Prior authorization requirements for UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid plan)

Effective November 1, 2025

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio MMP health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone**: Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms.**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Behavioral health services	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.		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979
BRCA genetic testing	Prior authorization required	81163	81164	

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 L8600	19318	19325	19355
Cardiovascular	Prior authorization required	**Cardiology** 33285 E0616	37230*	37231*	93580
		*Prior authorization not required with the following diagnosis (Dx) codes:			
		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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		T82.338A T82.898A I73.81	T82.392A I73.00	T82.398A I73.01	T82.399A I73.1
Cartilage implants	Prior authorization required	27415	27416		
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 92604 V5273	69711 92601 L8614	69714 92602 L8619	69799 92603 L8690
Continuous glucose monitor	Prior authorization required	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
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	11950 11960 14061 15781 15788 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230 21261 21270 30120 30620 31298 67901 67906 67950 69300	11951 11971 15775 15782 15789 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235 21263 21275 30540 31295 31299 67902 67908 67961 69320	11952 14020 15776 15783 15792 15822 15826 15832 15836 15847 17106 17999 21179 21183 21256 21267 21299 30545 31296 40500 67903 67909 67966 Q2026	11954 14021 15780 15787 15793 15823 15828 15833 15837 15877 17107 19300 21180 21184 21260 21268 28344 30560 31297 67900 67904 67912 69090 S2202

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008.
Durable medical equipment (DME)	Prior authorization required	Prior authorization required **regardless of billed amount**: A6550 A9270 E0466 E0766 E0849 E1230 E1800 E1805 E2617 K0801 K0806 K0831 K0835 K0836 K0838 K0839 K0840 K0842 K0843 K0848 K0850 K0851 K0852 K0855 K0856 K0857 K0859 K0860 K0861 K0863 K0864 K0877 K0890 K0891 K0898 L2006 L3702 L3913 L7400 L7403 L8679 L869 L8694 Prior authorization required only for **a retail purchase or cumulative rental cost of more than $1,000:** A9900 A9280 A9999 B9999 E0170 E0194 E0203 E0231 E0277 E0300 E0302 E0304 E0316 E0328 E0329 E0373 E0483 E0636 E0618 E0635 E0692 E0639 E0640 E0670 E0693 E0694 E0740 E0745 E0761 E0762 E0764 E0770 E0784 E0984 E0986 E0988 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1017 E1035 E1036 E1161 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1399 E1801 E1800 E1811 E1802 E1805 E1810 E1815 E1818 E1825 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 K0108 K0455 K0730 Q0479 L3999 L5000 L5999 Q0483 Q0480 Q0481 Q0482 Q0496 Q0484

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		Q0489 S1040	Q0495 T1999	T5999 V2786	Q0503
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4104	
Experimental or investigational (and/or linked services)	Prior authorization required	20985 25259 28890 36514 54240 58563 62291 64722 66180 90867 91132 94012 95905 96000 96902 0100T 0107T 0174T 0201T 0215T 0253T 0266T 0270T 0274T A6000 E1831 G0342 P2031 S1030 S2325 S9025 S9991	22505 27275 31634 43257 55840 62263 62292 64744 78351 90868 91133 94013 95965 96001 99174 0101T 0108T 0175T 0207T 0216T 0263T 0267T 0271T 0275T A9274 G0295 G0343 P2033 S1031 S3652 S9055	22867 27860 33289 53855 58353 62264 64405 65765 82523 90869 93668 95250 95966 0054T 0102T 0109T 0198T 0213T 0217T 0264T 0268T 0272T A4575 C2624 G0329 G9147 P2038 S2102 S3902 S9349 S9988	22869 28446 33477 53860 58356 62290 64566 65767 85547 91117 94011 95251 95967 96004 0055T 0106T 0110T 0200T 0214T 0218T 0265T 0269T 0273T A4638 E0446 G0341 M0076 S0810 S2300 S9001 S9990
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These **surgical codes** with the following **DX codes**:			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		**F64.0** **F64.9** 14000 15738 19303 53410 54125 54408 55175 56805 57292 57426 64856 92508	**F64.1** **Z87.890** 14001 15750 21899 53420 54400 54520 55180 57106 57295 58661 64892	**F64.2** 14041 15757 31599 53425 54401 54660 56625 57110 57296 58720 64896	**F64.8** 15734 15758 31899 53430 54405 54690 56800 57291 57335 58940 92507
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260 58270 58294	58262 58290	58263 58291	58267 58292
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Injectable medications	Prior authorization required*	**Adakveo** J0791 **Adzynma** J7171 **Amvuttra** J0225 **Beqvez** J1414 **Bkemv** Q5152 **Botox** J0585 **Briumvi** J2329			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		**Cosentyx IV**			
		J3247			
		Cryvista			
		J0584			
		Daxxify			
		J0589			
		Dysport			
		J0586			
		Elevidys			
		J1413			
		Encelto			
		J3403			
		Enjaymo			
		J1302			
		Entyvio			
		J3380			
		Epysqli			
		Q5151			
		Evkeeza			
		J1305			
		Eylea HD			
		J0177			
		Fylnetra			
		Q5130			
		Givlaari			
		J0223			
		Hemgenix			
		J1411			
		Hympavzi			
		J7172			
		IVIG			
		90283	90284	J1459	J1551
		J1552	J1554	J1555	J1556

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1557 J1566 J1575	J1558 J1568 J1599	J1559 J1569	J1561 J1572
		Izervay J2782			
		Jubbonti-Wyost Q5136			
		Kisunla J0175			
		Leqembi J0174			
		Leqvio J1306			
		Luxturna J3398			
		Myobloc J0587			
		Niktimvo J9038			
		Nypozi Q5148			
		Ocrevus J2350			
		Ocrevus Zunovo J2351			
		Omvoh IV J2267			
		Onpattro J0222			
		Orencia J0129			
		Oxlumo J0224			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Panzyga** J1576 **Pavblu** Q5147 **PiaSky** J1307 **Qalsody** J1304 **Radicava** J1301 **Reblozy** J0896 **Releuko** Q5125 **Roctavian** J1412 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnello** J0491 **Scenesse** J7352 **Skyrizi** J2327 **Soliris** J1299 **Spinraza** J2326 **Spevigo** J1747

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Syfovre** J2781 **Tepezza** J3241 **Tezspire** J2356 **Tremya IV** J1628 **Tzield** J9381 **Ultomiris** J1303 **Uplizna** J1823 **Veopoz** J9376 **Vyepti** J3032 **Vyjuvek** J3401 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Xeomin** J0588 **Zolgensma** J3399 **Unclassified**** C9399 J3490 J3599 Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		drugs newly approved by the Food and Drug Administration (FDA). They're also included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on this list. Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com to si**gn in. Or, you can call **888-397-8129**. **For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Rivfloza
Inpatient admissions	Notification required	
Inpatient admissions - post acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities	Submit prior authorization requests through naviHealth as part of the Continued Care program. **Phone:** 855-851-1127 **Fax:** 844-244-9482 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.
Joint replacement Joint, total hip and knee replacement procedures	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
Non-emergent air transport	Prior authorization required	A0430 A0431 A0435 A0436 A0140

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21245 21249	21121 21127 21145 21151 21160 21195 21206 21242 21246 21255	21122 21141 21146 21154 21188 21196 21210 21243 21247	21123 21142 21147 21155 21193 21198 21215 21244 21248
Orthopedic surgeries	Prior authorization required	24365 25446 29837 29845 29892 29898	25441 25449 29838 29846 29894 29899	25442 27700 29840 29847 29895	25444 29834 29844 29891 29897
Orthotics	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000	L1846	L3020		
Pain Management	Prior authorization required	62350 62362	62351	62360	62361
Private duty nursing	Prior authorization required	T1000	T1001		
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Prosthetics	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than $1,000	L5301 L5981 L8659	L5856 L5987 V2627	L5968 L8629	L5976 L8631
Radiology	Prior authorization required for participating physicians who request these	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sing in. Or, you can			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology (cont.)	advanced outpatient imaging procedures: • Certain PET scans • Nuclear medicine and nuclear cardiology procedures	call **866-889-8054**. For more details and the CPT codes that require prior authorization, please see **Radiology Prior Authorization and Notification.**			
Respite care	Prior authorization required	S5150	S5151		
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512 S2080	41599	42145
Skin Substitutes	Prior authorization required	Q4159 Q4259 Q4298	Q4191 Q4271	Q4197 Q4282	Q4205 Q4295
Spinal surgery	Prior authorization required	20930 22101 22112 22207 22214 22224 22512 22527 22548 22556 22595 22614 22634 22808 22819 22842 22846 22850	20931 22102 22114 22208 22216 22226 22513 22532 22551 22558 22600 22630 22800 22810 22830 22843 22847 22852	20939 22103 22116 22210 22220 22510 22515 22533 22552 22585 22610 22632 22802 22812 22840 22844 22848 22854	22100 22110 22206 22212 22222 22511 22526 22534 22554 22590 22612 22633 22804 22818 22841 22845 22849 22855

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		22856	22857	22858	22861
		22862	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	64634
		0098T	0165T	0202T	0219T
		0220T	0221T	0222T	0232T
		S2348			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61864	61867	61868
		61886	64595	64555	63650
		63655	63685	64553	64570
		61885	64568	61850	64590
		L8682	L8683		
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		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			
		C9399**	J3490**	J3590**	Q2041
		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
		Gene Therapy			
		J3391	J3392	J3393	J3394
		J3402			
		*Code 38232 will only require prior authorization for an oncology diagnosis **For codes C9399, J3490 and J3590 prior authorization is required for Amtagvi, Lenmeldy, Lantidra and Skysona			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61888	64569	C1767	C1778
		L8681	L8689		
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	36473	36475	36476	36478
		36479	37735	37765	37766
		37785	37799		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the	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
		33983			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
heart and restores normal blood flow		