

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

Effective June 1, 2024

## 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](https://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](https://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			
<b>Abortion</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b>	Prior authorization required	20975			
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	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	
<b>Cancer Supportive Care</b>	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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<b>Cardiovascular (cont.)</b>		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			
<b>Cochlear implants and other auditory implants</b> 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
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 and gestational diabetes diagnosis	A4238 A9278	A4239 E2102	A9276 E2103	A9277
<b>Cosmetic and Reconstructive</b> 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>					
<b>Durable Medical Equipment (DME)</b>	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 <b>800-737-0045</b> .	A9900 E0277 E0465 E0483 E0641 E0669 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2310 E2329 E2510 E2626	E0194 E0328 E0466 E0636 E0642 E0670 E0784* E1003 E1007 E1030 E1232 E1236 E2100 E2311 E2331 E2511 E8000	E0265 E0329 E0470 E0637 E0652 E0700 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2325 E2351 E2512 E8001	E0266 E0457 E0471 E0638 E0656 E0710 E0986 E1005 E1009 E1229 E1234 E1238 E2301 E2327 E2373 E2599 E8002

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME) (cont.)</b>		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	
<b>Durable medical equipment (DME) – catheter supplies</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – diabetic supplies to include external insulin pumps</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – electric breast pumps</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – incontinence supplies</b>	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 <b>800-737-0045</b> .			
<b>Durable medical equipment (DME) – Respiratory supplies</b>	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 <b>888-246-7667</b> .			
<b>Enteral services</b> 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
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477 S2102	36514	64722	66180
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic and</b>	Prior authorization is required	81162	81163	81164	81228

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>molecular testing to include BRCA gene testing</b>	for genetic and molecular testing performed in an outpatient setting. 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.  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.	81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81415
		81416	81417	81420	81479
		81507	81518	81519	81520
		81521	81522	81546	81599
		87505	87506	87507	0055U
		0060U	0111U	0129U	
		<b>Home health care</b>			
		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:		
	G0299	G0300	G0493	G0494	
	G0495	G0496			
<b>Hysterectomy</b>					
Prior authorization required	58150	58152	58180	58260	
	58262	58263	58267	58270	
	58290	58291	58292	58542	
	58543	58544	58550	58552	
	58553	58570	58571	58572	
	58573				
<b>In-home services</b>					
Prior authorization required	All Michigan Medicaid allowable codes				
	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				
<b>Injectable medications</b>					
Prior authorization required	<b>Actemra®</b>				
	J3262				
	<b>Adakvec®</b>				
	J0791				
	<b>Aduhelm®</b>				
	J0172				
	<b>Acthar®</b>				

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

J0801				
<b>Aldurazyme®</b>				
J1931				
<b>Amvuttra®</b>				
J0225				
<b>Aralast NP, Prolastin-C, Zemaira</b>				
J0256				
<b>Avsola™</b>				
Q5121				
<b>Benlysta</b>				
J0490				
<b>Berinert®</b>				
J0597				
<b>Botulinum toxins</b>				
J0585	J0586	J0587	J0588	
<b>Brineura™</b>				
J0567				
<b>Cerezyme®</b>				
J1786				
<b>Cimerli®</b>				
Q5128				
<b>Cimzia®</b>				
J0717				
<b>Cinqair®</b>				
J2786				
<b>Cinryze®</b>				
J0598				
<b>Cortrophin Gel®</b>				
J0802				
<b>Cryvista®</b>				
J0584				
<b>Cutaquig®</b>				
J1551				
<b>Elaprase®</b>				
J1743				
<b>Elelyso™</b>				
J3060				
<b>Enjaymo®</b>				
J1302				
<b>Entyvio®</b>				
J3380				
<b>Evenity™</b>				
J3111				

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

<b>Eylea HD®</b>				
J0177				
<b>Fabrazyme®</b>				
J0180				
<b>Fasenra™</b>				
J0517				
<b>Feraheme®</b>				
Q0138				
<b>Fensolvi®</b>				
J1951				
<b>Firmagon®</b>				
J9155				
<b>Fynetra®</b>				
Q5130				
<b>Gamifant®</b>				
J9210				
<b>Glassia®</b>				
J0257				
<b>Givlaari®</b>				
J0223				
<b>Hemgenix®</b>				
J1411				
<b>Ilaris®</b>				
J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				



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

<b>Lanreotide™</b>				
J1932				
<b>Lemtrada®</b>				
J0202				
<b>Leqvio®</b>				
J1306				
<b>Lumizyme®</b>				
J0221				
<b>Lupron Depot®</b>				
J1950				
<b>Lupron Depot, Eligard®</b>				
J9217				
<b>Makena®</b>				
J1726	J1729		J2675	
<b>Mepsevii®</b>				
J3397				
<b>Naglazyme®</b>				
J1458				
<b>Nexviazyme™</b>				
J0219				
<b>Nplate®</b>				
J2796				
<b>Nucala®</b>				
J2182				
<b>Ocrevus™</b>				
J2350				
<b>Octreotide Acetate</b>				
J2354				
<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Panzyga®</b>				
J1576				
<b>Parsabiv™</b>				
J0606				
<b>Prolia®</b>				
J0897				
<b>Radicava®</b>				
J1301				
<b>Reblozyl®</b>				
J0896				
<b>Remicade®</b>				

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

J1745				
<b>Renflexis®</b>				
Q5104				
<b>Revcovi®</b>				
J3590				
<b>Riabni®</b>				
Q5123				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Rolvedon®</b>				
J1449				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Ryplazim™</b>				
J2998				
<b>Sandostatin® LAR</b>				
J2353				
<b>Saphnelo™</b>				
J0491				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Skyrizi®</b>				
J2327				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				
J1300				
<b>Somatuline® Depot</b>				
J1930				
<b>Spevigo®</b>				
J1747				
<b>Stelara®</b>				
J3358				
<b>Stimufend®</b>				
Q5127				

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

<b>Supprelin® LA</b>				
J9226				
<b>Synagis®</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Tezspire®</b>				
J2356				
<b>Therapeutic radiopharmaceuticals**</b>				
A9513	A9590	A9606	A9607	
A9699				
<b>Trelstar®</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Truxima®</b>				
Q5115				
<b>Tzield®</b>				
J9381				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified and temporary codes*</b>				
C9157	C9162	C9166	C9399	
J3490	J3590			
<b>Intravitreal Vascular Endothelial Growth Factor (VEGF)</b>				
J0178	J0179	J2777	J2778	
J2779	Q5124			
<b>Vyvgart™</b>				
J9332				
<b>White blood cell colony stimulating factors</b>				
J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120	
Q5122				
<b>Xembify®</b>				
J1558				
<b>Xenpozyme™</b>				
J0218				
<b>Xolair®</b>				
J2357				
<b>Zoladex®</b>				
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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the drugs on the list. The Review at Launch for New to Market Medications Policy is available at [UHCprovider.com](http://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 unclassified and temporary codes C9157, C9166, C9399, J3490 and J3590, prior authorization is only required Cosentyx IV, Elfabrio, Qalsody,

\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://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**.

<b>Joint replacement</b> 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
		27486	27487	29866	29867
		29868			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L2108	L2136	L2350	L2510
		L2627	L2628	L3230	L3265
		L3649	L3674	L3720	L3730
		L3740	L3900	L3904	L3999
		L4000	L4010	L4020	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5590	L5595
		L5600	L5610	L5613	L5616
		L5639	L5640	L5642	L5644
		L5646	L5648	L5653	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		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**

Prior authorization is required for any services above and beyond the benefit maximum:

- 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:
  - Phone: 800-903-5253

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	– Fax: 855-225-9847 Speech therapy is not a covered benefit if being provided to meet developmental milestones.				
<b>Potentially Unproven Services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization is required for dates of service on or after April 1, 2022	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal</b> 23470 29805 29819 29825	23472 29820 29822 29826	23473 29806 29823 29827	23474 29807 29824 29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	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)	<b>Auditory system</b> 69205 <b>Cardiovascular system</b> 36590 <b>Carpal tunnel surgery</b> 64721 <b>Cataract surgery</b> 66821 66988 <b>Colonoscopy</b> 45378 <b>Cosmetic and reconstructive</b> 13101 14301 <b>Digestive system</b> 42415 43237 43246	36832 66982 45380 13132 21552 42440 43238 43247	66984 66987 45384 14040 21931 43200 43242 43248	66987 45385 14060 43236 43245 43251

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		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	
		<b>ENT procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and ocular adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Female genital system</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
	58565				
	<b>Hemic and lymphatic systems</b>				
	38500	38510	38525		
	<b>Hernia repair</b>				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	<b>Integumentary system</b>				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	<b>Liver biopsy</b>				
	47000				
	<b>Male genital system</b>				
	54840				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal system</b>				
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		28124	28285	28289	28292
		28296	28297	28298	28299
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		* 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			
		<b>Nervous system</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory system</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urinary system</b>			
		52276	52287	52320	52344
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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22804	22808	22810	22812
22818	22819	22830	22849
22850	22852	22855	22856
22861	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	63308	

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

<b>Transplants</b>	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 <b>888-936-7246</b> 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			
		<b>CAR T-cell therapy:</b>			
		0537T	0538T	0539T	0540T



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9999	Q2056		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<b>Vein procedures</b> 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	37765	37766
		37780			
<b>Ventricular assist services (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			