

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

Effective January 1, 2019

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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 800-903-5253
- **Fax:** 855-225-9847; fax form is available at **UHCprovider.com/micomcommunityplan** >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	43648	43659
Bariatric surgery and specific obesity-related services		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
Bone growth stimulator	Prior authorization required	20975	E0747	E0748	E0760
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an	<u>Injectable colony-stimulating factor drugs that require prior authorization –</u>			

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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<p>Cancer supportive care (cont'd)</p>	<p>outpatient setting for a cancer diagnosis</p>	<p>Filgrastim (Neupogen[®]) J1442</p> <p>Filgrastim-aafi (Nivestym[™]) Q5110</p> <p>Filgrastim-sndz (Zarxio[®]) Q5101</p> <p>Pegfilgrastim (Neulasta[®]) J2505</p> <p>Pegfilgrastim-jmdb (Fulphila[™]) Q5108</p> <p>Sargramostim (Leukine[®]) J2820</p> <p>Tbo-filgrastim (Granix[®]) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva[®]) J0897</p> <p>For prior authorization</p> <p>Please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 888-397-8129.</p>
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<p>Centers for Medicare & Medicaid Services (CMS) inpatient only procedures</p>	<p>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.</p> <p>For a list of inpatient only codes, please visit 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.</p>
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<p>Chemotherapy</p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (cont'd)

Common Procedure Coding System (HCPCS) code

Prior authorization requests

Please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**.

Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69715	69718	
		69930	L8619	L8691	L8692	
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech						
Cosmetic and reconstructive	Prior authorization required	11960	11971	15820	15821	
		15822	15823	15830	15847	
		17106	17107	17108	17999	
		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
		21235	21256	21275	21280	
		21282	21295	21740	21742	
		21743	28344	30620	67900	
		67901	67902	67903	67904	
		67906	67908	67909	67911	
		67912	67914	67915	67916	
		67917	67921	67922	67923	
		67924	67950	67961	67966	
				Q2026		
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	E0194	E0265	E0266	E0445	
		E0457	E0460	E0466	E0483	
		E0636	E0638	E0641	E0642	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0656	E0669	E0670	E0700
			E0710	E0766	E0784*	E0984
			E0986	E1002	E1003	E1004
		Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E1005	E1006	E1007	E1008
			E1009	E1010	E1030	E1161
			E1229	E1231	E1232	E1233
			E1234	E1235	E1236	E1237
	*J&B Medical Supply Co, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045 .	E1238	E1239	E2100	E2230	
		E2300	E2301	E2325	E2327	
		E2329	E2331	E2351	E2373	
		E2510	E2511	E2599	E2626	
		E8001	K0005	K0108	K0812	
		K0830	K0831	K0848	K0849	
	K0850	K0851	K0852	K0853		
	K0854	K0855	K0856	K0857		
	K0858	K0859	K0860	K0861		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	V5274		
Durable medical equipment (DME) – catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Co, 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 Co, 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 Co, 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 Co, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045 .			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4102
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	0191T	33477	36514	55866
		61863	61864	61867	61868
		61886	64555	64722	66180
		95978	S2102		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0300	G0493	G0494	G0495
		G0496	S9474	T1021	T1030
		T1031			
In-home services	Preservice notification required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME and sleep studies				
Injectable medications	Prior authorization required	Actemra[®] J3262			
		Botulinum toxins J0585 J0586 J0587 J0588			
		Cinqair[®] J2786			
		Entyvio[®] J3380			
		Inflectra[®] Q5103			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont'd)		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Lemtrada[®]			
		J0202			
		Makena[®]			
		J1726	J1729	J2675	
		Nucala[®]			
		J2182			
		Ocrevus[™]			
		J2350			
		Orencia[®]			
		J0129			
		Parsabiv[™]			
		J0606			
		Probuphine[®]			
		J0570			
		Remicade[®]			
		J1745			
		Renflexis[®]			
		Q5104			
		Simponi Aria[®]			
		J1602			
	Synagis^{®*}				
	90378				
	Xolair^{®*}				
	J2357				

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 Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.**

Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement		24360	24361	24362	24363
		24370	24371	27120	27122
Joint replacement (cont'd)		27125	27130	27132	27134

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
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	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	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2136
		L2350	L2510	L2627	L2628
		L3230	L3265	L3649	L3674
		L3720	L3730	L3740	L3900
		L3904	L3999	L4000	L4010
		L4020	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
		L5682	L5702	L5703	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5812
Orthotics and prosthetics (cont'd)		L5816	L5818	L5822	L5824

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		L5828	L5830	L5964	L5966
		L5976	L5979	L5980	L5981
		L5982	L5984	L5990	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	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation					
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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
Spinal surgery (cont'd)		63085	63087	63090	63101

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64570	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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	50380	50547	S2060
		S2061	S2152		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation	Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	Prior authorization required	36468	36473	36475	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					
Ventricular assist devices (VAD)	Prior authorization required				
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.					
Ventricular assist devices (VAD) (cont'd)		33927	33928	33929	33975

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound Vac	Prior authorization required	E2402			