

Prior Authorization Requirements for Maryland

Effective Jan. 1, 2020

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan in Maryland care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** Call **866-604-3267**.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Abortion (pregnancy termination)	Prior authorization required – carved out by the state	Please call the number on the back of the member’s health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
Bariatric Surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral Health Services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member’s health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone Growth Stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																				
Cancer Supportive Care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>* Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 will also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></p> <p>Bio similar (Zarxio®) Q5101 *</p> <p>Filgrastim (Neupogen®) J1442 *</p> <p>Filgrastim-aafi (Nivestym™) Q5110 *</p> <p>Pegfilgrastim (Neulasta®) J2505 *</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111 *</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108 *</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447 *</p> <p><u>Bone-Modifying Agent That Requires Prior Authorization:</u></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>																				
Cardiovascular	<p>Prior authorization required for lower extremities angiogram only</p>	<p>75710* 75716*</p> <p>* Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> </table>	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
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																			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.201	170.202	170.203	170.208
		170.209	170.211	170.212	170.213
		170.218	170.219	170.221	170.222
		170.223	170.228	170.229	170.231
		170.232	170.233	170.234	170.235
		170.238	170.239	170.241	170.242
		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
	170.612	170.613	170.618	170.619	
	170.621	170.622	170.623	170.628	
	170.629	170.631	170.632	170.633	
	170.634	170.635	170.638	170.639	
	170.641	170.642	170.643	170.644	
	170.645	170.648	170.649	170.661	
	170.662	170.663	170.668	170.669	
	170.691	170.692	170.693	170.698	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

Chemotherapy

Prior authorization required for injectable chemotherapy 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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
tool on your Link dashboard, or call 888-397-8129 .					
Cochlear and Other Auditory Implants	Prior authorization required	69710	69711	69714	69715
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69718	69930	L8614	L8619
		L8627	L8628	L8690	L8691
		L8692	L8693	L8694	
Cosmetic and Reconstructive Procedures	Prior authorization required	11960	11971	13101*	13132*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	<u>For codes with an asterisk:</u>	14040*	14060*	14301*	15820
	• Prior authorization required if performed in an outpatient hospital setting	15821	15822	15823	15830
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	• Prior authorization not required if performed at a participating ambulatory surgery center	15847	17106	17107	17108
		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
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	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	31899	53410
53430	54125	54400	54401
54405	54520	54660	54690
55175	55180	56625	56800
56805	57110	57335	58150
58180	58260	58262	58290
58291	58541	58542	58543
58544	58550	58552	58553

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		58554	58570	58571	58572
		58573	58661	58720	58940
		64856	64892	64896	
Genetic and Molecular Testing to include BRCA Gene Testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81121
		81161	81162	81163	81164
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating 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		

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)		81379	81380	81381	81382
		81383	81406	81410	81411
		81412	81413	81414	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81450	81455
		81460	81465	81507	81518
		81519	81545	81552	81595
		0012U	0013U	0014U	0016U
		0017U	0069U	0070U	0071U
		0072U	0073U	0074U	0075U
		0076U	0078U	0084U	0087U
		0088U	0089U	0090U	0091U
		0094U	0101U	0102U	0103U
		0111U	0113U	0118U	0129U
		0130U	0131U	0132U	0133U
		0134U	0135U	0136U	0137U
			0138U		
	Hearing Aid Services	Prior authorization required	V5171	V5172	V5181
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	S9474
Hospice	Prior authorization required	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®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications (continued)		J3380			
	Erythropoiesis Stimulating Agents*****				
		J0885			
		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™			
		J2350			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
	J7331	J7332			
	Soliris®				
	J1300				
	Synagis®*				
	90378				
	Therapeutic Radiopharmaceuticals**				
	A9513	A9606	A9699		
	Unclassified Codes*****				
	C9399	J3490	J3590		
	White Blood Cell Colony-Stimulating Factors***				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications (continued)		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	
		Xolair® J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> 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 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 and Q5111, 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 .			
		**** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Xembify®.			
		***** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for an ESRD diagnosis.			
Inpatient Stays	Prior authorization required for all inpatient stays				
Joint Replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and Prosthetics (continued)		L5610	L5613	L5614	L5616	
		L5639	L5640	L5642	L5643	
		L5644	L5646	L5647	L5648	
		L5649	L5651	L5653	L5661	
		L5673	L5682	L5683	L5700	
		L5702	L5703	L5705	L5706	
		L5716	L5718	L5722	L5724	
		L5726	L5728	L5780	L5790	
		L5795	L5811	L5812	L5814	
		L5816	L5818	L5822	L5824	
		L5826	L5828	L5830	L5845	
		L5848	L5857	L5858	L5930	
		L5950	L5960	L5961	L5962	
		L5964	L5966	L5968	L5973	
		L5976	L5979	L5980	L5981	
		L5982	L5984	L5986	L5987	
		L5988	L5990	L5999	L6000	
		L6010	L6020	L6050	L6055	
		L6100	L6110	L6120	L6130	
		L6200	L6205	L6250	L6300	
		L6310	L6320	L6350	L6360	
		L6370	L6380	L6382	L6384	
		L6400	L6450	L6500	L6550	
		L6570	L6580	L6582	L6584	
		L6586	L6588	L6590	L6621	
		L6623	L6624	L6646	L6648	
		L6686	L6687	L6689	L6690	
		L6692	L6693	L6694	L6695	
		L6696	L6697	L6704	L6707	
		L6708	L6709	L6711	L6712	
		L6713	L6714	L6715	L6880	
		L6881	L6882	L6883	L6884	
		L6885	L6895	L6900	L6905	
		L6910	L6915	L6920	L6925	
		L6930	L6935	L6940	L6945	
		L6950	L6955	L6960	L6965	
		L6970	L6975	L7007	L7008	
		L7009	L7040	L7045	L7170	
		L7180	L7181	L7185	L7186	
		L7190	L7191	L7405	L8040	
		L8042	L8043	L8044	L8045	
		L8046	L8047	L8499	L8609	
		L8610	L8612	L8631	L8659	
	Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
	Proton Beam Therapy	Prior authorization required	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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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.</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>
Radiology (continued)		

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> </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
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E10.641	E10.649	E10.65																																																																																	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote Patient Monitoring (continued)		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	Auditory System			
		69000	69110	69145	69205

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)	outpatient hospital setting	69421	69433	69610	69620
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69632	69633	69635	69641
		69642	69643	69644	69645
		69646	69660	69661	69662
		69801			
		Cardiovascular System			
		33222	36226	36227	36571
		36581	36590	36821	36832
		36901	36902	37248	37607
		37609	37766	37785	
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Digestive System			
		40808	40812	41100	41112
		42104	42106	42330	42410
		42415	42420	42440	42808
		42831	42870	43195	43200
		43202	43220	43226	43229
		43236	43237	43238	43240
		43242	43245	43246	43247
		43248	43250	43251	43254
		43255	43259	43260	43270
		43276	43450	43453	44360
		44361	44369	44380	44382
		44385	44386	44389	44394
		45171	45172	45190	45334
		45335	45340	45341	45346
		45349	45350	45379	45381
		45386	45390	45398	45505
		45560	45910	45915	45990
		46020	46040	46050	46060
		46080	46200	46220	46221
		46230	46250	46255	46257
		46261	46270	46275	46280
		46285	46288	46320	46505
		46606	46607	46615	46700
		46750	46910	46924	46930
		46946	46947	49250	49406
		49422	49521	49525	49550
		49553	49570	49572	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		Ear, Nose and Throat (ENT) Procedures			
		21320	30140	30520	69436
		69631			
		Endocrine System			
		62273			
		Eye and Ocular Adnexa			
		65400	65710	65779	65820
		65875	65920	66172	66185
		66250	66710	66711	66762
		66825	66850	66852	66985
		66986	67005	67010	67039
		67041	67042	67105	67107
		67108	67113	67121	67145
		67210	67314	67412	67515
		67700	67810	67840	67875
		67880	68110	68115	68320
		68700	68720	68815	68840
		Gynecologic Procedures			
		56515	56620	56700	56740
		56810	57100	57135	57200
		57240	57250	57260	57287
		57410	57421	57461	57505
		57513	57520	57522	57530
		58353	58558	58561	58562
		58563	58565		
		Hemic and Lymphatic Systems			
		38222	38500	38510	38525
		Hernia Repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary System			
		10061	10080	10121	11440
		11441	11443	11444	11446
		11450	11451	11462	11470
		11604	11622	11623	11624
		11626	11641	11642	11643
		11730	11750	11755	11770
		11772	11900	12001	12011
		12032	12041	12051	13100
		13120	13121	13131	13151
		13152	15004	15100	15120
		15200	15240	15260	15275

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		17110	17311	19020	19101
		19110	19112	19120	19125
	Liver Biopsy				
	47000				
	Male Genital System				
	54057	54060	54150	54162	
	54163	54164	54530	54640	
	54700	54830	54840	55041	
	55060	55100			
	Miscellaneous				
	20680				
	Musculoskeletal System				
	20205	20240	20550	20552	
	20553	21011	21012	21013	
	21014	21325	21335	21336	
	21337	21356	21365	21390	
	21554	21555	21556	21930	
	21932	21933	22514	22900	
	22901	22902	22903	23071	
	23075	24071	24073	24075	
	24200	25071	25075	25605	
	26392	27043	27093	27327	
	27337	27618	27632	28010	
	28035	28039	28041	28043	
	28045	28060	28080	28090	
	28092	28104	28108	28110	
	28113	28118	28119	28124	
	28160	28190	28192	28208	
	28285	28288	28289	28291	
	28292	28296	28297	28298	
	28299	28313	28315	28525	
	28645	28755	28825	29804	
	29805	29806	29807	29819	
	29820	29821	29822	29823	
	29824	29825	29826	29827	
	29828	29834	29835	29836	
	29837	29838	29840	29844	
	29845	29846	29848	29861	
	29862	29863	29870	29873	
	29874	29875	29876	29877	
	29879	29880	29881	29882	
	29884	29886	29887	29888	
	29889	29891	29892	29893	
	29894	29895	29897	29898	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of Service (SOS) – Outpatient Hospital (continued)		G0260			
		Nervous System			
		63661	63663	64561	64585
		64612	64640	64642	64646
		64650	64680	64776	64782
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30100	30130	30220	30630
		30801	30802	30903	30930
		31525	31526	31535	31536
		31540	31541	31545	31571
		31575	31591	31624	
		Tonsillectomy and Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and Lower Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urologic Procedures			
		50590	51040	51610	51705
		51715	52000	52005	52204
		52214	52224	52234	52235
		52260	52276	52281	52287
		52310	52315	52320	52332
		52341	52344	52351	52352
		52353	52354	52356	52500
		53450	53665	54161	55040
		55700	57288		
Sleep Apnea Procedures and Surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep Studies	Prior authorization required	95805	95807	95808	95810
		95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		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	0095T	0098T
				0164T	

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			