

# Prior authorization requirements for Maryland Medicaid

Effective March 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 the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **Phone:** Call 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			
<b>Abortion (pregnancy termination)</b>	Prior authorization required — carved out by the state	Please call the number on the back of the member's health plan ID card.			
<b>Acupuncture</b>	Prior authorization required	97811	97814	S8930	
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization							
<b>Cancer supportive care</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See the Injectable medications section below</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448*</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic codes that require prior authorization:</u></b></p> <table border="0"> <tr> <td>J0185</td> <td>J1453</td> <td>J1454</td> <td>J1627</td> </tr> </table> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>888-397-8129</b>.</p>				J0185	J1453	J1454	J1627
J0185	J1453	J1454	J1627						
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance</p>	<p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>							
<b>Cardiovascular</b>	<p>Prior authorization required</p>	<p>37220 37226 75710*</p>	<p>37221 37227 75716*</p>	<p>37224 37228 93580**</p>	<p>37225 37229</p>				
<p>**Prior authorization will be required for dates of service on or after April</p>									

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

1, 2022

**\*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
I70.569	I70.591	I70.592	I70.593

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

- 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

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<b>Cochlear and other auditory implants</b> 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	69930
		L8614	L8619	L8627	L8628
		L8690	L8691	L8692	L8693
		L8694			

<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	

<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	13101*	13132*
		14040*	14060*	14301*	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	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		

<b>Durable Medical Equipment (DME)</b>	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 — see <i>Orthotics and prosthetics</i> .	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME)</b> (cont.)		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		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866*	64722
		65765	65767	66180	0191T
		A4638	A6000	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
* For dates of service on or after April 1, 2022, this code will require prior authorization under the service category Prostate procedures					
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980			
		These <b>surgical codes</b> with the following <b>DX codes</b> :				
		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					
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120*	
		81121	81161	81162	81163	
		81164	81165	81166	81167	
		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.	81168*	81170	81171	81172
			81173	81174	81175*	81176*
			81177	81178	81179	81180
			81181	81182	81183	81184
			81185	81186	81187	81188
			81189	81190	81191*	81192*
			81193*	81194*	81200	81201
			81203	81204	81205	81208
			81209	81212	81216	81218
			81220	81222	81223	81224
		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.	81225	81226	81227	81228
			81229	81230*	81231*	81232*
			81233	81234	81236	81237
			81238*	81239	81240	81241
			81242	81243	81244	81245
			81246	81247*	81248*	81249*
	81250	81251	81252	81253		
	81254	81255	81256	81257		
	81258*	81259*	81260	81261		
	81262	81263	81264	81265		
	81266	81267	81268	81269*		
	81271	81272	81273	81274		
	81276	81277*	81278*	81279*		
	81283	81284	81285	81286		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Genetic and molecular testing to include BRCA gene testing (cont.)**

81287	81288	81289	81290
81291	81292	81294	81295
81297	81298	81300	81302
81303	81304	81305	81306
81307*	81309*	81310	81312
81313	81314	81315	81316
81317	81318	81319	81320
81321	81322	81323	81324
81325	81326	81327	81328*
81329	81330	81331	81332
81333	81334*	81335*	81336
81337	81338*	81339*	81340
81341	81342	81343	81344
81345	81346*	81347*	81348*
81349*	81350	81351*	81352*
81353*	81355	81357*	81360*
81361*	81362*	81363*	81364*
81370	81371	81372	81373
81375	81376	81377	81378
81379	81380	81381	81382
81383	81400*	81401*	81402*
81403*	81404*	81405*	81406
81407*	81408*	81410	81411
81412	81413	81414	81415*
81416*	81417*	81419*	81420
81430	81431	81432	81433
81434	81435	81436	81437
81438	81439	81440	81442
81445	81448*	81460	81465
81470*	81471*	81479*	81507
81518	81519	81520*	81521*
81522*	81523*	81546	81554*
81595	81599*	87481	87482
87505	87506	87507	87510
87511	87512	87623	87797
87798	87799	87800	87801
0001U*	0004M*	0006M*	0007M*
0012U	0013U	0014U	0016U
0017U	0018U*	0022U*	0023U*
0026U*	0027U*	0030U*	0031U*
0032U*	0033U*	0034U*	0040U*
0046U*	0049U*	0055U*	0060U*
0068U	0070U	0071U	0072U
0073U	0074U	0075U	0076U
0084U	0087U	0088U	0097U
0111U	0129U	0136U	0137U



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		0154U*	0155U*	0157U*	0158U*
		0159U*	0160U*	0161U*	0168U*
		0169U*	0170U*	0171U*	0172U*
		0173U*	0175U*	0177U*	0179U*
		0180U*	0181U*	0182U*	0183U*
		0184U*	0185U*	0186U*	0187U*
		0188U*	0189U*	0190U*	0191U*
		0192U*	0193U*	0194U*	0195U*
		0196U*	0197U*	0198U*	0199U*
		0200U*	0201U*	0203U*	0205U*
		0209U*	0214U*	0215U*	0216U*
		0217U*	0218U*	0221U*	0222U*
		0229U*	0230U*	0231U*	0232U*
		0234U*	0235U*	0236U*	0237U*
		0238U*	0245U*	0246U*	0250U*
		0252U*	0253U*	0254U*	0258U*
		0260U*	0262U*	0264U*	0265U*
		0266U*	0267U*	0268U*	0269U*
		0270U*	0271U*	0272U*	0273U*
		0274U*	0276U*	0277U*	0278U*
		0282U*	0285U*	0286U*	0287U*
		0288U*	0289U*	0290U*	0291U*
		0292U*	0293U*	0294U*	0296U*
	0297U*	0298U*	0299U*	0300U*	
		S3870*			
*Codes effective 5/1/2022					
<b>Hearing aid services</b>	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267
		V5299			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Hysterectomy</b>	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
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J3262				
	<b>Acthar®</b>				
	J0800				
	<b>Adakveo®</b>				
	J0791				
	<b>Aldurazyme®*****</b>				
	J1931				
	<b>Aralast NP, Prolastin-C, Zemaira*****</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Berinert</b>				
	J0597				
	<b>Botulinum Toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Cerezyme®</b>				
	J1786				
	Cimzia®*				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Crysvita®</b>				
	J0584				
	<b>Cutaquig®****</b>				
	C9399	J3490	J3590		
	<b>Elaprase®*****</b>				
	J1743				
	<b>ElELYso®</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents</b>				
J0885*****					
<b>Evenity®</b>					
J3111					
<b>Exondys-51</b>					
J1428					

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

<b>Fabrazyme®*****</b>				
J0180				
<b>Fasenra®</b>				
J0517				
<b>Fensolvi®</b>				
J1951				
<b>Feraheme®</b>				
Q0138				
<b>Firmagon®</b>				
J9155				
<b>Gamifant®</b>				
J9210				
<b>Givlaari®</b>				
J0223				
<b>Glassia®*****</b>				
J0257				
<b>Ilaris®</b>				
J0638				
<b>Ilumya®</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kalbitor</b>				
J1290				
<b>Kanuma®*****</b>				
J2840				
<b>Krystexxa®</b>				
J2507				
<b>Lemtrada®</b>				
J0202				
<b>Lumizyme®*****</b>				
J0221				
<b>Lupron Depot®</b>				
J1950				
<b>Lupron Depot, Eligard®</b>				
J9217				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	<b>Luxturna™</b>	J3398		
	<b>Makena®/17P</b>	J1726	J1729	J2675
	<b>Mepsevii®*****</b>	J3397		
	<b>Monoferric®</b>	J1437		
	<b>Naglazyme®*****</b>	J1458		
	<b>Nplate®</b>	J2796		
	<b>Nucala®</b>	J2182		
	<b>Ocrevus™</b>	J2350		
	<b>Octreotide Acetate</b>	J2354		
	<b>Onpattro®</b>	J0222		
	<b>Orencia®</b>	J0129		
	<b>Parsabiv™</b>	J0606		
	<b>Radicava®</b>	J1301		
	<b>Reblozyl®</b>	J0896		
	<b>Remicade®</b>	J1745		
	<b>Renflexis®</b>	Q5104		
	<b>Riabni™</b>	Q5123		
	<b>Rituxan®</b>	J9312		
	<b>Rituxan Hycela®</b>	J9311		
	<b>Ruconest®</b>	J0596		
	<b>Ruxience®</b>	Q5119		
	<b>Sandostatin® LAR</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J2353				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza®</b>				
	J2326				
	<b>Stelara®</b>				
	J3358				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza</b>				
	J3241				
	<b>Therapeutic Radiopharmaceuticals**</b>				
	A9513	A9590	A9606	A9699	
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
Q5115					
<b>Ultomiris®</b>					
J1303					
<b>Unclassified Codes****</b>					
C9399	J3490	J3590			
<b>Vantas™</b>					
J9225					
<b>Vimizim®*****</b>					
J1322					
<b>Vyepti®</b>					
J3032					
<b>Vyondys 53®</b>					
J1429					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<b>White Blood Cell Colony Stimulating Factors***</b>			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		<b>Xembify®</b>			
		J1558			
		<b>Xolair®</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
		J3399			
		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 <a href="https://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			

\* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

\*\* Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call **888-397-8129**.

\*\*\*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.

For oncology DX please see Cancer Supportive Care section above. For non-oncology DX submit online at [UHCprovider.com](https://UHCprovider.com) > Prior Authorization and Notification tool or call **877-842-3210**.

\*\*\*\* Prior authorization is required for Cutaquig®, and Lupaneta Pack™ under unclassified codes C9399, J3490 and J3590. Revcovi will also require prior authorization for dates of service on or after April 1, 2022

\*\*\*\*\* For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

\*\*\*\*\*Prior authorization will be required for dates of service on or after April 1, 2022

<b>Inpatient stays</b>	Prior authorization required for all inpatient stays				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Joint replacement (cont.)</b>		29867	29868	J7330	S2112
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431		
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		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

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient therapy</b>	Prior authorization required for members ages 21 and older	92507	92508	92526	92630
		92633	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533
		97535	97537	97545	97750
		97755	97799		
*New category effective 5/1/2022					
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387		
		<b>IMRT</b>			
		Intensity-modulated radiation therapy			
		77385	77386		
		<b>Proton beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	
		<b>Standard radiation therapy (2D/3D)</b>			
		Prior authorization 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
<b>Y90</b>					
Implantable beta-emitting microspheres for treatment of malignant tumors					
79445					
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call <b>866-889-8054</b> .					
For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Radiation therapy (cont.)</b>		Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
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<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>
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<b>Remote patient monitoring</b>	Prior authorization required	S9110 with the following DX codes:			
		E10.10	E10.11	E10.21	E10.10
		E10.22	E10.29	E10.311	E10.22
		E10.319	E10.3211	E10.3212	E10.319
		E10.3213	E10.3219	E10.3291	E10.3213
		E10.3292	E10.3293	E10.3299	E10.3292
		E10.3311	E10.3312	E10.3313	E10.3311
		E10.3319	E10.3391	E10.3392	E10.3319
		E10.3393	E10.3399	E10.3411	E10.3393
		E10.3412	E10.3413	E10.3419	E10.3412
		E10.3491	E10.3492	E10.3493	E10.3491
		E10.3499	E10.3511	E10.3512	E10.3499
		E10.3513	E10.3519	E10.3521	E10.3513
		E10.3522	E10.3523	E10.3529	E10.3522
		E10.3531	E10.3532	E10.3533	E10.3531
		E10.3539	E10.3541	E10.3542	E10.3539
		E10.3543	E10.3549	E10.3551	E10.3543
		E10.3552	E10.3553	E10.3559	E10.3552
		E10.3591	E10.3592	E10.3593	E10.3591
		E10.3599	E10.36	E10.37X1	E10.3599
		E10.37X2	E10.37X3	E10.37X9	E10.37X2
		E10.39	E10.40	E10.41	E10.39
		E10.42	E10.43	E10.44	E10.42
		E10.49	E10.51	E10.52	E10.49
		E10.59	E10.610	E10.618	E10.59
		E10.620	E10.621	E10.622	E10.620
		E10.628	E10.630	E10.638	E10.628
		E10.641	E10.649	E10.65	E10.641
		E10.69	E10.8	E10.9	E10.69
		E11.00	E11.01	E11.10	E11.00
		E11.11	E11.21	E11.22	E11.11
		E11.29	E11.311	E11.319	E11.29

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Remote patient monitoring (cont.)</b>		E11.3211	E11.3212	E11.3213	E11.3211
		E11.3219	E11.3291	E11.3292	E11.3219
		E11.3293	E11.3299	E11.3311	E11.3293
		E11.3312	E11.3313	E11.3319	E11.3312
		E11.3391	E11.3392	E11.3393	E11.3391
		E11.3399	E11.3411	E11.3412	E11.3399
		E11.3413	E11.3419	E11.3491	E11.3413
		E11.3492	E11.3493	E11.3499	E11.3492
		E11.3511	E11.3512	E11.3513	E11.3511
		E11.3519	E11.3521	E11.3522	E11.3519
		E11.3523	E11.3529	E11.3531	E11.3523
		E11.3532	E11.3533	E11.3539	E11.3532
		E11.3541	E11.3542	E11.3543	E11.3541
		E11.3549	E11.3551	E11.3552	E11.3549
		E11.3553	E11.3559	E11.3591	E11.3553
		E11.3592	E11.3593	E11.3599	E11.3592
		E11.36	E11.37X1	E11.37X2	E11.36
		E11.37X3	E11.37X9	E11.39	E11.37X3
		E11.40	E11.41	E11.42	E11.40
		E11.43	E11.44	E11.49	E11.43
		E11.51	E11.52	E11.59	E11.51
		E11.610	E11.618	E11.620	E11.610
		E11.621	E11.622	E11.628	E11.621
		E11.630	E11.638	E11.641	E11.630
		E11.649	E11.65	E11.69	E11.649
		E11.8	E11.9	I50.20	E11.8
		I50.21	I50.22	I50.23	I50.21
		I50.30	I50.31	I50.32	I50.30
		I50.33	I50.40	I50.41	I50.33
		I50.42	I50.43	I50.9	I50.42
		J43.0	J43.1	J43.2	J43.0
		J43.8	J43.9	J44.0	J43.8
		J44.1	J44.9		J44.1
	<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory system</b> 69205			
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	<b>Cardiovascular system</b> 36590                      36832 <b>Carpal tunnel surgery</b> 64721			

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  
(cont.)

<b>Cataract surgery</b>				
66821	66982	66984	66987	
66988				
<b>Colonoscopy</b>				
45378	45380	45384	45385	
<b>Cosmetic and reconstructive</b>				
13101	13132	14040	14060	
14301	21552	21931		
<b>Digestive system</b>				
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		
<b>Ear, nose and throat (ENT) procedures</b>				
21320	30140	30520	69436	
69631				
<b>Eye and ocular adnexa</b>				
65710	65820	66250	66710	
66711	66825	66986	67010	
67041	67042	67105	67108	
67113	67840	68110	68115	
68320	68720	68815		
<b>Gynecologic procedures</b>				
57240	57250	57461	57520	
57522	58353	58558	58561	
58562	58563	58565		
<b>Hemic and lymphatic systems</b>				
38500	38510	38525		
<b>Hernia repair</b>				
49505	49585	49587	49650	
49651	49652	49653	49654	
49655				
<b>Integumentary system</b>				
10121	11440	11450	11624	
11770	13121	15100	15120	
15240	19020	19120	19125	
<b>Liver biopsy</b>				
47000				
<b>Male genital system</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal system</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	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			
		<b>Nervous system</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory system</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
	<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue	Prior authorization required	21685	41599	42145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Sleep apnea procedures and surgeries (cont.)</b>					
reduction for treating obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513* 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510* 22514** 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0095T	22102 22206 22214 22511* 22515* 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 0098T	22110 22207 22220 22512* 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307 0164T
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b> E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		<b>Neurostimulator</b> 43648 61864 61886 64553 64590 0315T	43881 61867 63650 64555 0312T 0316T	43882 61868 63655 64568 0313T 0317T	61863 61885 63685 64570 0314T L8680

\*Prior authorization required for dates of service on or after April 1, 2022  
\*\*SOS applies effective April 1, 2022

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Stimulators (cont.)</b>		L8682 L8688	L8685	L8686	L8687
<b>Transplants</b>	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 <b>888-936-7246</b> , 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		
		<b>CAR T-cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	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		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			