

Prior Authorization Requirements for Maryland

Effective April 1, 2019

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 or fax:

- **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**
- **Fax: 888-899-1681;** fax form is available at **UHCprovider.com/MDcommunityplan** > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

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	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
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	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	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	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Bio similar (Zarxio®) Q5101			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (cont'd)		<p>Filgrastim (Neupogen[®]) J1442</p> <p>Filgrastim-aafi (Nivestym[™]) Q5110</p> <p>Pegfilgrastim (Neulasta[®]) J2505</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></p> <p>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>
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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>

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		L8690	L8691	L8692	
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	13101*	13132*
	For codes with an asterisk:	14040*	14060*	14301*	15820
	Prior authorization required if performed in an outpatient hospital setting	15821	15822	15823	15830
		15847	17106	17107	17108
	Prior authorization not required if performed at a participating ambulatory surgery center	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21552*
		21740	21742	21743	21931*
		28344	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
	67914	67915	67916	67917	
	67921	67922	67923	67924	
	67950	67961	67966	Q2026	
	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
E0265			E0266	E0270	E0277
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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	Prior authorization required	B4034	B4035	B4036
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	61863
		61864	61867	61868	61886
		64555	64722	65765	65767
		66180	0085T	0191T	A4638
		A6000	A9274	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	19304	20926
		31899	53410	53430	54125
		54400	54401	54405	54520
		54660	54690	55175	55180
		55970	55980	56625	56800
		56805	57110	57335	58150
		58180	58260	58262	58290
		58291	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont'd)		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 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.	81165	81166	81167	81170
		81171	81172	81173	81174
		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
		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
	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		

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 (cont'd)		81443	81445	81450	81455
		81460	81465	81507	81518
		81519	81545	81595	0012U
		0013U	0014U	0016U	0017U
		0069U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
			0078U		
Hearing aid services	Prior authorization required	V5170	V5180	V5210	V5220
		V5230	V5250	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	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	S9474
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	Actemra[®]			
		J3262			
		Acthar[®]			
		J0800			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura[™]			
		J0567			
		Cerezyme[®]			
		J1786			
		Cinqair[®]			
		J2786			
		ElELYso[®]			
		J3060			
		Entyvio[®]			
		J3380			
		Ilaris[®]			
		J0638			
		Inflectra[®]			
		Q5103			
		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Lemtrada[®]			
		J0202			
Makena[®]/17P					
J1726	J1729	J2675			
Nucala[®]					
J2182					
Ocrevus[™]					

Procedures and Services

Additional Information

CPT[®] or HCPCS Codes and/or How to Obtain Prior Authorization

Injectable medications (cont'd)

J2350

Orencia[®]

J0129

Parsabiv[™]

J0606

Remicade[®]

J1745

Renflexis[®]

Q5104

Simponi Aria[®]

J1602

Soliris[®]

J1300

Synagis^{®*}

90378

Unclassified codes**

C9399

J3490

J3590

Xolair^{®*}

J2357

The following codes will also require prior authorization for dates of service May 1, 2019 or after:

Therapeutic radiopharmaceuticals***

A9513

A9606

A9699

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 Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Brineura[™].

***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**

Inpatient stays

Prior authorization required for all inpatient stays

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
	Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456
		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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		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	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L8046 L8610	L8047 L8612	L8499 L8631	L8609 L8659
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Remote patient monitoring (cont'd)		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	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	Carpal tunnel surgery				
	Prior authorization not required if	64721				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)	performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		
52281	52310	52332	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	
		95811		95810	
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	22100	22101	22102	
		22112	22114	22206	
				22207	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	
		63180	63182	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	64553	64570	
		0095T	0098T	0164T		
	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		
	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				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
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			