

# Prior Authorization Requirements for Maryland

## Effective June 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 **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<br>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 |
| Reconstruction of the breast except when following mastectomy |  | 19328   | 19330 | 19340 | 19342 |
|   |  | 19350   | 19357 | 19361 | 19364 |
|   |  | 19366   | 19367 | 19368 | 19369 |
|   |  | 19370   | 19371 | 19380 | 19396 |
|   |  | L8600   |       |       |       |
| <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<br><br><i>*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 and Q5111 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i> | <b><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></b><br><b>Bio similar (Zarxio®)</b><br>Q5101*<br><b>Filgrastim (Neupogen®)</b><br>J1442*<br><b>Filgrastim-aafi (Nivestym™)</b><br>Q5110*<br><b>Pegfilgrastim (Neulasta®)</b><br>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><br/>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108*</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447*</p> <p><b><u>Bone-Modifying Agent That Requires Prior Authorization:</u></b><br/><b>Denosumab (Xgeva®)</b><br/>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 |
| 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 |        |        |         |        |        |        |         |        |        |        |         |        |        |        |         |        |        |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |

| Procedures and Services    | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |         |         |         |
|----------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (continued) |                        | 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   |         |
|                            | I73.89                 | I73.9  | I74.3   | I74.4   |         |
|                            | I74.5                  | I74.8  | I74.9   | I75.021 |         |

| 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

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**.

|  |  |        |        |        |        |
|--|--|--------|--------|--------|--------|
| <b>Cochlear and Other Auditory implants</b><br>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><br>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><br>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>Enteral Services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required   | B4034  | B4035   | B4036 | B4100 |
|  |  | 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 |
|  |  | 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   | 81217  | 81218   | 81219 | 81220 |
| 81221  |  | 81222  | 81223   | 81224 |       |

| 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> | ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 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 |
|   |  | 87480  | 87481 | 87482 | 87505 |
|   |  | 87506  | 87507 | 87510 | 87511 |
|   |  | 87512  | 87623 | 87652 | 87660 |
|   |  | 87661  | 87797 | 87798 | 87799 |
|   |  | 87800  | 87801 | 0012U | 0013U |
| 0014U   | 0016U  | 0017U  | 0068U |       |       |
| 0069U   | 0070U  | 0071U  | 0072U |       |       |
| 0073U   | 0074U  | 0075U  | 0076U |       |       |
| 0078U   | 0084U  | 0087U  | 0088U |       |       |
| 0089U   | 0090U  | 0091U  | 0094U |       |       |
| 0097U   | 0101U  | 0102U  | 0103U |       |       |
| 0111U   | 0113U  | 0118U  | 0129U |       |       |
| 0130U   | 0131U  | 0132U  | 0133U |       |       |

| 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> |  | 0134U<br>0138U  | 0135U                                     | 0136U                                     | 0137U                                     |
| <b>Hearing Aid Services</b>   | Prior authorization required   | V5171<br>V5212<br>V5221<br>V5255<br>V5259<br>V5299  | V5172<br>V5213<br>V5230<br>V5256<br>V5260 | V5181<br>V5214<br>V5250<br>V5257<br>V5261 | V5211<br>V5215<br>V5254<br>V5258<br>V5267 |
| <b>Home Health Care</b>   | Prior authorization required only in outpatient settings, to include member's home | G0156<br>G0493<br>S9122   | G0162<br>G0494<br>S9123                   | G0299<br>G0495<br>S9124                   | G0300<br>G0496<br>S9474                   |
| <b>Hospice</b>  | Prior authorization required   | T2044   | T2045                                     |   |   |
| <b>Injectable Medications</b>   | Prior authorization required   | <b>Actemra®</b><br>J3262<br><b>Acthar®</b><br>J0800<br><b>Benlysta</b><br>J0490<br><b>Botulinum Toxins</b><br>J0585      J0586      J0587      J0588<br><b>Brineura™</b><br>J0567<br><b>Cerezyme®</b><br>J1786<br><b>Cinqair®</b><br>J2786<br><b>ElELYso®</b><br>J3060<br><b>Entyvio®</b><br>J3380<br><b>Erythropoiesis Stimulating Agents****</b><br>J0885<br><b>Feraheme®</b><br>Q0138<br><b>Ilaris®</b><br>J0638<br><b>Inflectra®</b><br>Q5103<br><b>Injectafer®</b><br>J1439<br><b>IVIG</b><br>90283      90284      J1459      J1555<br>J1556      J1557      J1559      J1561<br>J1566      J1568      J1569      J1572<br>J1575      J1599 |   |   |   |



| Procedures and Services            | Additional Information                                | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|------------------------------------|---|--|--|--|--|
| Injectable Medications (continued) | <b>Lemtrada®</b>                                      | J0202  |  |  |  |
|                                    | <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>Rituxan®</b>                                       | J9312  |  |  |  |
|                                    | <b>Rituxan Hycela®</b>                                | J9311  |  |  |  |
|                                    | <b>Simponi Aria®</b>                                  | J1602  |  |  |  |
|                                    | <b>Sodium Hyaluronate</b>                             | J7320      J7321      J7322      J7324                       |  |  |  |
|                                    |   | J7325      J7326      J7327      J7329                       |  |  |  |
|                                    |   | J7331      J7332   |  |  |  |
|                                    | <b>Soliris®</b>                                       | J1300  |  |  |  |
|                                    | <b>Stelara®</b>                                       | J3358  |  |  |  |
|                                    | <b>Synagis®*</b>                                      | 90378  |  |  |  |
|                                    | <b>Therapeutic Radiopharmaceuticals**</b>             | A9513      A9590      A9606      A9699                       |  |  |  |
|                                    | <b>Truxima®</b>                                       | Q5115  |  |  |  |
|                                    | <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  |  |  |  |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date

| Procedures and Services            | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |
|------------------------------------|------------------------|--|
| Injectable Medications (continued) |                        | <p>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. For non-oncology DX submit online at <a href="https://UHCProvider.com/link/Prior Authorization and Notification tool">UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool</a> on your link dashboard or call 877-842-3210</p> <p>**** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Ruxience®, and Xembify®</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 |
|  |  | 21188 | 21193 | 21194 | 21195 |
|  |  | 21196 | 21198 | 21199 | 21206 |
|  |  | 21208 | 21209 | 21210 | 21215 |
|  |  | 21240 | 21242 | 21244 | 21245 |
|  |  | 21246 | 21247 | 21248 | 21249 |

| Procedures and Services                 | Additional Information  | CPT® or HCPCS Codes and/or<br>How to Obtain Prior Authorization |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Orthognathic Surgery (continued)</b> |   | 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 |
|   |   | L5795   | L5811 | L5812 | L5814 |
|   |   | L5816   | L5818 | L5822 | L5824 |
|   |   | L5826   | L5828 | L5830 | L5845 |
|   |   | L5848   | L5857 | L5858 | L5930 |
|   |   | L5950   | L5960 | L5961 | L5962 |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |       |
|---|---|---|-------|-------|-------|-------|
| <b>Orthotics and Prosthetics</b><br>(continued)   |   | 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>  | <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 <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; Radiology Prior Authorization and Notification Program</p> |       |       |       |       |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

|                                  |                              |                                    |
|----------------------------------|------------------------------|------------------------------------|
| <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                           |
|                                  |                              | 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                           |

| Procedures and Services                                       | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |       |
|---|--|--|----------|----------|-------|
| <b>Remote Patient Monitoring (continued)</b>                  |  | 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 |
|   |  | 43246  | 43247    | 43248    | 43251 |
|   |  | 43254  | 43255    | 43259    | 44360 |
|   |  | 44361  | 45171    | 45334    | 45335 |
|   |  | 45381  | 45390    | 45990    | 46020 |
|   |  | 46040  | 46050    | 46200    | 46220 |
|   |  | 46221  | 46250    | 46255    | 46261 |

| Procedures and Services                                 | Additional Information                       |       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |
|---|--|-------|--|-------|
| Site of Service (SOS) – Outpatient Hospital (continued) | 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 |
|   | 28296  | 28297 | 28298  | 28299 |
|   | 29806  | 29807 | 29819  | 29822 |
|   | 29823  | 29824 | 29825  | 29826 |
|   | 29827  | 29828 | 29835  | 29840 |
|   | 29845  | 29846 | 29848  | 29861 |
|   | 29875  | 29876 | 29877  | 29879 |

| 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>  |                              | 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 |
|   |                              | 22865  | 22899 | 63001 | 63003 |
|   |                              | 63005  | 63011 | 63012 | 63015 |
|   |                              | 63016  | 63017 | 63020 | 63030 |
|   |                              | 63040  | 63042 | 63045 | 63046 |
|   |                              | 63047  | 63050 | 63055 | 63056 |
|   |                              | 63064  | 63075 | 63077 | 63081 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                            |  |       |       |       |       |
|----------------------------|--|-------|-------|-------|-------|
| Spinal Surgery (continued) |  | 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 |
|                    |                              | 50370  | 50380 | 50547 | S2060 |
|                    |                              | S2061  | S2152 |       |       |
|                    |                              | <b>CAR T-Cell Therapy</b>  |       |       |       |
|                    |                              | 0537T  | 0538T | 0539T | 0540T |
|                    |                              | Q2041  | Q2042 |       |       |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

**Transplants (continued)**

\*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  |       |       |       |