

# Prior Authorization Requirements for Maryland Medicaid

## Effective January 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile 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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Abortion (pregnancy termination)</b>	Prior authorization required – carved out by the state	Please call the number on the back of the member's health plan ID card.			
<b>Acupuncture</b>	Prior authorization required	97811	97814	S8930	
<b>Bariatric surgery</b>	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
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
Reconstruction of the breast except when following mastectomy		L8600			
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Bio similar (Zarxio<sup>®</sup>)</b> Q5101			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
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**Cancer supportive care (cont'd)**

**Filgrastim (Neupogen<sup>®</sup>)**  
J1442

**Filgrastim-aafi (Nivestym<sup>™</sup>)**  
Q5110

**Pegfilgrastim (Neulasta<sup>®</sup>)**  
J2505

**Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)**  
Q5108

**Sargramostim (Leukine<sup>®</sup>)**  
J2820

**Tbo-filgrastim (Granix<sup>®</sup>)**  
J1447

**Bone-modifying agent that requires prior authorization:**

**Denosumab**  
J0897

For prior authorization:

please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**.

**Cardiology**

Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance

For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance

For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/MDcommunityplan**>Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program

**Chemotherapy**

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

**Injectable chemotherapy drugs that require prior authorization:**

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)
- 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 app on Link. Go to **UHCprovider.com** and click on the Link button

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (cont'd)</b>		in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715
		69718	69930	L8614	L8619
		L8690	L8691	L8692	
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	13101*	13132*
	<b>For codes with an asterisk:</b>	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
	<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279	A9280	E0194
E0266			E0270	E0300	E0445
E0457			E0460	E0466	E0483
E0620			E0636	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			E1161	E1229	E1231
E1232			E1233	E1234	E1235
E1236			E1237	E1238	E1239
E2100			E2227	E2228	E2230
E2300			E2301	E2322	E2325
E2327			E2329	E2331	E2351
E2373			E2510	E2511	E2599
E2626			E2627	E2628	E2629
E2630			K0005	K0008	K0013
K0108			K0812	K0830	K0831
K0848			K0849	K0850	K0851
K0852			K0853	K0854	K0855
K0856			K0857	K0858	K0859
K0860	K0861	K0862	K0863		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b> (cont'd)		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
<b>Experimental and investigational</b> (and/or linked services)	Prior authorization required	0085T	0191T	33477	36514
		55866	61863	61864	61867
		61868	61886	64555	64722
		65765	65767	66180	95978
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S2102	S9988	S9990	S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
These <b>surgical codes</b> with the following <b>DX codes</b> :					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14020	14021
		14041	14061	14301	14302
		15734	15738	15750	15757
		15758	19303	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
		58573	58661	58720	58940
		64856	64892	64896	
<b>Hearing aid services</b>	Prior authorization required	V5170	V5180	V5210	V5220
		V5230	V5250	V5254	V5255
		V5256	V5257	V5258	V5259

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hearing aid services (cont'd)</b>		V5260	V5261	V5299	
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299 G0495	G0300 G0496	G0493 S9474	G0494
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Injectable medications</b>	Prior authorization required	<b>Actemra<sup>®</sup></b> J3262 <b>Acthar<sup>®</sup></b> J0800 <b>Botulinum toxins</b> J0585      J0586      J0587      J0588 <b>Brineura<sup>™</sup></b> J0567 <b>Cerezyme<sup>®</sup></b> J1786 <b>Cinqair<sup>®</sup></b> J2786 <b>ElELYso<sup>®</sup></b> J3060 <b>Entyvio<sup>®</sup></b> J3380 <b>Ilaris<sup>®</sup></b> J0638 <b>Inflectra<sup>®</sup></b> Q5103 <b>IVIG</b> 90283      90284      J1459      J1555 J1556      J1557      J1559      J1561 J1566      J1568      J1569      J1572 J1575      J1599 <b>Lemtrada<sup>®</sup></b> J0202 <b>Makena<sup>®</sup>/17P</b> J1726      J1729      J2675 <b>Nucala<sup>®</sup></b> J2182 <b>Ocrevus<sup>™</sup></b> J2350 <b>Orencia<sup>®</sup></b> J0129 <b>Parsabiv<sup>™</sup></b> J0606 <b>Remicade<sup>®</sup></b> J1745 <b>Renflexis<sup>®</sup></b> Q5104			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

**Simponi Aria<sup>®</sup>**  
 J1602  
**Soliris<sup>®</sup>**  
 J1300  
**Spinraza<sup>™</sup>**  
 J2326  
**Synagis<sup>®\*</sup>**  
 90378  
**Unclassified codes\*\***  
 C9399      J3490      J3590  
**Xolair<sup>®\*</sup>**  
 J2357

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

\* Please obtain prior notification for 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<sup>™</sup>.

Inpatient stays	Prior authorization required for all inpatient stays				
<b>Joint replacement</b>	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
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b>	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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotic 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	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	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	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	L5648	L5651
		L5653	L5661	L5682	L5702
L5703	L5706	L5716	L5718		
L5722	L5724	L5726	L5728		
L5780	L5790	L5795	L5811		
L5812	L5814	L5816	L5818		
L5822	L5824	L5826	L5828		
L5830	L5848	L5857	L5858		
L5930	L5950	L5960	L5961		
L5964	L5966	L5968	L5973		
L5976	L5979	L5980	L5981		
L5982	L5984	L5987	L5988		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		L5990	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			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MDcommunityplan</b> &gt;Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</p>			



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																																																																				
Remote patient monitoring	Prior authorization required	S9110 with the following DX codes:																																																																																																																																				
		<table border="0"> <tr><td>E10.10</td><td>E10.11</td><td>E10.21</td></tr> <tr><td>E10.22</td><td>E10.29</td><td>E10.311</td></tr> <tr><td>E10.319</td><td>E10.3211</td><td>E10.3212</td></tr> <tr><td>E10.3213</td><td>E10.3219</td><td>E10.3291</td></tr> <tr><td>E10.3292</td><td>E10.3293</td><td>E10.3299</td></tr> <tr><td>E10.3311</td><td>E10.3312</td><td>E10.3313</td></tr> <tr><td>E10.3319</td><td>E10.3391</td><td>E10.3392</td></tr> <tr><td>E10.3393</td><td>E10.3399</td><td>E10.3411</td></tr> <tr><td>E10.3412</td><td>E10.3413</td><td>E10.3419</td></tr> <tr><td>E10.3491</td><td>E10.3492</td><td>E10.3493</td></tr> <tr><td>E10.3499</td><td>E10.3511</td><td>E10.3512</td></tr> <tr><td>E10.3513</td><td>E10.3519</td><td>E10.3521</td></tr> <tr><td>E10.3522</td><td>E10.3523</td><td>E10.3529</td></tr> <tr><td>E10.3531</td><td>E10.3532</td><td>E10.3533</td></tr> <tr><td>E10.3539</td><td>E10.3541</td><td>E10.3542</td></tr> <tr><td>E10.3543</td><td>E10.3549</td><td>E10.3551</td></tr> <tr><td>E10.3552</td><td>E10.3553</td><td>E10.3559</td></tr> <tr><td>E10.3591</td><td>E10.3592</td><td>E10.3593</td></tr> <tr><td>E10.3599</td><td>E10.36</td><td>E10.37X1</td></tr> <tr><td>E10.37X2</td><td>E10.37X3</td><td>E10.37X9</td></tr> <tr><td>E10.39</td><td>E10.40</td><td>E10.41</td></tr> <tr><td>E10.42</td><td>E10.43</td><td>E10.44</td></tr> <tr><td>E10.49</td><td>E10.51</td><td>E10.52</td></tr> <tr><td>E10.59</td><td>E10.610</td><td>E10.618</td></tr> <tr><td>E10.620</td><td>E10.621</td><td>E10.622</td></tr> <tr><td>E10.628</td><td>E10.630</td><td>E10.638</td></tr> <tr><td>E10.641</td><td>E10.649</td><td>E10.65</td></tr> <tr><td>E10.69</td><td>E10.8</td><td>E10.9</td></tr> <tr><td>E11.00</td><td>E11.01</td><td>E11.10</td></tr> <tr><td>E11.11</td><td>E11.21</td><td>E11.22</td></tr> <tr><td>E11.29</td><td>E11.311</td><td>E11.319</td></tr> <tr><td>E11.3211</td><td>E11.3212</td><td>E11.3213</td></tr> <tr><td>E11.3219</td><td>E11.3291</td><td>E11.3292</td></tr> <tr><td>E11.3293</td><td>E11.3299</td><td>E11.3311</td></tr> <tr><td>E11.3312</td><td>E11.3313</td><td>E11.3319</td></tr> <tr><td>E11.3391</td><td>E11.3392</td><td>E11.3393</td></tr> <tr><td>E11.3399</td><td>E11.3411</td><td>E11.3412</td></tr> <tr><td>E11.3413</td><td>E11.3419</td><td>E11.3491</td></tr> <tr><td>E11.3492</td><td>E11.3493</td><td>E11.3499</td></tr> <tr><td>E11.3511</td><td>E11.3512</td><td>E11.3513</td></tr> <tr><td>E11.3519</td><td>E11.3521</td><td>E11.3522</td></tr> <tr><td>E11.3523</td><td>E11.3529</td><td>E11.3531</td></tr> <tr><td>E11.3532</td><td>E11.3533</td><td>E11.3539</td></tr> <tr><td>E11.3541</td><td>E11.3542</td><td>E11.3543</td></tr> </table>	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	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote patient monitoring (cont'd)		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		
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospita</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – outpatient hospital (cont'd)

**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
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**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
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Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

**Spinal stimulator for pain management**

Prior authorization required

63650	63655	63685
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Spinal cord stimulators when implanted for pain management

**Spinal surgery**

Prior authorization required

0095T	0098T	0164T	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

**Spinal surgery (cont'd)**

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
		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	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b>	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
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . 33927    33928    33929    33975 33976    33979    33981    33982 33983    Q0507    Q0508    Q0509			
<b>Wound vac</b>	Prior authorization required	E2402			