

Prior Authorization Requirements for Maryland

Effective Feb. 1, 2021

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 Link. Go to **UHCProvider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		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	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
Reconstruction of the breast except when following mastectomy		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 outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u> Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer Supportive Care (continued)		Pegfilgrastim (Neulasta®) J2505*
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*
		Pegfilgrastim-jmdb (Fulphila™) Q5108*
		Sargramostim (Leukine®) J2820
		Tbo-filgrastim (Granix®) J1447*
		<u>Bone-Modifying Agent That Requires Prior Authorization:</u>
		Denosumab (Xgeva®) J0897
		For prior authorization: please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCProvider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .

Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCProvider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	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

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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
	170.699	170.701	170.702	170.703	
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	
	170.731	170.732	170.733	170.734	
	170.735	170.738	170.739	170.741	
	170.742	170.743	170.744	170.745	

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

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)
- 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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Cochlear and Other Auditory implants

Prior authorization required

A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech

69710	69711	69714	69715
69718	69930	L8614	L8619
L8627	L8628	L8690	L8691
L8692	L8693	L8694	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and Reconstructive Procedures	Prior authorization required	11960	11971	13101*	13132*
	<u>For codes with an asterisk:</u>	14040*	14060*	14301*	15820
Cosmetic procedures that change or improve physical appearance without	Prior authorization required if performed in an outpatient hospital setting	15821	15822	15823	15830
		15847	17106	17107	17108
Cosmetic and Reconstructive Procedures (continued)	Prior authorization not required if performed at a participating ambulatory surgery center	17999	21137	21138	21139
		21172	21175	21179	21180
significantly improving or restoring physiological function		21181	21182	21183	21184
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
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
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0787	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		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	
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	58150
		58180	58260	58262	58290
		58291	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573	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	81107	81108
		81109	81110	81111	81121
		81161	81162	81163	81164
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating	81165	81166	81167	81170
		81171	81172	81173	81174
		81177	81178	81179	81180

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)	the laboratory and test name.	81181	81182	81183	81184
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81185	81186	81187	81188
		81189	81190	81200	81201
		81202	81203	81204	81205
		81206	81207	81208	81209
		81210	81212	81215	81216
	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.	81217	81218	81219	81220
		81221	81222	81223	81224
		81225	81226	81227	81228
		81229	81233	81234	81235
		81236	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	81270
		81271	81272	81273	81274
		81275	81276	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81310	81311
		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	81374
		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	

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)		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		
Injectable Medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert			
		J0597			
		Botulinum Toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
		J1786			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cutaquig®****			
C9399	J3490	J3590			
ElELYso®					
J3060					
Entyvio®					
J3380					
Erythropoiesis Stimulating Agents*****					
J0885					
Feraheme®					
Q0138					
Ilaris®					
J0638					
Inflectra®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable Medications (continued)		Q5103				
			Injectafer®			
			J1439			
			IVIG			
			90283	90284	C9072	J1459
			J1555	J1556	J1557	J1559
			J1561	J1566	J1568	J1569
			J1572	J1575	J1599	
			Lemtrada®			
			J0202			
			Makena®/17P			
			J1726	J1729	J2675	
			Monoferic®			
			J1437			
			Nucala®			
			J2182			
			Ocrevus™			
			J2350			
			Orencia®			
			J0129			
			Parsabiv™			
			J0606			
			Remicade®			
			J1745			
			Renflexis®			
			Q5104			
			Rituxan®			
			J9312			
			Rituxan Hycela®			
			J9311			
			Ruconest®			
			J0596			
			Ruxience®			
			Q5119			
			Simponi Aria®			
			J1602			
			Sodium Hyaluronate			
			J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329	
		J7331	J7332	J7333		
		Soliris®				
		J1300				
		Stelara®				
		J3358				
		Synagis®*				
		90378				

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

Therapeutic Radiopharmaceuticals**

A9513 A9590 A9606 A9699

Truxima®

Q5115

Unclassified Codes****

C9399 J3490 J3590

White Blood Cell Colony Stimulating Factors***

J1442 J1447 J2505 Q5101

Q5108 Q5110 Q5111 Q5120

Q5122

Xembify®

J1558

Xolair®

J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCProvider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

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***Codes J1442, J1447 J2505, 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>link>Prior Authorization and Notification tool** on your link dashboard or call 877-842-3210

**** Prior authorization is required for Cutaquig® under unclassified codes C9399, J3490 and J3590.

***** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis

Inpatient stays Prior authorization required for all inpatient stays

Joint Replacement	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint, total hip and knee replacement procedures Joint Replacement (continued)		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 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	
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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Orthotics and Prosthetics
(continued)**

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
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			
Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<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 Link. Go to UHCProvider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. or, call 866-889-8054.</p> <p>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</p>			
Remote Patient Monitoring	Prior authorization required	S9110 with the following DX codes:			
		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	
		E10.49	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote Patient Monitoring (continued)		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		
Rhinoplasty and Septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of Service (SOS) – Outpatient Hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69205			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cardiovascular System			
		36590	36832		
		Carpal Tunnel surgery			
		64721			
		Cataract Surgery			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		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	
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of Service (SOS) – Outpatient Hospital (continued)		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
			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						
Sleep Studies	Prior authorization required	95805	95807	95808	95810	
		95811				
Spinal Surgery	Prior authorization required	22100	22101	22102	22110	
		22112	22114	22206	22207	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal Surgery (continued)		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	63194
		63195	63196	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		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 800-418-4994 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		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
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	37780
Ventricular Assist Devices (VAD)	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 .			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound Vac	Prior authorization required	E2402			