

Prior Authorization Requirements for Maryland Medicaid

Effective January 1, 2022

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Maryland participating care providers 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 on your Provider Portal dashboard.
- **Phone:** 866-604-3267

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.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Abortion (pregnancy termination) | Prior authorization required – carved out by the state | Please call the number on the back of the member's health plan ID card. | | | |
| Acupuncture | Prior authorization required | 97811 | 97814 | S8930 | |
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | |
| 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> Bio similar (Zarxio®) | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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| Cancer supportive care (continued) | outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i> | Q5101* |
| | | Filgrastim (Neupogen®) |
| | | J1442* |
| | | Filgrastim-aafi (Nivestym™) |
| | | Q5110* |
| | | Pegfilgrastim-apgf, biosimilar (Nyvepria®) |
| | | Q5122* |
| | | Pegfilgrastim (Neulasta®) |
| | | J2506 |
| | | Pegfilgrastim-bmez (Ziextenzo®) |
| | | Q5120* |
| | | Pegfilgrastim-cbqv (UDENYCA™) |
| | | Q5111* |
| | | Pegfilgrastim-jmdb (Fulphila™) |
| | | Q5108* |
| Sargramostim (Leukine®) | | |
| J2820 | | |
| Tbo-filgrastim (Granix®) | | |
| J1447* | | |
| Trilaciclib (Cosela®) | | |
| J1448* | | |
| | | <u>Bone-Modifying Agent That Requires Prior Authorization:</u> |
| | | Denosumab (Xgeva®) |
| | | J0897 |
| | | <u>Antiemetic codes That Require Prior Authorization:</u> |
| | | J0185 J1453 J1454 J1627 |
| Use 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 on your Provider Portal dashboard. Or, call 888-397-8129 . | | |

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| Cardiology | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance | Use 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 on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/MDcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program |
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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|---------------------------------------------------|------------------------------------------------------------------|---------|---------|---------|
| Cardiovascular | Prior authorization required for the codes listed | 37220 | 37221 | 37224 | 37225 |
| | | 37226 | 37227 | 37228 | 37229 |
| | | 75710* | 75716* | | |
| | | *Prior authorization required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | 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 | I70.291 |
| | | I70.292 | I70.293 | I70.298 | I70.299 |
| | | I70.301 | I70.302 | I70.303 | I70.308 |
| | | I70.309 | I70.311 | I70.312 | I70.313 |
| | | I70.318 | I70.319 | 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 | I70.391 | I70.392 | I70.393 |
| | | I70.399 | I70.401 | I70.402 | I70.403 |
| | | I70.408 | I70.409 | I70.411 | I70.412 |
| | | I70.413 | I70.418 | 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 | I70.491 | I70.492 |
| | | I70.493 | I70.498 | I70.499 | I70.501 |
| | | I70.502 | I70.503 | I70.508 | I70.509 |
| | | I70.511 | I70.512 | I70.513 | I70.518 |
| | | I70.519 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|------------------------|--------------------------------------------------------------|----------|----------|----------|
| Cardiovascular (continued) | | I70.569 | I70.591 | I70.592 | I70.593 |
| | | I70.598 | I70.599 | I70.601 | I70.602 |
| | | I70.603 | I70.608 | I70.609 | I70.611 |
| | | I70.612 | I70.613 | I70.618 | I70.619 |
| | | 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 |
| | | I70.691 | I70.692 | I70.693 | I70.698 |
| | | I70.699 | I70.701 | I70.702 | I70.703 |
| | | I70.708 | I70.709 | I70.711 | I70.712 |
| | | I70.713 | I70.718 | I70.719 | 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 | I70.791 |
| | | I70.792 | I70.793 | I70.798 | I70.799 |
| | | I70.8 | I70.90 | I70.91 | I70.92 |
| | | I72.3 | I72.4 | I72.8 | I72.9 |
| | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I96 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • 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 Common Procedure Coding System (HCPCS) code Use 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 on your Provider Portal dashboard. Or, call 888-397-8129 . | | | |
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| Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 | 69711 | 69714 | *69715 |
| | | *69718 | 69930 | L8614 | L8619 |
| | | L8627 | L8628 | L8690 | L8691 |
| | | L8692 | L8693 | L8694 | |
| | | *Codes 69715 and 69718 Removed from Prior authorization effective 3/1/2022. | | | |

| | | | | | |
|-----------------------------------|-------------------------------------------------------------|-------|--------|--------|--------|
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 | A9276* | A9277* | A9278* |
| | | E0787 | K0553* | K0554* | |

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| Cosmetic and reconstructive procedures 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 | 11971 | 13101* | 13132* |
| | For codes with an asterisk: | 14040* | 14060* | 14301* | 15820 |
| | Prior authorization required if performed in an outpatient hospital setting | 15821 | 15822 | 15823 | 15830 |
| | | 15847 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | Prior authorization not required if performed at a participating ambulatory surgery center | 21172 | 21175 | 21179 | 21180 |
| | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21275 |
| | | 21280 | 21282 | 21295 | 21552* |
| | | 21740 | 21742 | 21743 | 21931* |
| | | 28344 | 30620 | 67900 | 67901 |
| | | 67902 | 67903 | 67904 | 67906 |
| | | 67908 | 67909 | 67911 | 67912 |
| | | 67914 | 67915 | 67916 | 67917 |
| | | 67921 | 67922 | 67923 | 67924 |
| | 67950 | 67961 | 67966 | Q2026 | |

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|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|
| Durable medical equipment (DME) | Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 | A9279 | A9280 | A9900 | E0194 |
| | | E0265 | E0266 | E0270 | E0277 |
| | | E0300 | E0328 | E0329 | E0445 |
| | | E0457 | E0460 | E0465 | E0466 |
| | | E0470 | E0471 | E0483 | E0486 |
| | Prosthetics are not DME – | | | | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------|-------|-------|
| Durable medical equipment (DME) (continued) | <i>see Orthotics and prosthetics.</i> | E0620 | E0636 | E0637 | E0652 |
| | | E0656 | E0669 | E0670 | E0675 |
| | | E0693 | E0694 | E0700 | E0710 |
| | | E0745 | E0762 | E0764 | E0766 |
| | | E0784 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1009 | E1010 |
| | | E1030 | E1035 | E1036 | E1130 |
| | | E1161 | E1229 | E1231 | E1232 |
| | | E1233 | E1234 | E1235 | E1236 |
| | | E1237 | E1238 | E1239 | E1825 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | E2300 | E2301 | E2310 | E2311 |
| | | E2322 | E2325 | E2327 | E2329 |
| | | E2331 | E2351 | E2373 | E2510 |
| | | E2511 | E2512 | E2599 | E2626 |
| | | E2627 | E2628 | E2629 | E2630 |
| | | E8000 | K0005 | K0008 | K0013 |
| | | K0108 | 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 | S1040 | T1999 |
| | | T5999 | V2786 | V5269 | V5270 |
| | | V5271 | V5272 | V5274 | V5281 |
| | | V5282 | V5283 | V5286 | V5287 |
| | | V5288 | V5290 | | |
| | | Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 |
| | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4155 |
| | | B4158 | B4159 | B4160 | B4161 |
| | | B9002 | B9998 | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 55866 | 64722 |
| | | 65765 | 65767 | 66180 | 0191T |
| | | A4638 | A6000 | E0231 | E1831 |
| | | S0810 | S1030 | S1031 | S2102 |
| | | S9988 | S9990 | S9991 | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| | | | | | |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |
| | | These surgical codes with the following DX codes : | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 14000 | 14001 | 14020 | 14021 |
| | | 14041 | 14061 | 14301 | 14302 |
| | | 15734 | 15738 | 15750 | 15757 |
| | | 15758 | 19303 | 31899 | 53410 |
| | | 53430 | 54125 | 54400 | 54401 |
| | | 54405 | 54520 | 54660 | 54690 |
| | | 55175 | 55180 | 56625 | 56800 |
| | | 56805 | 57110 | 57335 | 58661 |
| | | 58720 | 58940 | 64856 | 64892 |
| | | 64896 | | | |
| | | Genetic and molecular testing to include BRCA gene testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting | 81105 | 81106 |
| 81109 | 81110 | | | 81111 | 81121 |
| 81161 | 81162 | | | 81163 | 81164 |
| 81165 | 81166 | | | 81167 | 81170 |
| 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. | 81171 | | 81172 | 81173 | 81174 |
| | 81177 | | 81178 | 81179 | 81180 |
| | 81181 | | 81182 | 81183 | 81184 |
| | 81185 | | 81186 | 81187 | 81188 |
| | 81189 | | 81190 | 81200 | 81201 |
| | 81203 | | 81204 | 81205 | 81208 |
| | 81209 | | 81212 | 81216 | 81218 |
| | 81220 | | 81222 | 81223 | 81224 |
| | 81225 | | 81226 | 81227 | 81228 |
| | 81229 | | 81233 | 81234 | 81236 |
| Notification/prior authorization 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. | 81237 | | 81239 | 81240 | 81241 |
| | 81242 | | 81243 | 81244 | 81245 |
| | 81246 | | 81250 | 81251 | 81252 |
| | 81253 | | 81254 | 81255 | 81256 |
| | 81257 | | 81260 | 81261 | 81262 |
| | 81263 | | 81264 | 81265 | 81266 |
| | 81267 | | 81268 | 81271 | 81272 |
| | 81273 | | 81274 | 81276 | 81283 |
| | 81284 | | 81285 | 81286 | 81287 |
| 81288 | 81289 | 81290 | 81291 | | |
| 81292 | 81294 | 81295 | 81297 | | |
| 81298 | 81300 | 81302 | 81303 | | |
| 81304 | 81305 | 81306 | 81310 | | |

| 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 (continued) | | 81312 | 81313 | 81314 | 81315 |
| | | 81316 | 81317 | 81318 | 81319 |
| | | 81320 | 81321 | 81322 | 81323 |
| | | 81324 | 81325 | 81326 | 81327 |
| | | 81329 | 81330 | 81331 | 81332 |
| | | 81333 | 81336 | 81337 | 81340 |
| | | 81341 | 81342 | 81343 | 81344 |
| | | 81345 | 81350 | 81355 | 81370 |
| | | 81371 | 81372 | 81373 | 81375 |
| | | 81376 | 81377 | 81378 | 81379 |
| | | 81380 | 81381 | 81382 | 81383 |
| | | 81406 | 81410 | 81411 | 81412 |
| | | 81413 | 81414 | 81420 | 81430 |
| | | 81431 | 81432 | 81433 | 81434 |
| | | 81435 | 81436 | 81437 | 81438 |
| | | 81439 | 81440 | 81442 | 81445 |
| | | 81460 | 81465 | 81507 | 81518 |
| | | 81519 | 81546 | 81595 | 87481 |
| | | 87482 | 87505 | 87506 | 87507 |
| | | 87510 | 87511 | 87512 | 87623 |
| | | 87797 | 87798 | 87799 | 87800 |
| | | 87801 | 0012U | 0013U | 0014U |
| | | 0016U | 0017U | 0068U | 0070U |
| | 0071U | 0072U | 0073U | 0074U | |
| | 0075U | 0076U | 0084U | 0087U | |
| | 0088U | 0097U | 0111U | 0129U | |
| | 0136U | 0137U | | | |
| Hearing aid services | Prior authorization required | V5171 | V5172 | V5181 | V5211 |
| | | V5212 | V5213 | V5214 | V5215 |
| | | V5221 | V5230 | V5250 | V5254 |
| | | V5255 | V5256 | V5257 | V5258 |
| | | V5259 | V5260 | V5261 | V5267 |
| | | V5299 | | | |
| Home health care | Prior authorization required only in outpatient settings, to include member's home | G0156 | G0162 | G0299 | G0300 |
| | | G0493 | G0494 | G0495 | G0496 |
| | | S9122 | S9123 | S9124 | |
| Hospice | Prior authorization required | T2044 | T2045 | | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |
| | | 58541 | 58542 | 58543 | 58544 |
| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Injectable medications | Prior authorization required | Actemra® | | | |
| | | J3262 | | | |
| | | Acthar® | | | |
| | | J0800 | | | |
| | | Adakveo® | | | |
| | | J0791 | | | |
| | | Avsola™ | | | |
| | | Q5121 | | | |
| | | Benlysta | | | |
| | | J0490 | | | |
| | | Beriner | | | |
| | | J0597 | | | |
| | | Botulinum Toxins | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Brineura™ | | | |
| | | J0567 | | | |
| | | Cerezyme® | | | |
| | | J1786 | | | |
| | | Cimzia®* | | | |
| | | J0717 | | | |
| | | Cinqair® | | | |
| | | J2786 | | | |
| | | Cinryze® | | | |
| | | J0598 | | | |
| | | Crysvita® | | | |
| | | J0584 | | | |
| | | Cutaquig®**** | | | |
| | | C9399 | J3490 | J3590 | |
| | | Ellyso® | | | |
| | | J3060 | | | |
| | | Entyvio® | | | |
| | | J3380 | | | |
| | | Erythropoiesis Stimulating Agents | | | |
| | | J0885**** | | | |
| | | Evenity® | | | |
| | | J3111 | | | |
| | | Exondys-51 | | | |
| | | J1428 | | | |
| | | Fasenra® | | | |
| | | J0517 | | | |
| | | Fensolvi® | | | |
| | | J1951 | | | |
| | | Feraheme® | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|-------------------------------|--------------------------------------------------------------|-------|-------|--|
| Injectable medications (continued) | Q0138 | | | | |
| | Firmagon® | | | | |
| | J9155 | | | | |
| | Gamifant® | | | | |
| | J9210 | | | | |
| | Givlaari® | | | | |
| | J0223 | | | | |
| | 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 | | | | |
| | Krystexxa® | | | | |
| | J2507 | | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Lupron Depot® | | | | |
| | J1950 | | | | |
| | Lupron Depot, Eligard® | | | | |
| | J9217 | | | | |
| Luxturna™ | | | | | |
| J3398 | | | | | |
| Makena®/17P | | | | | |
| J1726 | J1729 | J2675 | | | |
| Monoferric® | | | | | |
| J1437 | | | | | |
| Nplate® | | | | | |
| J2796 | | | | | |
| Nucala® | | | | | |
| J2182 | | | | | |
| Ocrevus™ | | | | | |
| J2350 | | | | | |
| Octreotide Acetate | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|-------------------------|--------------------------------------------------------------|-------|--|--|
| Injectable medications (continued) | J2354 | | | | |
| | Onpattro® | | | | |
| | J0222 | | | | |
| | Orencia® | | | | |
| | J0129 | | | | |
| | Parsabiv™ | | | | |
| | J0606 | | | | |
| | Radicava® | | | | |
| | J1301 | | | | |
| | Reblozyl® | | | | |
| | J0896 | | | | |
| | Remicade® | | | | |
| | J1745 | | | | |
| | Renflexis® | | | | |
| | Q5104 | | | | |
| | Riabni™ | | | | |
| | Q5123 | | | | |
| | Rituxan® | | | | |
| | J9312 | | | | |
| | Rituxan Hycela® | | | | |
| | J9311 | | | | |
| | Ruconest® | | | | |
| | J0596 | | | | |
| | Ruxience® | | | | |
| | Q5119 | | | | |
| | Sandostatin® LAR | | | | |
| | J2353 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| J1602 | | | | | |
| Sodium Hyaluronate | | | | | |
| J7320 | J7321 | J7322 | J7324 | | |
| J7325 | J7326 | J7327 | J7329 | | |
| J7331 | J7332 | | | | |
| Soliris® | | | | | |
| J1300 | | | | | |
| Somatuline® Depot | | | | | |
| J1930 | | | | | |
| Spinraza® | | | | | |
| J2326 | | | | | |
| Stelara® | | | | | |
| J3358 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|-------|-------|--|
| Injectable medications (continued) | Supprelin® LA | | | | |
| | J9226 | | | | |
| | Synagis®* | | | | |
| | 90378 | | | | |
| | Tepezza | | | | |
| | J3241 | | | | |
| | <u>Therapeutic Radiopharmaceuticals**</u> | | | | |
| | A9513 | A9590 | A9606 | A9699 | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Truxima® | | | | |
| | Q5115 | | | | |
| | Ultomiris® | | | | |
| | J1303 | | | | |
| | Unclassified Codes**** | | | | |
| | C9399 | J3490 | J3590 | | |
| | Vantas™ | | | | |
| | J9225 | | | | |
| | Vyepti® | | | | |
| | J3032 | | | | |
| | Vyondys 53® | | | | |
| | J1429 | | | | |
| | White Blood Cell Colony Stimulating Factors*** | | | | |
| | J1442 | J1447 | J1448 | J2506 | |
| | Q5101 | Q5108 | Q5110 | Q5111 | |
| Q5120 | Q5122 | | | | |
| Xembify® | | | | | |
| J1558 | | | | | |
| Xolair®* | | | | | |
| J2357 | | | | | |
| Zoladex® | | | | | |
| J9202 | | | | | |
| Zolgensma® | | | | | |
| J3399 | | | | | |
| <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCProvider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Injectable medications (continued) | | <p>* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>** Use 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 on your Provider Portal dashboard. Or, call 888-397-8129.</p> <p>***Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony stimulating factors, will require prior authorization for both oncology and non-oncology DX.</p> <p>For oncology DX please see Cancer Supportive Care section above.</p> <p>For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</p> <p>**** Prior authorization is required for Cutaquig®, and Lupaneta Pack™ under unclassified codes C9399, J3490 and J3590.</p> <p>***** For code J0885 prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis</p> | | | |
| Inpatient stays | Prior authorization required for all inpatient stays | | | | |
| Joint replacement | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | | |
| 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 prosthetics with a retail purchase or a 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 |
| | | L0810 | L0820 | L0830 | L0859 |
| | | L1000 | L1005 | L1200 | L1300 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

| | | | | | |
|------------------------------------------|-------|-------|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L1310 | L1499 | L1680 | L1685 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1820 | L1832 | L1834 |
| | | L1840 | L1844 | L1845 | L1846 |
| | | L1860 | L1945 | L1950 | L1970 |
| | | L2000 | L2005 | L2010 | L2020 |
| | | L2030 | L2034 | L2036 | L2037 |
| | | L2038 | L2060 | L2106 | L2108 |
| | | L2126 | L2136 | L2350 | L2510 |
| | | L2526 | L2627 | L2628 | L3230 |
| | | L3265 | L3649 | L3671 | L3674 |
| | | L3720 | L3730 | L3740 | L3763 |
| | | L3764 | L3900 | L3901 | L3904 |
| | | L3905 | L3961 | L3971 | L3975 |
| | | L3976 | L3977 | 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 | L5400 |
| | | L5420 | L5460 | L5500 | L5505 |
| | | L5510 | L5520 | L5530 | L5535 |
| | | L5540 | L5560 | L5570 | L5580 |
| | | L5585 | L5590 | L5595 | L5600 |
| | | L5610 | L5613 | L5614 | L5616 |
| | | L5639 | L5640 | L5642 | L5643 |
| | | L5644 | L5646 | L5647 | L5648 |
| | | L5649 | L5651 | L5653 | L5661 |
| | | L5673 | L5682 | L5683 | L5700 |
| | | L5702 | L5703 | L5705 | L5706 |
| | | L5716 | L5718 | L5722 | L5724 |
| | | L5726 | L5728 | L5780 | L5790 |
| | | L5795 | L5811 | L5812 | L5814 |
| | | L5816 | L5818 | L5822 | L5824 |
| | | L5826 | L5828 | L5830 | L5845 |
| | | L5848 | L5857 | L5858 | L5930 |
| | | L5950 | L5960 | L5961 | L5962 |
| | | L5964 | L5966 | L5968 | L5973 |
| | | L5976 | L5979 | L5980 | L5981 |
| | L5982 | L5984 | L5986 | L5987 | |
| | L5988 | L5990 | L5999 | L6000 | |
| | L6010 | L6020 | L6050 | L6055 | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | L6350 | L6360 |
| | | L6370 | L6380 | L6382 | L6384 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | L6621 |
| | | L6623 | L6624 | L6646 | L6648 |
| | | L6686 | L6687 | L6689 | L6690 |
| | | L6692 | L6693 | L6694 | L6695 |
| | | L6696 | L6697 | L6704 | L6707 |
| | | L6708 | L6709 | L6711 | L6712 |
| | | L6713 | L6714 | L6715 | L6880 |
| | | L6881 | L6882 | L6883 | L6884 |
| | | L6885 | L6895 | L6900 | L6905 |
| | | L6910 | L6915 | L6920 | L6925 |
| | | L6930 | L6935 | L6940 | L6945 |
| | | L6950 | L6955 | L6960 | L6965 |
| | | L6970 | L6975 | L7007 | L7008 |
| | | L7009 | L7040 | L7045 | L7170 |
| | L7180 | L7181 | L7185 | L7186 | |
| | L7190 | L7191 | L7405 | L8040 | |
| | L8042 | L8043 | L8044 | L8045 | |
| | L8046 | L8047 | L8499 | L8609 | |
| | L8610 | L8612 | L8631 | L8659 | |
| Pain injections and management | Prior authorization required | 64490 | 64493 | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Radiation therapy | Prior authorization required | IGRT 77014 | 77387 | | |
| | | IMRT Intensity-Modulated Radiation Therapy 77385 | 77386 | | |
| | | Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services 77331 | 77370 | 77399 | 77470 |
| | | SRS/SBRT 77371 | 77372 | 77373 | |
| | | Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77401 | 77402 | 77407 | 77412 |
| | | Y90 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------|--------|--------|--------|--------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|----------|----------|----------|----------|--------|--------|--------|--------|--------|--------|
| Radiation therapy (continued) | | Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 Use 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 on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Use 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 on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remote patient monitoring | <ul style="list-style-type: none"> Prior authorization required | S9110 with the following DX codes: <table border="0" data-bbox="797 1066 1365 1896"> <tr> <td>E10.10</td> <td>E10.11</td> <td>E10.21</td> </tr> <tr> <td>E10.22</td> <td>E10.29</td> <td>E10.311</td> </tr> <tr> <td>E10.319</td> <td>E10.3211</td> <td>E10.3212</td> </tr> <tr> <td>E10.3213</td> <td>E10.3219</td> <td>E10.3291</td> </tr> <tr> <td>E10.3292</td> <td>E10.3293</td> <td>E10.3299</td> </tr> <tr> <td>E10.3311</td> <td>E10.3312</td> <td>E10.3313</td> </tr> <tr> <td>E10.3319</td> <td>E10.3391</td> <td>E10.3392</td> </tr> <tr> <td>E10.3393</td> <td>E10.3399</td> <td>E10.3411</td> </tr> <tr> <td>E10.3412</td> <td>E10.3413</td> <td>E10.3419</td> </tr> <tr> <td>E10.3491</td> <td>E10.3492</td> <td>E10.3493</td> </tr> <tr> <td>E10.3499</td> <td>E10.3511</td> <td>E10.3512</td> </tr> <tr> <td>E10.3513</td> <td>E10.3519</td> <td>E10.3521</td> </tr> <tr> <td>E10.3522</td> <td>E10.3523</td> <td>E10.3529</td> </tr> <tr> <td>E10.3531</td> <td>E10.3532</td> <td>E10.3533</td> </tr> <tr> <td>E10.3539</td> <td>E10.3541</td> <td>E10.3542</td> </tr> <tr> <td>E10.3543</td> <td>E10.3549</td> <td>E10.3551</td> </tr> <tr> <td>E10.3552</td> <td>E10.3553</td> <td>E10.3559</td> </tr> <tr> <td>E10.3591</td> <td>E10.3592</td> <td>E10.3593</td> </tr> <tr> <td>E10.3599</td> <td>E10.36</td> <td>E10.37X1</td> </tr> <tr> <td>E10.37X2</td> <td>E10.37X3</td> <td>E10.37X9</td> </tr> <tr> <td>E10.39</td> <td>E10.40</td> <td>E10.41</td> </tr> <tr> <td>E10.42</td> <td>E10.43</td> <td>E10.44</td> </tr> </table> | | | E10.10 | E10.11 | E10.21 | E10.22 | E10.29 | E10.311 | E10.319 | E10.3211 | E10.3212 | E10.3213 | E10.3219 | E10.3291 | E10.3292 | E10.3293 | E10.3299 | E10.3311 | E10.3312 | E10.3313 | E10.3319 | E10.3391 | E10.3392 | E10.3393 | E10.3399 | E10.3411 | E10.3412 | E10.3413 | E10.3419 | E10.3491 | E10.3492 | E10.3493 | E10.3499 | E10.3511 | E10.3512 | E10.3513 | E10.3519 | E10.3521 | E10.3522 | E10.3523 | E10.3529 | E10.3531 | E10.3532 | E10.3533 | E10.3539 | E10.3541 | E10.3542 | E10.3543 | E10.3549 | E10.3551 | E10.3552 | E10.3553 | E10.3559 | E10.3591 | E10.3592 | E10.3593 | E10.3599 | E10.36 | E10.37X1 | E10.37X2 | E10.37X3 | E10.37X9 | E10.39 | E10.40 | E10.41 | E10.42 | E10.43 | E10.44 |
| E10.10 | E10.11 | E10.21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.22 | E10.29 | E10.311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.319 | E10.3211 | E10.3212 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3213 | E10.3219 | E10.3291 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3292 | E10.3293 | E10.3299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3311 | E10.3312 | E10.3313 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3319 | E10.3391 | E10.3392 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3393 | E10.3399 | E10.3411 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3412 | E10.3413 | E10.3419 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3491 | E10.3492 | E10.3493 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3499 | E10.3511 | E10.3512 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3513 | E10.3519 | E10.3521 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3522 | E10.3523 | E10.3529 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3531 | E10.3532 | E10.3533 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3539 | E10.3541 | E10.3542 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3543 | E10.3549 | E10.3551 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3552 | E10.3553 | E10.3559 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3591 | E10.3592 | E10.3593 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.3599 | E10.36 | E10.37X1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.37X2 | E10.37X3 | E10.37X9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.39 | E10.40 | E10.41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E10.42 | E10.43 | E10.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|---------------------------------------|------------------------|--------------------------------------------------------------|----------|----------|
| Remote patient monitoring (continued) | | E10.49 | E10.51 | E10.52 |
| | | E10.59 | E10.610 | E10.618 |
| | | E10.620 | E10.621 | E10.622 |
| | | E10.628 | E10.630 | E10.638 |
| | | E10.641 | E10.649 | E10.65 |
| | | E10.69 | E10.8 | E10.9 |
| | | E11.00 | E11.01 | E11.10 |
| | | E11.11 | E11.21 | E11.22 |
| | | E11.29 | E11.311 | E11.319 |
| | | E11.3211 | E11.3212 | E11.3213 |
| | | E11.3219 | E11.3291 | E11.3292 |
| | | E11.3293 | E11.3299 | E11.3311 |
| | | E11.3312 | E11.3313 | E11.3319 |
| | | E11.3391 | E11.3392 | E11.3393 |
| | | E11.3399 | E11.3411 | E11.3412 |
| | | E11.3413 | E11.3419 | E11.3491 |
| | | E11.3492 | E11.3493 | E11.3499 |
| | | E11.3511 | E11.3512 | E11.3513 |
| | | E11.3519 | E11.3521 | E11.3522 |
| | | E11.3523 | E11.3529 | E11.3531 |
| | | E11.3532 | E11.3533 | E11.3539 |
| | | E11.3541 | E11.3542 | E11.3543 |
| | | E11.3549 | E11.3551 | E11.3552 |
| | | E11.3553 | E11.3559 | E11.3591 |
| | | E11.3592 | E11.3593 | E11.3599 |
| | | E11.36 | E11.37X1 | E11.37X2 |
| | | E11.37X3 | E11.37X9 | E11.39 |
| | | E11.40 | E11.41 | E11.42 |
| | | E11.43 | E11.44 | E11.49 |
| | | E11.51 | E11.52 | E11.59 |
| | | E11.610 | E11.618 | E11.620 |
| | | E11.621 | E11.622 | E11.628 |
| | | E11.630 | E11.638 | E11.641 |
| | | E11.649 | E11.65 | E11.69 |
| | | E11.8 | E11.9 | I50.20 |
| | | I50.21 | I50.22 | I50.23 |
| | | I50.30 | I50.31 | I50.32 |
| | | I50.33 | I50.40 | I50.41 |
| | | I50.42 | I50.43 | I50.9 |
| | | J43.0 | J43.1 | J43.2 |
| | | J43.8 | J43.9 | J44.0 |
| | | J44.1 | J44.9 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Treatment of nasal functional impairment and septal deviation | | | | | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – outpatient hospital | Prior authorization only required when requesting service in an outpatient hospital setting | Auditory System | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | Cardiovascular System | | | |
| | | 69205 | | | |
| | | 36590 | 36832 | | |
| | | Carpal Tunnel surgery | | | |
| | | 64721 | | | |
| | | Cataract Surgery | | | |
| | | 66821 | 66982 | 66984 | 66987 |
| | | 66988 | | | |
| | | Colonoscopy | | | |
| | | 45378 | 45380 | 45384 | 45385 |
| | | Cosmetic & 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 | |
| | | Ear, Nose and Throat (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 | |
| | | Gynecologic Procedures | | | |
| | | 57240 | 57250 | 57461 | 57520 |
| | | 57522 | 58353 | 58558 | 58561 |
| | | 58562 | 58563 | 58565 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Site of service (SOS) – outpatient hospital (continued)

| | | | | | |
|----------------------------------------|-------|-------|-------|-------|--|
| 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 | |
| | 29806 | 29807 | 29819 | 29822 | |
| | 29823 | 29824 | 29825 | 29826 | |
| | 29827 | 29828 | 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 | | |
| Tonsillectomy and Adenoidectomy | | | | | |
| | 42820 | 42821 | 42825 | 42826 | |

| 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 (continued) | | 42830 | | | |
| | | Upper and Lower Gastrointestinal Endoscopy | | | |
| | | 43235 | 43239 | 43249 | |
| | | Urologic Procedures | | | |
| | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | | 52276 | 52281 | 52287 | 52310 |
| | | 52320 | 52332 | 52344 | 52351 |
| | | 52352 | 52353 | 52356 | 54161 |
| | | 55040 | 55700 | 57288 | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------|-------|-------|-------|--|
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |

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|----------------------|------------------------------|-------|-------|-------|-------|
| Sleep studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| | | 95811 | | | |

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|-----------------------|------------------------------|-------|-------|-------|-------|
| 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 |
| | | 63085 | 63087 | 63090 | 63101 |
| | | 63102 | 63170 | 63172 | 63173 |
| | | 63185 | 63190 | 63191 | 63200 |
| 63250 | 63251 | 63252 | 63265 | | |
| 63267 | 63268 | 63270 | 63271 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Spinal surgery (continued) | | 63272 | 63286 | 63300 | 63301 |
| | | 63302 | 63303 | 63304 | 63305 |
| | | 63306 | 63307 | 63308 | 0095T |
| | | 0098T | 0164T | | |
| Stimulators | Prior authorization required | Bone Growth Stimulator | | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | | | |
| Transplants | Prior authorization required | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel), and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or use 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 | | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vein procedures | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| | | 37700 | 37718 | 37722 | 37765 |
| | | 37766 | 37780 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Vein procedures (continued) | | | | | |
| 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) A mechanical pump that takes over the function of the damaged heart ventricle 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 855-282-8929 . | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required | E2402 | | | |