

# Prior Authorization Requirements for Maryland

## Effective October 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:

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

**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  *Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 will also require prior authorization for non-oncology DX. See <b>Injectable medications</b> section below.	<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>			

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Doc#: PCA-1-013700-02042019\_02152019

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Cancer supportive care (cont'd)		<p>J2505*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p> <p>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> <p>Q5108*</p> <p><b>Sargramostim (Leukine®)</b></p> <p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b></p> <p>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</b> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</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> </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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
	I70.8	I70.90	I70.91	I70.92	
	I72.3	I72.4	I72.8	I72.9	

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

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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	17999	21137	21138	21139

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Cosmetic and reconstructive procedures (cont'd)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function	performed at a participating ambulatory surgery center	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	A9279	A9280	A9900	E0194
				E0265	E0266	E0270	E0277
E0300	E0328			E0329	E0445		
E0457	E0460			E0465	E0466		
E0470	E0471			E0483	E0486		
E0620	E0636			E0637	E0652		
E0656	E0669			E0670	E0675		
E0693	E0694			E0700	E0710		
E0745	E0762			E0764	E0766		
E0784	E0984			E0986	E1002		
E1003	E1004			E1005	E1006		
E1007	E1008			E1009	E1010		
E1030	E1035			E1036	E1130		
E1161	E1229			E1231	E1232		
E1233	E1234			E1235	E1236		
E1237	E1238			E1239	E1825		
E2100	E2227		E2228	E2230			
E2300	E2301		E2310	E2311			
E2322	E2325		E2327	E2329			
E2331	E2351		E2373	E2510			
E2511	E2512		E2599	E2626			
E2627	E2628		E2629	E2630			
E8000	K0005		K0008	K0013			
K0108	K0812		K0830	K0831			
K0848	K0849		K0850	K0851			
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				
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd)</b>		V5288	V5290		
<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	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
		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
		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.	81165	81166	81167	81170
		81171	81172	81173	81174
		81177	81178	81179	81180
		81181	81182	81183	81184
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program	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			
Genetic and molecular testing to include BRCA gene testing (cont'd)	for each specified genetic test.	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	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	81595	0012U
	0013U	0014U	0016U	0017U	
	0069U	0070U	0071U	0072U	
	0073U	0074U	0075U	0076U	
	0078U	0081U	0084U	0087U	
	0088U	0089U	0090U	0091U	
	0094U	0101U	0102U	0103U	
	0104U*				

**\*For dates of service after Oct. 31, 2019 this code will not require prior authorization**  
For dates of service **Nov. 1, 2019 or after**, the

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 (cont'd)</b>		following codes will also require prior authorization:			
		0111U	0113U	0118U	0129U
		0130U	0131U	0132U	0133U
		0134U	0135U	0136U	0137U
		0138U			
<b>Hearing aid services</b>	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267
		V5299			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Injectable medications</b>	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>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					
<b>Makena®/17P</b>					
J1726	J1729	J2675			
<b>Nucala®</b>					
J2182					



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

**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

**White blood cell colony stimulating factors\*\*\***  
J1442      J1447      J2505      Q5101  
Q5108      Q5110      Q5111

**Xolair®**  
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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		<p>for both oncology and non-oncology DX.  For oncology DX please see Cancer supportive care section above.  For non-oncology DX submit online at <a href="https://UHCPProvider.com">UHCPProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call 877-842-3210  **** <u>These codes will require prior authorization for dates of service Nov. 1, 2019 or after</u></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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Orthotics and prosthetics (cont'd)**

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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Orthotics and prosthetics (cont'd)</b>		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 tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <a href="http://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	S9110 with the following DX codes:				
		E10.10	E10.11	E10.21		
		E10.22	E10.29	E10.311		
		E10.319	E10.3211	E10.3212		
		E10.3213	E10.3219	E10.3291		
		E10.3292	E10.3293	E10.3299		
		E10.3311	E10.3312	E10.3313		
		E10.3319	E10.3391	E10.3392		
		E10.3393	E10.3399	E10.3411		
		E10.3412	E10.3413	E10.3419		
		E10.3491	E10.3492	E10.3493		
		E10.3499	E10.3511	E10.3512		
		E10.3513	E10.3519	E10.3521		
		E10.3522	E10.3523	E10.3529		
		E10.3531	E10.3532	E10.3533		
		E10.3539	E10.3541	E10.3542		
		E10.3543	E10.3549	E10.3551		
		E10.3552	E10.3553	E10.3559		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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**Remote patient monitoring (cont'd)**

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		
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Remote patient monitoring (cont'd)</b>		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)	69000	69110	69145	69205
		69421	69433	69610	69620
		69632	69633	69635	69641
		69642	69643	69644	69645
	*These codes will require prior authorization for dates of service <b>Nov 1, 2019 or after.</b>	69646	69660	69661	69662
		69801			
		<b>Cardiovascular System*</b>			
		33222	36226	36227	36571
		36581	36590	36821	36832
		36901	36902	37248	37607
		37609	37766	37785	
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Digestive System*</b>			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (cont'd)</b>		46606	46607	46615	46700
		46750	46910	46924	46930
		46946	46947	49250	49406
		49422	49521	49525	49550
		49553	49570	49572	0249T
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Endocrine System*</b>			
		62273			
		<b>Eye and Ocular Adnexa*</b>			
		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	
	<b>Gynecologic procedures</b>				
	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			
	<b>Hemic and Lymphatic Systems*</b>				
	38222	38500	38510	38525	
	<b>Hernia repair</b>				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	<b>Integumentary System*</b>				
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		13152	15004	15100	15120
		15200	15240	15260	15275
		17110	17311	19020	19101
		19110	19112	19120	19125
	<b>Liver biopsy</b>				
	47000				
	<b>Male Genital System*</b>				
	54057	54060	54150	54162	
	54163	54164	54530	54640	
	54700	54830	54840	55041	
	55060	55100			
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System*</b>				
	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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service (SOS) – outpatient hospital (cont'd)</b>		29894	29895	29897	29898	
		G0260				
		<b>Nervous System*</b>				
		63661	63663	64561	64585	
		64612	64640	64642	64646	
		64650	64680	64776	64782	
		<b>Ophthalmologic</b>				
		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
		<b>Respiratory System*</b>				
		30100	30130	30220	30630	
		30801	30802	30903	30930	
		31525	31526	31535	31536	
		31540	31541	31545	31571	
		31575	31591	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	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			
	<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (cont'd)</b>		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		

<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

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