

Prior Authorization Requirements for Maryland Medicaid

Effective May 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 **UHCPProvider.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 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
Cancer Supportive Care (continued)	outpatient setting for a cancer diagnosis *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.	<p>Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-Modifying Agent That Requires Prior Authorization:</u> Denosumab (Xgeva®) J0897</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 888-397-8129.</p>

Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</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 > Cardiology Prior Authorization and Notification Program</p>
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Cardiovascular	Prior authorization required for the codes listed	37220	37221	37224	37225
		37226	37227	37228	37229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602

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

Chemotherapy

Prior authorization required for injectable chemotherapy

Injectable chemotherapy drugs that require prior authorization:

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued)	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> 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
		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 .

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	

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

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
		15821	15822	15823	15830
	Prior authorization required if performed in an outpatient hospital setting	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	

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 – 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			
Durable Medical Equipment (DME) (continued)		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	B4036	B4100
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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	
		81165	81166	81167	81170	
		81171	81172	81173	81174	
	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.	81177	81178	81179	81180	
		81181	81182	81183	81184	
		81185	81186	81187	81188	
		81189	81190	81200	81201	
		81202	81203	81204	81205	
		81206	81207	81208	81209	
		81210	81212	81215	81216	
		81217	81218	81219	81220	
		81221	81222	81223	81224	
		81225	81226	81227	81228	
		81229	81233	81234	81235	
		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.	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			

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)		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
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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			
		Cinryze®			
		J0598			
		Cutaquig®****			
		C9399	J3490	J3590	
		Elelyso®			
		J3060			
		Entyvio®			
		J3380			
		Erythropoiesis Stimulating Agents****			
		J0885			
		Feraheme®			
		Q0138			
Ilaris®					
J0638					
Inflectra®					
Q5103					
Injectafer®					
J1439					
IVIG					
90283	90284	J1459	J1554		
J1555	J1556	J1557	J1559		
J1561	J1566	J1568	J1569		
J1572	J1575	J1599			

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

Lemtrada®				
J0202				
Makena®/17P				
J1726	J1729		J2675	
Monoferric®				
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			
Soliris®				
J1300				
Spinraza®				
J2326				
Stelara®				
J3358				
Synagis®*				
90378				
<u>Therapeutic Radiopharmaceuticals**</u>				
A9513	A9590	A9606		A9699
Truxima®				

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

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
Zolgensma®
 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 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**.

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

***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
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and Prosthetics (continued)		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
Proton Beam Therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
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. 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 . 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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote Patient Monitoring (continued)		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		
	Rhinoplasty and Septoplasty	Prior authorization required	30400	30410	30420
Treatment of nasal functional		30435	30450	30460	30462

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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impairment and septal deviation		30465			
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Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of Service (SOS) – Outpatient Hospital

Prior authorization only required when requesting service in an outpatient hospital setting
 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)

Auditory System

69205

Cardiovascular System

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

Hemic and Lymphatic Systems

38500 38510 38525

Hernia Repair

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		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
		42830			
	Upper and Lower Gastrointestinal Endoscopy				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep Studies	Prior authorization required	95805	95807	95808	95810
		95811			
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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal Surgery (continued)					
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Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator	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 Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37780

Ventricular Assist Devices	Prior authorization required	Please call the notification number on the back of the member's			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(VAD) A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		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			