

# Prior authorization requirements for Maryland Medicaid

Effective Oct. 1, 2023

## 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 the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **Phone:** Call 877-842-3210

**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> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<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> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cancer supportive care</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See the <a href="#">Injectable medications section below</a></p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b> J1449</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448*</p> <p><b><u>Antiemetics drugs</u></b> J1456</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic codes that require prior authorization:</u></b> J0185                      J1453                      J1454                      J1627</p> <p><b><u>Erythropoiesis-Stimulating Agents</u></b> J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>888-397-8129</b>.</p>
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,</p>	<p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>866-889-8054</b>.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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echocardiograms, electrophysiology implants and stress echoes prior to performance	For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.				
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	

**\*Prior authorization not required for the following diagnosis codes:**

E08.52	E09.52	E10.52	E11.52
E13.52	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	I70.321	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	I70.421	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	I70.521	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	I70.621	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	I70.721	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	I72.3	I72.4	I72.8



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

**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), Lupron Depot (J1950)
- 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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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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	69930
		L8614	L8619	L8627	L8628
		L8690	L8691	L8692	L8693
		L8694			
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	13101	13132	14040
		14060	14301	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21552	21740
		21742	21743	21931	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
67922	67923	67924	67950		
67961	67966	Q2026			
<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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME) (cont.)</b>		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			
<b>Enteral services</b> 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	64722	65765
		65767	66180	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</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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		15734	15738	15750	15757
		15758	19303	31899	53410
		53430	54125	54400	54401
		54405	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	57335	58661
		58720	58940	64856	64892
		64896			
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
	C43.121	C43.122	C43.20	C43.21	
	C43.22	C43.30	C43.31	C43.39	
	C43.4	C43.51	C43.52	C43.59	
	C43.60	C43.61	C43.62	C43.70	
	C43.71	C43.72	C43.8	C43.9	
	C44.01	C44.02	C44.09	C44.101	
	C44.1021	C44.1022	C44.1091	C44.1092	
	C44.111	C44.1121	C44.1122	C44.1191	
	C44.1192	C44.121	C44.1221	C44.1222	
	C44.1291	C44.1292	C44.131	C44.1321	
	C44.1322	C44.1391	C44.1392	C44.191	
	C44.1921	C44.1922	C44.1991	C44.1992	
	C44.201	C44.202	C44.209	C44.211	
	C44.212	C44.219	C44.221	C44.222	
	C44.229	C44.291	C44.292	C44.299	
	C44.300	C44.301	C44.309	C44.310	
	C44.311	C44.319	C44.320	C44.321	
	C44.329	C44.390	C44.391	C44.399	
	C44.40	C44.41	C44.42	C44.49	
	C44.500	C44.501	C44.509	C44.510	
	C44.511	C44.519	C44.520	C44.521	
	C44.529	C44.590	C44.591	C44.599	
	C44.601	C44.602	C44.609	C44.611	
	C44.612	C44.619	C44.621	C44.622	
	C44.629	C44.691	C44.692	C44.699	
	C44.701	C44.702	C44.709	C44.711	
	C44.712	C44.719	C44.721	C44.722	
	C44.729	C44.791	C44.792	C44.799	
	C44.80	C44.81	C44.82	C44.89	
	C44.90	C44.91	C44.92	C44.99	
	C46.0	C4A.0	C4A.10	C4A.111	
	C4A.112	C4A.121	C4A.122	C4A.20	
	C4A.21	C4A.22	C4A.30	C4A.31	
	C4A.39	C4A.4	C4A.51	C4A.51	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Gender dysphoria treatment (cont.)</b>		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
<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*	81120	
		81121	81161*	81162	81163	
	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.	81164	81165	81166	81167*	
		81168*	81170*	81171*	81172*	
		81173*	81174*	81175*	81176*	
		81177*	81178*	81179*	81180*	
		81181*	81182*	81183*	81184*	
		81185*	81186*	81187*	81188*	
		81189*	81190*	81191*	81192*	
		81193*	81194	81200*	81201*	
		81203*	81204*	81205*	81208	
		81209*	81212*	81216	81218*	
		81220*	81222*	81223*	81224*	
		81225*	81226*	81227*	81228	
		81229	81230*	81231*	81232*	
		81233*	81234*	81236*	81237	
		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.	81238*	81239*	81240*	81241*
			81242*	81243*	81244*	81245
			81246	81247*	81248*	81249*
	81250*		81251*	81252*	81253*	
	81254*		81255*	81256*	81257*	
	81258*		81259*	81260*	81261*	
	81262*		81263*	81264*	81265*	
	81266*		81267*	81268*	81269*	
	81271*		81272*	81273*	81274*	
	81276		81277	81278*	81279*	
	81283*	81284*	81285*	81286*		
	81287*	81288*	81289*	81290*		
	81291	81292*	81294*	81295*		
81297*	81298*	81300*	81302*			
81303*	81304*	81305*	81306*			
81307	81309*	81310*	81312*			
81313*	81314*	81315*	81316*			
81317*	81318*	81319*	81320*			
81321*	81322*	81323*	81324*			
81325*	81326*	81327*	81328*			
81329*	81330*	81331*	81332*			
81333*	81335*	81336*	81337*			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Genetic and molecular testing to include BRCA gene testing (cont.)**

81334*	81339*	81340*	81341*
81338*	81343*	81344*	81345*
81342*	81347*	81348*	81349
81346*	81351*	81352*	81353*
81350*	81357*	81360*	81361*
81355*	81363*	81364*	81370*
81362*	81372*	81373*	81375*
81371*	81377*	81378*	81379
81376*	81381	81382*	81383*
81380	81401	81402	81403
81400	81405	81406	81407
81404	81410	81411	81412
81408	81414	81415	81416
81413	81419*	81420	81425
81417	81431	81432	81433
81430*	81435	81436	81437
81434*	81439	81440	81442*
81438	81448	81460	81465
81445	81471*	81479	81507
81470*	81519	81520	81521
81518	81523	81525	81546
81522	81595	81599	87505
81554*	87507	87623*	0001U*
87506	0006M	0007M	0016U*
0004M*	0018U	0019U	0022U
0017U*	0026U	0027U*	0030U*
0023U	0032U*	0033U*	0034U*
0031U*	0040U*	0046U*	0049U*
0037U	0060U	0070U*	0071U*
0055U	0073U*	0074U*	0075U*
0072U*	0084U*	0087U	0088U
0076U*	0129U	0136U	0137U*
0111U	0155U	0157U*	0158U*
0154U	0160U*	0161U*	0169U*
0159U*	0171U	0172U	0173U
0170U	0177U	0179U	0180U*
0175U	0182U*	0183U*	0184U*
0181U*	0186U*	0187U*	0188U*
0185U*	0190U*	0191U*	0192U*
0189U*	0194U*	0195U*	0196U*
0193U*	0198U*	0199U*	0200U*
0197U*	0203U*	0205U	0209U
0201U*	0214U	0215U*	0216U
0211U	0218U	0221U*	0222U*
0217U	0230U*	0231U*	0232U*
0229U*	0235U*	0236U*	0237U
0234U*	0239U	0242U	0244U
0238U	0246U	0250U	0252U
0245U	0254U	0258U	0260U

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.)</b>		0253U	0264U	0265U	0266U
		0262U	0268U	0269U	0270U
		0267U	0272U	0273U	0274U
		0271U	0277U	0278U	0282U
		0276U	0286U	0287U	0288U
		0285U	0290U	0291U	0292U
		0289U	0294U	0296U	0297U
		0293U	0299U	0300U	S3870
		0298U	0299U	0300U	S3870
<b>Biomarkers</b>					
		81538	83950	88271	88274
		88275	88299	88341	88342
		88360	88361	88377	88381
		89240			
<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	
<b>Hospice</b>	Prior authorization required	T2044	T2045		
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275*	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
*Project Promise prior auth code removal effective 11/01/23					
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
<b>Aldurazyme®</b>					
J1931					
<b>Amvuttra®</b>					
J0225					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

**Aralast NP, Prolastin-C, Zemaira**

J0256

**Avsola™**

Q5121

**Benlysta**

J0490

**Beovu**

J0179

**Berinert**

J0597

**Botulinum Toxins**

J0585                      J0586                      J0587                      J0588

**Brineura™**

J0567

**Byooviz™**

Q5124

**Cabenuva**

J0741

**Cerezyme®**

J1786

**Cimzia®\***

J0717

**Cinqair®**

J2786

**Cinryze®**

J0598

**Crysvita®**

J0584

**Cutaquig®**

J1551

**Elaprase®**

J1743

**Elelyso®**

J3060

**Enjaymo®**

J1302

**Entyvio®**

J3380

**Erythropoiesis Stimulating Agents**

J0885

**Eylea**

J0178

**Evenity®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

	J3111				
	<b>Evkeeza™</b>				
	J1305				
	<b>Exondys-51</b>				
	J1428				
	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra®</b>				
	J0517				
	<b>Fensolvi®</b>				
	J1951				
	<b>Feraheme®</b>				
	Q0138				
	<b>Firmagon®</b>				
	J9155				
	<b>Fynetra®</b>				
	Q5130				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Kalbitor</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lanreotide</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Injectable medications (cont.)</b>		J1932		
		<b>Lemtrada®</b>		
		J0202		
		<b>Leqvio®</b>		
		J1306		
		<b>Lucentis</b>		
		J2778		
		<b>Lumizyme®</b>		
		J0221		
		<b>Lupron Depot®</b>		
		J1950		
		<b>Lupron Depot, Eligard®</b>		
		J9217		
		<b>Luxturna™</b>		
		J3398		
		<b>Makena®/17P</b>		
		J1726	J1729	J2675
		<b>Mepsevii®</b>		
		J3397		
		<b>Monoferric®</b>		
		J1437		
		<b>Naglazyme®</b>		
		J1458		
		<b>Nplate®</b>		
		J2796		
		<b>Nucala®</b>		
		J2182		
		<b>Ocrevus™</b>		
		J2350		
		<b>Octreotide Acetate</b>		
	J2354			
	<b>Onpattro®</b>			
	J0222			
	<b>Orencia®</b>			
	J0129			
	<b>Oxlumo®</b>			
	J0224			
	<b>Panzyga®</b>			
	J1576			
	<b>Parsabiv™</b>			
	J0606			
	<b>Prolia® ***</b>			
	J0897			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

<b>Qalsody™</b>				
C9157				
<b>Radicava®</b>				
J1301				
<b>Reblozyl®</b>				
J0896				
<b>Releuko®</b>				
Q5125				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Riabni™</b>				
Q5123				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Rolvedon™</b>				
J1449				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Sandostatin® LAR</b>				
J2353				
<b>Saphnelo</b>				
J0491				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Skyrizi®</b>				
J2327				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				
J1300				
<b>Somatuline® Depot</b>				
J1930				
<b>Spevigo®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

		J1747			
		<b>Spinraza®</b>			
		J2326			
		<b>Stelara®</b>			
		J3358			
		<b>Stimufend®</b>			
		Q5127			
		<b>Sunlenca</b>			
		J1961			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Synagis®</b>			
		90378			
		<b>Tepezza</b>			
		J3241			
		<b>Tezspire</b>			
		J2356			
		<b><u>Therapeutic Radiopharmaceuticals</u></b>			
		A9513	A9590	A9606	A9607***
		A9699			
		<b>Trelstar®</b>			
		J3315			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarza</b>			
		J1746			
		<b>Truxima®</b>			
		Q5115			
		<b>Tzield™</b>			
		J9381			
		<b>Ultomiris®</b>			
		J1303			
		<b>Unclassified Codes*</b>			
		J3590			
		<b>Uplinza</b>			
		J1823			
		<b>Vabysmo</b>			
		J2777			
		<b>Vantas™</b>			
		J9225			
		<b>Viltepso</b>			
		J1427			
		<b>Vimizim®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Injectable medications (cont.)</b>		J1322			
		<b>Vyepti®</b>			
		J3032			
		<b>Vyondys 53®</b>			
		J1429			
		<b>White Blood Cell Colony Stimulating Factors</b>			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		<b>Xembify®</b>			
		J1558			
		<b>Xenpozyme</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
	<b>Zoladex®</b>				
	J9202				
	<b>Zolgensma®</b>				
	J3399				
	<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. Prior authorization required for <b>Elfabrio®</b>, <b>Lamzede®</b>, <b>Revcovi®</b> and <b>Vyjuvek™</b></p>				
	<p>*** For code J0897- prior authorization is only required for non oncology indications.</p>				
	<p>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 &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.</p> <p>The Review at Launch for New to Market Medications Policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>				

<b>Inpatient stays</b>	Prior authorization required for all inpatient stays				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
<b>Joint replacement (cont.)</b>		29868	J7330	S2112	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder Surgery</b>			
<b>Musculoskeletal (cont.)</b>		23470	23472	23473	23474
<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 prosthetic codes listed with a retail purchase or 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
<b>Orthotics and prosthetics (cont.)</b>		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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
<b>Orthotics and prosthetics (cont.)</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L8610	L8612	L8631	L8659
<b>Outpatient therapy</b>	Prior authorization required for members ages 21 and older	92507	92508	92526	92630
		92633	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533
		97535	97537	97545	97750
		97755	97799		
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Private duty nursing</b>	Prior authorization required	T1002	T1003		
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387		
		<b>IMRT</b>			
		Intensity-modulated radiation therapy			
		77385	77386		
		<b>Proton beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	
		<b>Standard radiation therapy (2D/3D)</b>			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92			
		77401	77402	77407	77412
<b>Y90</b>					
Implantable beta-emitting microspheres for treatment of malignant tumors					
79445					
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Authorization and Notification tile on your provider portal dashboard. Or call <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder Surgery</b>	Prior authorization required	<b>Musculoskeletal System*</b>			
		29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
		*Site of service also applies			
<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  Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	<b>Auditory system</b> 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 and reconstructive</b> 13101      13132      14040      14060 14301      21552      21931  <b>Digestive system</b> 42415      42440      43200      43236			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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	49650	49651	
		<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	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
<b>Site of service (SOS) – outpatient hospital (cont.)</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		<b>Nervous system</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory system</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
<b>Spinal surgery (cont.)</b>		22630	22633	22800	22802

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864**	22865**	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T**	0098T	0164T**
		*SOS applies			
		** Project Promise prior auth code removal effective 11/01/23			

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		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>888-936-7246</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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Transplants (cont.)</b>		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		<b>CAR T-cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2056	
	*Code 38232 will only require prior authorization for an oncology diagnosis				
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			