
	11770	13121	15100	15120
	15240	19020	19120	19125
	Liver biopsy			
	47000			
	Male genital system			
	54840			
	Miscellaneous			
	20680			
	Musculoskeletal system			
	20552	20553	21012	21013
	21336	21554	21555	21556
	21930	22514*	22902	22903
	23071	23075	24071	27327
	27337	27632	28035	28039
	28041	28060	28080	28090
	28104	28110	28118	28119
	28124	28285	28289	28292
	28296	28297	28298	28299
	29835	29840	29845	29846
	29848	29861	29875	29876
	29877	29879	29880	29881
	29882	29888	29893	G0260
	Nervous system			
	64561	64640		
	Ophthalmologic			
	65426	65730	65855	66170
	66761	67028	67036	67040
	67228	67311	67312	
	Respiratory system			
	30802	30930	31525	31535
	31536	31541	31624	

* For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under Spinal surgery service category. Site of Service will also apply

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper gastrointestinal endoscopy			
		43235	43239	43249	
		Urinary system			
		52276	52287	52320	52344
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		

Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	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	22865	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	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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63308

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64555	64568	64570	64590

Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		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	50547	S2060	S2061	
			S2152			
			CAR T-cell therapy:			
			0537T	0538T	0539T	0540T
			J9999	Q2056		
			*Code 38232 will only require prior authorization for an oncology diagnosis.			

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	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		

Ventricular assist services (VAD) A mechanical pump that takes over the function of the damaged ventricle of	Prior authorization required	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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
the heart and restores normal blood flow		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			