

Prior Authorization Requirements for Maryland Medicaid

Effective July 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 |
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|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Cancer supportive care (continued) | outpatient setting for a cancer diagnosis | Q5101* |
| | *Codes J1442, J1447 | Filgrastim (Neupogen®) |
| | J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See Injectible medications section below. | J1442* |
| | | Filgrastim-aafi (Nivestym™) |
| | | Q5110* |
| | | Pegfilgrastim-appgf, biosimilar (Nyvepria®) |
| | | Q5122* |
| | | 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 | |
| | <u>Antiemetic codes That Requires Prior Authorization:</u> | |
| | J0185 J1453 J1454 J1627 | |
| | J2469 J8501 J8655 J8670 | |
| | 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 . | |

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|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 . 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 |
| | Prior authorization required for participating physicians for outpatient and office-based diagnostic | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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Cardiology (continued) catheterizations, echocardiograms and stress echoes prior to performance

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|-----------------------|---------------------------------------------------|------------------------------------------------------------------|---------|---------|---------|
| Cardiovascular | Prior authorization required for the codes listed | 37220 | 37221 | 37224 | 37225 |
| | | 37226 | 37227 | 37228 | 37229 |
| | | 75710* | 75716* | | |
| | | *Prior authorization required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | I70.221 | I70.222 |
| | | I70.223 | I70.228 | I70.229 | I70.231 |
| | | I70.232 | I70.233 | I70.234 | I70.235 |
| | | I70.238 | I70.239 | I70.241 | I70.242 |
| | | I70.243 | I70.244 | I70.245 | I70.248 |
| | | I70.249 | I70.25 | I70.261 | I70.262 |
| | | I70.263 | I70.268 | I70.269 | I70.291 |
| | | I70.292 | I70.293 | I70.298 | I70.299 |
| | | I70.301 | I70.302 | I70.303 | I70.308 |
| | | I70.309 | I70.311 | I70.312 | I70.313 |
| | | I70.318 | I70.319 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.391 | I70.392 | I70.393 |
| | | I70.399 | I70.401 | I70.402 | I70.403 |
| | | I70.408 | I70.409 | I70.411 | I70.412 |
| | | I70.413 | I70.418 | I70.421 | I70.422 |
| | | I70.423 | I70.428 | I70.429 | I70.431 |
| | | I70.432 | I70.433 | I70.434 | I70.435 |
| | | I70.438 | I70.439 | I70.441 | I70.442 |
| | | I70.443 | I70.444 | I70.445 | I70.448 |
| | | I70.449 | I70.461 | I70.462 | I70.463 |
| | | I70.468 | I70.469 | I70.491 | I70.492 |
| | | I70.493 | I70.498 | I70.499 | I70.501 |
| | | I70.502 | I70.503 | I70.508 | I70.509 |
| | | I70.511 | I70.512 | I70.513 | I70.518 |
| | | I70.519 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Cardiovascular (continued) | | T82.319A T82.399A T82.868A | T82.338A T82.818A T82.898A | T82.392A T82.856A Z95.820 | T82.398A T82.858A 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: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <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> | | | |
| 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 69718 L8627 L8692 | 69711 69930 L8628 L8693 | 69714 L8614 L8690 L8694 | 69715 L8619 L8691 |
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 E0787 | A9276 K0553 | A9277 K0554 | A9278 |
| 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 <u>For codes with an asterisk:</u> Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center | 11960 14040* 15821 15847 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914 67921 67950 | 11971 14060* 15822 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915 67922 67961 | 13101* 14301* 15823 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916 67923 67966 | 13132* 15820 15830 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912 67917 67924 Q2026 |
| Durable medical equipment (DME) | Prior authorization required only for the codes listed with | A9279 E0265 | A9280 E0266 | A9900 E0270 | E0194 E0277 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Durable medical equipment (DME) (continued) | a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0300 | E0328 | E0329 | E0445 |
| | | E0457 | E0460 | E0465 | E0466 |
| | | E0470 | E0471 | E0483 | E0486 |
| | | E0620 | E0636 | E0637 | E0652 |
| | | E0656 | E0669 | E0670 | E0675 |
| | | E0693 | E0694 | E0700 | E0710 |
| | | E0745 | E0762 | E0764 | E0766 |
| | | E0784 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1009 | E1010 |
| | | E1030 | E1035 | E1036 | E1130 |
| | | E1161 | E1229 | E1231 | E1232 |
| | | E1233 | E1234 | E1235 | E1236 |
| | | E1237 | E1238 | E1239 | E1825 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | E2300 | E2301 | E2310 | E2311 |
| | | E2322 | E2325 | E2327 | E2329 |
| | | E2331 | E2351 | E2373 | E2510 |
| | | E2511 | E2512 | E2599 | E2626 |
| | | E2627 | E2628 | E2629 | E2630 |
| | | E8000 | K0005 | K0008 | K0013 |
| | | K0108 | K0812 | K0830 | K0831 |
| | | K0848 | K0849 | K0850 | K0851 |
| | | K0852 | K0853 | K0854 | K0855 |
| | | K0856 | K0857 | K0858 | K0859 |
| | | K0860 | K0861 | K0862 | K0863 |
| | | K0864 | K0868 | K0869 | K0870 |
| | | K0871 | K0877 | K0878 | K0879 |
| | | K0880 | K0884 | K0885 | K0886 |
| | | K0890 | K0891 | S1040 | T1999 |
| T5999 | V2786 | V5269 | V5270 | | |
| V5271 | V5272 | V5274 | V5281 | | |
| V5282 | V5283 | V5286 | V5287 | | |
| V5288 | V5290 | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------|-------|-------|
| 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 | 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 |
| | Care providers requesting laboratory testing will be required to complete the prior | 81171 | 81172 | 81173 | 81174 |
| | | 81177 | 81178 | 81179 | 81180 |
| | authorization/notification | 81181 | 81182 | 81183 | 81184 |
| | process, which includes | 81185 | 81186 | 81187 | 81188 |
| | indicating the laboratory and | 81189 | 81190 | 81200 | 81201 |
| | test name. Payment will be | 81202 | 81203 | 81204 | 81205 |
| | authorized for those CPT | 81206 | 81207 | 81208 | 81209 |
| | codes registered with the | 81210 | 81212 | 81215 | 81216 |
| | Genetic and Molecular | 81217 | 81218 | 81219 | 81220 |
| | Testing Prior | 81221 | 81222 | 81223 | 81224 |
| | Authorization/Notification | 81225 | 81226 | 81227 | 81228 |
| | Program for each specified | 81229 | 81233 | 81234 | 81235 |
| | genetic test. | 81236 | 81237 | 81239 | 81240 |
| | Notification/prior | 81241 | 81242 | 81243 | 81244 |
| | authorization required for | 81245 | 81246 | 81250 | 81251 |
| | BRCA testing before DNA | 81252 | 81253 | 81254 | 81255 |
| | sequencing is performed. | 81256 | 81257 | 81260 | 81261 |
| | The ordering care provider | 81262 | 81263 | 81264 | 81265 |
| | must notify the laboratory | 81266 | 81267 | 81268 | 81270 |
| | conducting the test and the | 81271 | 81272 | 81273 | 81274 |
| | laboratory will notify | | | | |
| | UnitedHealthcare. | | | | |

| 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) | | 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 | |
| | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------|------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Hospice | Prior authorization required | T2044 | T2045 | | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |
| | | 58541 | 58542 | 58543 | 58544 |
| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |
| 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 | | | | | |
| Firmagon® | | | | | |
| J9155 | | | | | |
| Ilaris® | | | | | |
| J0638 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|---------------------------------------|--------------------------------|--------------------------------------------------------------|-------|-------|
| Injectable medications (continued) | Inflectra® | | | |
| | Q5103 | | | |
| | Injectafer® | | | |
| | J1439 | | | |
| | IVIG | | | |
| | 90283 | 90284 | J1459 | J1554 |
| | J1555 | J1556 | J1557 | J1559 |
| | J1561 | J1566 | J1568 | J1569 |
| | J1572 | J1575 | J1599 | |
| | Krystexxa®***** | | | |
| | J2507 | | | |
| | Lemtrada® | | | |
| | J0202 | | | |
| | Lupron Depot® | | | |
| | J1950 | | | |
| | Lupron Depot, Eligard® | | | |
| | J9217 | | | |
| | Makena®/17P | | | |
| | J1726 | J1729 | J2675 | |
| | Monoferric® | | | |
| | J1437 | | | |
| | Nplate®***** | | | |
| | J2796 | | | |
| | Nucala® | | | |
| | J2182 | | | |
| | Ocrevus™ | | | |
| | J2350 | | | |
| | Octreotide Acetate***** | | | |
| J2354 | | | | |
| Orencia® | | | | |
| J0129 | | | | |
| Parsabiv™ | | | | |
| J0606 | | | | |
| Remicade® | | | | |
| J1745 | | | | |
| Renflexis® | | | | |
| Q5104 | | | | |
| Rituxan® | | | | |
| J9312 | | | | |
| Rituxan Hycela® | | | | |
| J9311 | | | | |
| Ruconest® | | | | |
| J0596 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|-------|-------|--|
| Injectable medications (continued) | Ruxience® | | | | |
| | Q5119 | | | | |
| | Sandostatin® LAR***** | | | | |
| | J2353 | | | | |
| | Signifor® LAR***** | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Soliris® | | | | |
| | J1300 | | | | |
| | Somatuline® Depot***** | | | | |
| | J1930 | | | | |
| | Spinraza® | | | | |
| | J2326 | | | | |
| | Stelara® | | | | |
| | J3358 | | | | |
| | Supprelin® LA | | | | |
| | J9226 | | | | |
| | Synagis®* | | | | |
| | 90378 | | | | |
| | <u>Therapeutic Radiopharmaceuticals**</u> | | | | |
| | A9513 | A9590 | A9606 | A9699 | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Truxima® | | | | |
| | Q5115 | | | | |
| Unclassified Codes**** | | | | | |
| C9399 | J3490 | J3590 | | | |
| Vantas™ | | | | | |
| J9225 | | | | | |
| White Blood Cell Colony Stimulating Factors*** | | | | | |
| J1442 | J1447 | J2505 | Q5101 | | |
| Q5108 | Q5110 | Q5111 | Q5120 | | |
| Q5122 | | | | | |
| Xembify® | | | | | |
| J1558 | | | | | |
| Xolair®* | | | | | |

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

| | | | | | |
|------------------------------------|-------------------|--|--|--|--|
| Injectable medications (continued) | J2357 | | | | |
| | Zoladex® | | | | |
| | J9202 | | | | |
| | 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®, Lupaneta Pack™ and Riabni 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

***** Codes are effective 8/1/2021

| | | | | | |
|--------------------------------------------------|------------------------------------------------------|------------------------------|-------|-------|-------|
| Inpatient stays | Prior authorization required for all inpatient stays | | | | |
| Joint replacement | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| | Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | |
| Orthognathic surgery | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Orthognathic surgery (continued) impairment | | 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 | |
| | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------|------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |

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

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|----------------------------|------------------------------|-------|-------|-------|-------|
| 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 | <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. 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 | Auditory System | | | |
| | | 69205 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | service in an outpatient hospital setting | Cardiovascular System | | | |
| | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 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 | | | |
| | | 49505 | 49585 | 49587 | 49650 |
| | | 49651 | 49652 | 49653 | 49654 |
| | | 49655 | | | |
| | | Integumentary System | | | |
| | | 10121 | 11440 | 11450 | 11624 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 | | | | |
| | 43235 | 43239 | 43249 | | |
| | Urologic Procedures | | | | |
| | 50590 | 52000 | 52005 | 52204 | |
| | 52224 | 52234 | 52235 | 52260 | |
| | 52276 | 52281 | 52287 | 52310 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 95811 | 95807 | 95808 | 95810 |
| 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 | |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| Stimulators (continued) | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | | | |

Transplants Prior authorization required For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel), and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or use the notification number on the back of the member's health plan ID card.

| | | | |
|--------|-------|-------|-------|
| 32850 | 32851 | 32852 | 32853 |
| 32854 | 32855 | 32856 | 33930 |
| 33933 | 33935 | 33940 | 33944 |
| 33945 | 38208 | 38209 | 38210 |
| 38212 | 38213 | 38214 | 38215 |
| 38232* | 38240 | 38241 | 38242 |
| 44132 | 44133 | 44135 | 44136 |
| 44137 | 44715 | 44720 | 44721 |
| 47133 | 47135 | 47140 | 47141 |
| 47142 | 47143 | 47144 | 47145 |
| 47146 | 47147 | 48551 | 48552 |
| 48554 | 50300 | 50320 | 50323 |
| 50325 | 50340 | 50360 | 50365 |
| 50370 | 50380 | 50547 | S2060 |
| S2061 | S2152 | | |

CAR T-Cell Therapy

| | | | |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| Q2041 | Q2042 | | |

*Code 38232 will only require prior authorization for an oncology diagnosis

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------|-------|-------|-------|
| Vein procedures | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| 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 | | |

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**.

| | | | |
|-------|-------|-------|-------|
| 33927 | 33928 | 33929 | 33975 |
| 33976 | 33979 | 33981 | 33982 |
| 33983 | Q0507 | Q0508 | Q0509 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------------|--------------------------------------------------------------|
| Wound vac | Prior authorization required | E2402 |