

# Prior Authorization Requirements for UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

Effective Jan. 1, 2023

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan) for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://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.
- **Phone: 800-600-9007**

**Prior authorization is not required for emergency or urgent care.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization required	81163 81212	81164 81215	81165 81216	81166 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19355 19367 19371	19318 19340 19357 19368 19380	19325 19342 19361 19369 19396	19328 19350 19364 19370 L8600
<b>Cardiovascular</b>	Prior authorization required	<b>Cardiology</b> 33285      93580      E0616			
<b>Cartilage Implants</b>	Prior authorization required	27415	27416		
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural	Prior authorization required	69710 69930 92604 V5273	69711 92601 L8614	69714 92602 L8619	69799 92603 L8690

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
deafness achieve conversational speech					
<b>Continuous Glucose Monitor</b>	Prior authorization required	A4226 A9278	A4239 E0787	A9276	A9277
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11920 11951 11971 14061 15780 15787 15793	11921 11952 14020 14301 15781 15788 15819	11922 11954 14021 15775 15782 15789 15820	11950 11960 14060 15776 15783 15792 15821
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15822 15826 15832 15836 15847 17106 17999 21179 21183 21256 21267 21299 28344 30560 31297 67900 67904 67912 69090 S2202	15823 15828 15833 15837 15877 17107 19300 21180 21184 21260 21268 21740 30120 30620 31298 67901 67906 67950 69300	15824 15829 15834 15838 15878 17108 21172 21181 21230 21261 21270 21742 30540 31295 31299 67902 67908 67961 69320	15825 15830 15835 15839 15879 17380 21175 21182 21235 21263 21275 21743 30545 31296 40500 67903 67909 67966 Q2026
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b> .			
<b>Durable medical equipment (DME)</b>	Prior authorization required	Prior authorization required <b>regardless of billed amount:</b>			
		E0466 E2310 E2609 K0802 K0813 K0820 K0824 K0828 K0835 K0839	E0766 E2311 E2617 K0806 K0814 K0821 K0825 K0829 K0836 K0840	E1230 E2321 K0800 K0808 K0815 K0822 K0826 K0830 K0837 K0841	E1239 E2510 K0801 K0812 K0816 K0823 K0827 K0831 K0838 K0842

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	K0843	K0848	K0849	K0850	
	K0851	K0852	K0853	K0854	
	K0855	K0856	K0857	K0858	
	K0859	K0860	K0861	K0862	
	K0863	K0864	K0869	K0870	
	K0871	K0877	K0878	K0879	
	K0880	K0884	K0885	K0886	
	K0890	K0891	K0898	K0899	
Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:					
A9900	A9280	A9999	B9999		
E0170	E0193	E0194	E0203		
E0231	E0246	E0277	E0300		
E0302	E0304	E0316	E0328		
E0329	E0350	E0373	E0459		
E0462	E0465	E0483	E0603		
E0617	E0618	E0635	E0636		
E0639	E0640	E0670	E0692		
E0693	E0694	E0700	E0710		
E0740	E0745	E0746	E0761		
E0762	E0764	E0770	E0782		
E0783	E0784	E0785	E0786		
E0830	E0970	E0983	E0984		
E0986	E0988	E1002	E1003		
E1004	E1005	E1006	E1007		
E1008	E1009	E1010	E1011		
E1017	E1018	E1020	E1029		
E1030	E1035	E1036	E1037		
E1050	E1070	E1084	E1085		
E1086	E1087	E1089	E1100		
E1110	E1161	E1170	E1171		
E1172	E1180	E1190	E1195		
E1200	E1222	E1224	E1227		
E1228	E1229	E1231	E1232		
E1233	E1234	E1235	E1236		
E1237	E1238	E1270	E1280		
E1295	E1296	E1297	E1298		
E1310	E1399	E1500	E1510		
E1520	E1530	E1540	E1550		
E1560	E1575	E1580	E1590		
E1592	E1594	E1600	E1615		
E1620	E1625	E1630	E1632		
E1634	E1635	E1636	E1637		
E1639	E1699	E1800	E1801		
E1802	E1805	E1810	E1811		
E1812	E1815	E1818	E1825		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		E1830	E1840	E2227	E2312
		E2322	E2325	E2327	E2328
		E2329	E2330	E2376	E2402
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E8000	E8001	E8002	K0005
		K0007	K0020	K0037	K0039
		K0044	K0046	K0047	K0050
		K0051	K0056	K0065	K0072
		K0073	K0098	K0105	K0108
		K0455	K0609	K0730	K0743
		K0744	K0745	K0746	L0462
		L0464	L1000	L1005	L2136
		L3999	L5000	L5400	L5420
		L5535	L5585	L5999	L6380
		L6382	L6384	Q0479	Q0480
		Q0481	Q0482	Q0483	Q0484
		Q0489	Q0495	Q0496	Q0503
		S1040	T1999	T5999	V2786
	<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		28890	29880	31634	33477
		36514	43257	53855	53860
		54240	55840	55866	58353
		58356	58563	62263	62264
		62290	62291	62292	64405
		64566	64722	64744	65765
		65767	66180	78351	82523
		85547	90867	90868	90869
		91117	91132	91133	93668
		94011	94012	94013	95250
		95251	95905	95965	95966
		95967	96000	96001	96003
		96004	96902	99174	0054T
		0055T	0100T	0101T	0102T
		0106T	0107T	0108T	0109T
		0110T	0174T	0175T	0191T
		0198T	0200T	0201T	0207T
		0213T	0214T	0215T	0216T
	0217T	0218T	0253T	0263T	
	0264T	0265T	0266T	0267T	
	0268T	0269T	0270T	0271T	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services) (continued)		0272T	0273T	0274T	0275T
		A4575	A4638	A6000	A9274
		E0446	E1831	G0295	G0329
		G0341	G0342	G0343	G9147
		M0076	P2031	P2033	P2038
		S0810	S1030	S1031	S2102
		S2300	S2325	S3652	S3902
		S9001	S9025	S9055	S9349
	S9988	S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	21899	31599	31899
		53410	53420	53425	53430
		54125	54400	54401	54405
		54408	54520	54660	54690
		55175	55180	56625	56800
		56805	57106	57110	57291
		57292	57295	57296	57335
		57426	58661	58720	58940
		64856	64892	64896	92507
		92508			
		Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262
58270	58275			58280	58290
58291	58292			58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required*	<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Cryvista®</b>			
		J0584			
		<b>Enjaymo™</b>			
J1302					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications  
(continued)

**Entyvio®**  
J3380

**Evkeeza™**  
J1305

**Givlaari®**  
J0223

**Leqvio®**  
J1306

**Luxturna™**  
J3398

**Ocrevus®**  
J2350

**Onpattro™**  
J0222

**Orencia®**  
J0129

**Oxlumo™**  
J0224

**Radicava®**  
J1301

**Reblozyl®**  
J0896

**Remdesivir®**  
J0248

**Ryplazim®**  
J2998

**Saphnello™**  
J0491

**Scenesse®**  
J7352

**Soliris®**  
J1300

**Spinraza™**  
J2326

**Tepezza®**  
J3241

**Ultomiris™**  
J1303

**Uplizna™**  
J1823

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Injectable medications (continued)</b>	<b>Vyvgart™</b>	J9332
	<b>Zolgensma®</b>	J3399

\*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.

Inpatient admissions	Notification required
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<b>Inpatient admissions - post acute services</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>	<p>Submit prior authorization requests through naviHealth as part of the Continued Care program.</p> <p><b>Phone: 855-851-1127</b> <b>Fax: 844-244-9482</b></p> <p>The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they’re discharged from the acute setting to returning home.</p>
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<b>Joint replacement</b> Joint, total hip and knee replacement procedures <b>Joint replacement (continued)</b>	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	

<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
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<b>Non-emergent air ambulance transports</b>	Prior authorization required	A0140	A0424
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<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (continued)</b>		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255		
<b>Orthopedic Surgeries</b>	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891
		29892	29894	29895	29897
		29898	29899		
<b>Orthotics</b>	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1846	L1904	L1920
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2040	L2050	L2060
		L2070	L2080	L2090	L2126
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3020	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209
		L3211	L3212	L3213	L3214
		L3215	L3250	L3251	L3252
		L3253	L3254	L3255	L3257
		L3265	L3320	L3485	L3649
		L3674	L3720	L3764	L3765
		L3766	L3891	L3900	L3901
		L3904	L3921	L3956	L3961
L3967	L3971	L3973	L3975		
L3976	L3977	L3978	L4000		
L4030	L4040	L4045	L4050		
L4055	L4631				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain Management</b>	Prior authorization required	62350	62351	62360	62361
		62362			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Prostate Procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Prosthetics</b>	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	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	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
L6320	L6350	L6360	L6370		
L6400	L6450	L6500	L6550		
L6570	L6580	L6582	L6584		
L6586	L6588	L6590	L6621		
L6624	L6638	L6646	L6648		
L6693	L6696	L6697	L6707		
L6709	L6712	L6713	L6714		
L6715	L6721	L6722	L6880		
L6881	L6882	L6883	L6884		
L6885	L6895	L6900	L6905		
L6910	L6920	L6925	L6930		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7499	L8035	L8039
		L8041	L8042	L8043	L8044
		L8049	L8499	L8505	L8604
		L8609	L8629	L8631	L8659
		L8699	V2627		
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/OHcommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Respite care</b>	Prior authorization required	S5150	S5151		
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	22515
		22526	22527	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22590	22595	22600	22610
		22612	22614	22630	22632

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		22633	22634	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22840
		22841	22842	22843	22844
		22845	22846	22847	22848
		22849	22850	22852	22854
		22855	22856	22857	22858
		22861	22862	22864	22865
		22899	62287	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63185	63190
		63191	63197	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64633	64634
		0095T	0098T	0163T	0164T
		0165T	0202T	0219T	0220T
		0221T	0222T	0232T	S2348
	<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>		
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
		61885	64568	61850	64590
		L8682	L8683		
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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
		C9098**	J9999**	Q2041	Q2042
	Q2053	Q2054	Q2055		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For codes C9098 and J9999 prior authorization is required for Carvykti.			
<b>Vagus nerve stimulation</b>	Prior authorization required	61888	64569	C1767	C1778
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8681	L8689		
<b>Vein procedures</b>	Prior authorization required	36473	36475	36476	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36479	37700	37718	37722
		37735	37765	37766	37780
		37785	37799		
<b>Ventricular assist devices (VAD)</b>	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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			