

# Prior Authorization Requirements for Maryland

## Effective March 1, 2020

### 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			
<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	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral Health Services</b>	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.			
<b>Bone Growth Stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast Reconstruction (non-mastectomy)</b>	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			
<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>*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 will also require prior authorization for non-oncology DX. See Injectable medications section below.</b>	<b><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></b> <b>Bio similar (Zarxio®)</b> Q5101* <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Pegfilgrastim (Neulasta®)</b> J2505*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																								
Cancer Supportive Care (continued)		<p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-Modifying Agent That Requires Prior Authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification tool 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 tool on your Link dashboard. Or, call <b>888-397-8129</b>.</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 <b>UHCProvider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCProvider.com/MDcommunityplan &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</b></p>																																																																								
Cardiovascular	Prior authorization required for lower extremities angiogram only	<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> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> <tr> <td>I70.263</td> <td>I70.268</td> <td>I70.269</td> <td>I70.291</td> </tr> <tr> <td>I70.292</td> <td>I70.293</td> <td>I70.298</td> <td>I70.299</td> </tr> <tr> <td>I70.301</td> <td>I70.302</td> <td>I70.303</td> <td>I70.308</td> </tr> <tr> <td>I70.309</td> <td>I70.311</td> <td>I70.312</td> <td>I70.313</td> </tr> <tr> <td>I70.318</td> <td>I70.319</td> <td>I70.321</td> <td>I70.322</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	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
	173.89	173.9	174.3	174.4	
	174.5	174.8	174.9	175.021	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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, J0642)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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<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
		L8627	L8628	L8690	L8691
		L8692	L8693	L8694	
<b>Cosmetic and Reconstructive Procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and Reconstructive Procedures (continued)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	A9279	A9280	A9900	E0194
E0265			E0266	E0270	E0277	
E0300			E0328	E0329	E0445	
E0457			E0460	E0465	E0466	
Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>			E0470	E0471	E0483	E0486
			E0620	E0636	E0637	E0652
			E0656	E0669	E0670	E0675
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0787*	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		*For dates of service on or after <b>May 1, 2020</b> E0787 will require prior authorization			
<b>Enteral Services</b>	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		
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0085T
		0191T	A4638	A6000	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	31899	53410
		53430	54125	54400	54401
		54405	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	57335	58150
		58180	58260	58262	58290
		58291	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573	58661	58720	58940
		64856	64892	64896	
<b>Genetic and Molecular Testing to include BRCA Gene Testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81121
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81161	81162	81163	81164
		81165	81166	81167	81170
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81171	81172	81173	81174
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81200	81201
		81202	81203	81204	81205

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA Gene Testing (continued)</b>	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.	81206	81207	81208	81209
		81210	81212	81215	81216
		81217	81218	81219	81220
		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
		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		

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)		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	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	S9474
Hospice	Prior authorization required	T2044	T2045		
Injectable Medications	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Botulinum Toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cinqair®</b>			
		J2786			
		<b>ElELYso®</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			
		<b>Erythropoiesis Stimulating Agents****</b>			
		J0885			
		<b>Ilaris®</b>			
		J0638			
<b>Inflectra®</b>					
Q5103					
<b>IVIG</b>					
90283	90284	J1459	J1555		
J1556	J1557	J1559	J1561		
J1566	J1568	J1569	J1572		
J1575	J1599				
<b>Lemtrada®</b>					
J0202					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable Medications (continued)		<b>Makena®/17P</b>			
		J1726	J1729	J2675	
		<b>Nucala®</b>			
		J2182			
		<b>Ocrevus™</b>			
		J2350			
		<b>Orencia®</b>			
		J0129			
		<b>Parsabiv™</b>			
		J0606			
		<b>Remicade®</b>			
		J1745			
		<b>Renflexis®</b>			
		Q5104			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®</b>			
		J1300			
		<b>Synagis®*</b>			
		90378			
		<b>Therapeutic Radiopharmaceuticals**</b>			
		A9513	A9590	A9606	A9699
		<b>Unclassified Codes****</b>			
		C9399	J3490	J3590	
		<b>White Blood Cell Colony Stimulating Factors***</b>			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	
		<b>Xolair®*</b>			
		J2357			
		<b>For dates of service on or after Apr. 1, 2020 the following codes will also require prior authorization:</b>			
		<b>Benlysta</b>			
	J0490				
	<b>Feraheme®</b>				
	Q0138				
	<b>Injectafer®</b>				
	J1439				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Stelara®</b>				
	J3358				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable Medications (continued)		<p><b>Truxima®</b> Q5115</p> <p>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 &amp; 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 <b>UHCProvider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool 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 tool on your Link dashboard. Or, call <b>888-397-8129</b></p> <p>***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.</p> <p>For non-oncology DX submit online at <b>UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</b></p> <p>**** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Xembify® For dates of service <b>Apr. 1, 2020 or after</b>, Ruxience® will also require prior authorization</p> <p>***** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>

<b>Inpatient stays</b>	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		
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic Surgery (continued)</b>		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and Prosthetics</b>	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		
L5673	L5682	L5683	L5700		
L5702	L5703	L5705	L5706		
L5716	L5718	L5722	L5724		
L5726	L5728	L5780	L5790		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics</b> (continued)		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	
<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>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://www.uhcprovider.com">UHCProvider.com</a> and click on the Link button in the top right corner.			
<ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																																																		
<b>Radiology (continued)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Then, select the Prior Authorization and Notification tool 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 <a href="https://UHCProvider.com/MDcommunityplan">UHCProvider.com/MDcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>																																																																																																																		
<b>Remote Patient Monitoring</b>	Prior authorization required	<p>S9110 with the following DX codes:</p> <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> </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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Remote Patient Monitoring (continued)</b>		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			
	<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 Hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>				
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205				
		<b>Cardiovascular System</b>				
		36590	36832			
		<b>Carpal Tunnel surgery</b>				
		64721				
		<b>Cataract Surgery</b>				
		66821	66982	66984	66987	
		66988				
		<b>Colonoscopy</b>				
		45378	45380	45384	45385	
		<b>Cosmetic &amp; Reconstructive</b>				
		13101	13132	14040	14060	
		14301	21552	21931		
		<b>Digestive System</b>				
		42415	42440	43200	43236	
		43237	43238	43242	43245	

Procedures and Services	Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	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	
<b>Ear, Nose and Throat (ENT) procedures</b>				
21320	30140	30520	69436	
69631				
<b>Eye and Ocular Adnexa</b>				
65710	65820	66250	66710	
66711	66825	66986	67010	
67041	67042	67105	67108	
67113	67840	68110	68115	
68320	68720	68815		
<b>Gynecologic Procedures</b>				
57240	57250	57461	57520	
57522	58353	58558	58561	
58562	58563	58565		
<b>Hemic and Lymphatic Systems</b>				
38500	38510	38525		
<b>Hernia Repair</b>				
49505	49585	49587	49650	
49651	49652	49653	49654	
49655				
<b>Integumentary System</b>				
10121	11440	11450	11624	
11770	13121	15100	15120	
15240	19020	19120	19125	
<b>Liver Biopsy</b>				
47000				
<b>Male Genital System</b>				
54840				
<b>Miscellaneous</b>				
20680				
<b>Musculoskeletal System</b>				
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>		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		
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and Adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and Lower Gastrointestinal Endoscopy</b>			
	43235	43239	43249		
	<b>Urologic Procedures</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep Apnea Procedures and Surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Sleep Studies</b>	Prior authorization required	95805	95807	95808	95810
		95811			
<b>Spinal Surgery</b>	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal Surgery (continued)</b>		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		
	<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>		
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		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			
<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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<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 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> .			
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
<b>Wound Vac</b>	Prior authorization required	E2402			