

Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective Oct. 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Maryland health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Connect with us:** For additional information, visit our [Contact us](#) page

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion (pregnancy termination)	Prior authorization required — carved out by the state	Please call the number on the back of the member's health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971	19316	19318	19325	
		19328	19330	19340	19342	
		19350	19357	19361	19364	
		19367	19368	19369	19370	
		19371	19380	19396	L8600	
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. * Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>				
		Bio similar (Zarxio®) Q5101*				
		Filgrastim (Neupogen®) J1442*				
		Filgrastim-aafi (Nivestym®) Q5110*				
		Filgrastim-ayow (Releuko®) Q5125*				
		Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*				
		Pegfilgrastim (Neulasta®) J2506				
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*				
		Pegfilgrastim-cbqv (Udenyca®) Q5111*				
		Pegfilgrastim-jmdb (Fulphila®) Q5108*				
		Eflapegrastim-xnst (Rolvedon™) J1449				
		Sargramostim (Leukine®) J2820				
		Tbo-filgrastim (Granix®) J1447*				
		Trilaciclib (Cosela™) J1448*				
		<u>Antiemetics drugs</u> J1456				
		<u>Bone-modifying agents that require prior authorization:</u>				
		Denosumab (Xgeva®) J0897				
		<u>Antiemetic codes that require prior authorization:</u>				
		J0185	J1453	J1454	J1627	
		<u>Erythropoiesis-stimulating agents</u> J0885				
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129 .				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	<p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification Program.</p>			
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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



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

Use the Prior Authorization and Notification tool on the UnitedHealthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 888-397-8129 .			
Cochlear and other auditory implants 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 L8614 L8690 L8694	69711 L8619 L8691	69714 L8627 L8692	69930 L8628 L8693
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive 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 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME — see orthotics and prosthetics.	A9279 E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2100	E2227	E2228	E2230
		E2298	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		
Enteral services 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		
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria	Prior authorization required	55970	55980		
		These surgical codes with the following Dx codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11442	11446	11920	11921
		11922	11950	11951	11952
		11954	11970	11980	11981

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		11982	11983	13151	13152
		13153	13160	14000	14001
		14020	14021	14041	14061
		14301	14302	15101	15121
		15200	15201	15241	15273
		15274	15570	15574	15600
		15620	15734	15738	15750
		15757	15758	15769	15771
		15772	15773	15774	15775
		15776	15777	15780	15781
		15782	15786	15787	15788
		15789	15792	15793	15819
		15824	15825	15826	15828
		15829	15832	15833	15834
		15835	15836	15837	15838
		15839	15860	15876	15877
		15878	15879	17110	17111
		17380	19303	19355	20926
		21087	21120	21270	21899
		27656	31081	31580	31599
		31750	31899	40500	40510
		40520	40525	40527	40650
		40652	40654	40799	43496
		44204	44700	45395	45400
		53210	53410	53420	53425
		53430	54120	54125	54400
		54401	54405	54406	54408
		54410	54411	54416	54520
		54522	54660	54690	55150
		55175	55180	55899	56620
		56625	56630	56633	56640
		56700	56800	56805	56810
		57106	57107	57109	57110
		57111	57200	57282	57291
		57292	57295	57296	57335
		57425	57426	58210	58275
		58280	58285	58294	58661
	58720	58940	58999	64856	
	64892	64896	64912	69300	
	80414	80415	82642	82670	
	82671	82672	82677	82679	
	82681	83001	83002	83003	
	83498	84143	84144	84233	
	84234	84402	84403	84410	
	92524				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Gender dysphoria treatment (cont.)

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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		D04.72	D04.8	D04.9	
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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. 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.	81120	81121	81162	81163
		81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81277	81307	81349	81379
		81380	81381	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81425	81431	81432	81433
		81435	81436	81437	81438
		81439	81440	81445	81448
		81460	81465	81479	81507
		81518	81519	81520	81521
		81522	81523	81525	81546
		81595	81599	87505	87506
		87507	0006M	0007M	0018U
		0019U	0022U	0023U	0026U
		0037U	0055U	0060U	0087U
		0088U	0111U	0129U	0136U
		0154U	0155U	0170U	0171U
		0172U	0173U	0175U	0177U
		0179U	0209U	0211U	0214U
		0215U	0216U	0217U	0218U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
0271U	0272U	0273U	0274U		
0276U	0277U	0278U	0282U		
0285U	0286U	0287U	0288U		
0289U	0290U	0291U	0292U		
0293U	0294U	0296U	0297U		
0298U	0299U	0300U	S3870		
	Biomarkers				
		81538	88299		
Hearing aid services	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aid services (cont.)		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267
		V5299			
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	
Hospice	Prior authorization required	T2044	T2045		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility	Prior authorization required	55870	58825	58970	76948
		89254	89257	89259	89264
		89337	89398	J0725	J3355
		S0122	S0126	S0128	S4028
		S4042			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Adakveo®			
		J0791			
		Adzyna™			
		J7171			
		Aldurazyme®			
		J1931			
		Amvuttra™			
		J0225			
		Aralast® NP, Prolastin®-C, Zemaira®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
J0490					
Beovu®					
J0179					
Beriner®					
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura®					

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

J0567
Briumvi™
 J2329
Byooviz™
 Q5124
Cerezyme™
 J1786
Cimerli™
 Q5128
Cimzia®*
 J0717
Cinqair®
 J2786
Cinryze
 J0598
Corticotropin® /Acthar® Gel
 J0801
Cosentyx®
 J3247
Crysvita®
 J0584
Cutaquig®
 J1551
Daxxify®
 J0589
Elaprase®
 J1743
ElELYso
 J3060
Enjaymo™
 J1302
Entyvio®
 J3380
Evenity®
 J3111
Evkeeza®
 J1305
Exondys 51®
 J1428
Eylea™
 J0178
Fabrazyme®
 J0180

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

Fasenra™				
J0517				
Fensolvi®				
J1951				
Feraheme®				
Q0138				
Firmagon®				
J9155				
Fynetra™				
Q5130				
Gamifant®				
J9210				
Givlaari®				
J0223				
Glassia®				
J0257				
Ilaris®				
J0638				
Ilumya™				
J3245				
Inflectra				
Q5103				
Injectafer®				
J1439				
Intravenous immunoglobulin (IVIG)				
90283	90284	J1459		J1554
J1555	J1556	J1557		J1559
J1561	J1566	J1568		J1569
J1572	J1575	J1599		
Izervay™				
J2782				
Kalbitor®				
J1290				
Kanuma®				
J2840				
Krystexxa®				
J2507				
Lanreotide				
J1932				
Lemtrada®				
J0202				
Leqembi™				
J0174				

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

Leqvio®
J1306

Lucentis®
J2778

Lumizyme®
J0221

Lupron Depot®
J1950

Lupron Depot®, Eligard®
J9217

Luxturna™
J3398

Mepsevii®
J3397

Monoferric®
J1437

Naglazyme®
J1458

Nexviazyme®
J0219

Nplate®
J2796

Nucala®
J2182

Ocrevus®
J2350

Octreotide acetate
J2354

Onpattro®
J0222

Orencia®
J0129

Oxlumo®
J0224

Panzyga®
J1576

Parsabiv™
J0606

Pombiliti
J1203

Prolia® **
J0897

Radicava®

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

J1301				
Reblozyl®				
J0896				
Releuko®				
Q5125				
Remicade®				
J1745				
Renflexis®				
Q5104				
Riabni™				
Q5123				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Roctavian				
J1412				
Rolvedon™				
J1449				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim®				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo®				
J0491				
Signifor LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Sodium hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				

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

Spevigo®

J1747

Spinraza®

J2326

Stelara®

J3358

Stimufend®

Q5127

Supprelin® LA

J9226

Susvimo™

J2779

Syfovre™

J2781

Synagis®

90378

Tepezza®

J3241

Tezspire™

J2356

Therapeutic radiopharmaceuticals

A9513

A9590

A9606

A9607

A9699

Trelstar®

J3315

Triptodur®

J3316

Truxima®

Q5115

Tzield™

J9381

Ultomiris®

J1303

Unclassified codes***

C9172

J3590

J3490

Uplinza®

J1823

Vabysmo®

J2777

Vantas®

J9225

Viltepso®

J1427

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		Vimizim®			
		J1322			
		Vyepti®			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		White blood cell colony-stimulating factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify®			
		J1558			
		Xenpozyme®			
	J0218				
	Xolair®				
	J2357				
	Zoladex®				
	J9202				
	Zolgensma®				
	J3399				

* For prior authorization, please submit requests online using the [UnitedHealthcare Provider Portal](#). Or, you can call 888-397-8129.

**For code J0897, prior authorization is only required for non-oncology indications.

*** For unclassified codes C9172, J3490 and J3590- Prior authorization required for Beqvez™ Elfabrio®, Lamzedo® and Revcovi®.

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on the list.

Inpatient stays	Prior authorization required for all inpatient stays				
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Joint replacement 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
		29868	J7330	S2112	

Musculoskeletal	Prior authorization required	Shoulder surgery			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Musculoskeletal (cont.)		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
Treatment of maxillofacial/jaw functional impairment		21127	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
Orthotics and prosthetics	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
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L8610	L8612	L8631	L8659

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy	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				
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
Psychological testing	Prior authorization required	89240	Prior authorization required when billed with the following Dx codes:		
		F10.10	F10.11	F10.120	F10.121
		F10.129	F10.90	F10.91	F10.130
		F10.131	F10.132	F10.139	F10.14
		F10.150	F10.151	F10.159	F10.180
		F10.181	F10.182	F10.188	F10.19
		F10.20	F10.21	F10.220	F10.221
		F10.229	F10.230	F10.231	F10.232
		F10.239	F10.24	F10.250	F10.251
		F10.259	F10.280	F10.281	F10.282
		F10.288	F10.29	F10.920	F10.921
		F10.929	F10.930	F10.931	F10.932
		F10.939	F10.94	F10.950	F10.951
		F10.959	F10.980	F10.981	F10.982
		F10.988	F10.99	F11.10	F11.11
		F11.120	F11.121	F11.122	F11.129
		F11.13	F11.14	F11.150	F11.151
		F11.159	F11.181	F11.182	F11.188
		F11.19	F11.20	F11.21	F11.220
		F11.221	F11.222	F11.229	F11.23
		F11.24	F11.250	F11.251	F11.259
		F11.281	F11.282	F11.288	F11.29

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

F11.90	F11.91	F11.920	F11.921
F11.922	F11.929	F11.93	F11.94
F11.950	F11.951	F11.959	F11.981
F11.982	F11.988	F11.99	F12.10
F12.11	F12.120	F12.121	F12.122
F12.129	F12.13	F12.150	F12.151
F12.159	F12.180	F12.188	F12.19
F12.20	F12.21	F12.220	F12.221
F12.222	F12.229	F12.23	F12.250
F12.251	F12.259	F12.280	F12.288
F12.29	F12.90	F12.91	F12.920
F12.921	F12.922	F12.929	F12.93
F12.950	F12.951	F12.959	F12.980
F12.988	F12.99	F13.10	F13.11
F13.120	F13.121	F13.129	F13.130
F13.131	F13.132	F13.139	F13.14
F13.150	F13.151	F13.159	F13.180
F13.181	F13.182	F13.188	F13.19
F13.20	F13.21	F13.220	F13.221
F13.229	F13.230	F13.231	F13.232
F13.239	F13.24	F13.250	F13.251
F13.259	F13.280	F13.281	F13.282
F13.288	F13.29	F13.90	F13.91
F13.920	F13.921	F13.929	F13.930
F13.931	F13.932	F13.939	F13.94
F13.950	F13.951	F13.959	F13.980
F13.981	F13.982	F13.988	F13.99
F14.10	F14.120	F14.121	F14.122
F14.129	F14.13	F14.14	F14.150
F14.151	F14.159	F14.180	F14.181
F14.182	F14.188	F14.19	F14.20
F14.21	F14.220	F14.221	F14.222
F14.229	F14.23	F14.24	F14.250
F14.251	F14.259	F14.280	F14.281
F14.282	F14.288	F14.29	F14.90
F14.91	F14.920	F14.921	F14.922
F14.929	F14.93	F14.94	F14.950
F14.951	F14.959	F14.980	F14.981
F14.982	F14.988	F14.99	F15.10
F15.120	F15.121	F15.122	F15.129
F15.13	F15.14	F15.150	F15.151
F15.159	F15.180	F15.181	F15.182
F15.188	F15.19	F15.20	F15.21
F15.220	F15.221	F15.222	F15.229
F15.23	F15.24	F15.250	F15.251
F15.259	F15.280	F15.281	F15.282

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

F15.288	F15.29	F15.90	F15.91
F15.920	F15.921	F15.922	F15.929
F15.93	F15.94	F15.950	F15.951
F15.959	F15.980	F15.981	F15.982
F15.988	F15.99	F16.10	F16.120
F16.121	F16.122	F16.129	F16.14
F16.150	F16.151	F16.159	F16.180
F16.183	F16.188	F16.19	F16.20
F16.21	F16.220	F16.221	F16.229
F16.24	F16.250	F16.251	F16.259
F16.280	F16.283	F16.288	F16.29
F16.90	F16.91	F16.920	F16.921
F16.929	F16.94	F16.950	F16.951
F16.959	F16.980	F16.983	F16.988
F16.99	F17.200	F17.201	F17.203
F17.208	F17.209	F17.210	F17.211
F17.213	F17.218	F17.219	F17.220
F17.221	F17.223	F17.228	F17.229
F17.290	F17.291	F17.293	F17.298
F17.299	F18.10	F18.120	F18.121
F18.129	F18.14	F18.150	F18.151
F18.159	F18.17	F18.180	F18.188
F18.19	F18.20	F18.21	F18.220
F18.221	F18.229	F18.24	F18.250
F18.251	F18.259	F18.27	F18.280
F18.288	F18.29	F18.90	F18.91
F18.920	F18.921	F18.929	F18.94
F18.950	F18.951	F18.959	F18.980
F18.988	F18.99	F19.10	F19.120
F19.121	F19.122	F19.129	F19.130
F19.131	F19.132	F19.139	F19.14
F19.150	F19.151	F19.159	F19.180
F19.181	F19.182	F19.188	F19.19
F19.20	F19.21	F19.220	F19.221
F19.222	F19.229	F19.230	F19.231
F19.232	F19.239	F19.24	F19.250
F19.251	F19.259	F19.280	F19.281
F19.282	F19.288	F19.29	F19.90
F19.91	F19.920	F19.921	F19.922
F19.929	F19.930	F19.931	F19.932
F19.939	F19.94	F19.950	F19.951
F19.959	F19.980	F19.981	F19.982
F19.988	F19.99	O99.310	O99.311
O99.312	O99.313	O99.314	O99.315
O99.320	O99.321	O99.322	O99.323
O99.324	O99.325	R78.0	R78.1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		R78.2	R78.3	R78.4	R78.5
Radiation therapy	Prior authorization required	<p>Image-guided radiation therapy (IGRT) 77014 77387</p> <p>Intensity-modulated radiation therapy (IMRT) Intensity-modulated radiation therapy 77385 77386</p> <p>Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/associated services 77331 77370 77399 77470</p> <p>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373</p> <p>Standard radiation therapy (2D/3D) 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</p> <p>Y90 Implantable beta-emitting microspheres for treatment of malignant tumors 79445</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program.</p>			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In at the top-right corner.</p> <p>Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal system*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization							
Shoulder surgery (cont.)		29805	29806	29807	29819				
		29820	29822	29823	29824				
		29825	29826	29827	29828				
		*Site of service also applies.							
Sinuplasty	Prior authorization required	31295	31296	31297	31298				
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	Auditory system							
		69205							
		Cardiovascular system							
		36590		36832					
		Carpal tunnel surgery							
		64721							
		Cataract surgery							
		66821		66982		66984		66987	
		66988							
		Colonoscopy							
		45378		45380		45384		45385	
		Cosmetic and reconstructive							
		13101		13132		14040		14060	
		14301		21552		21931			
		Digestive system							
		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	
		46270		46275		46288		46505	
		46750		46910		46946			
		Ear, nose and throat (ENT) procedures							
		21320		30140		30520		69436	
		69631							
		Eye and ocular adnexa							
		65710		65820		66250		66710	
		66711		66825		66986		67010	
		67041		67042		67105		67108	
		67113		67840		68110		68115	
68320		68720		68815					
Gynecologic procedures									
57240		57250		57461		57520			
57522		58353		58558		58561			
58562		58563		58565					
Hemic and lymphatic systems									

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		38500	38510	38525	
	Hernia repair				
		49505	49650	49651	
	Integumentary system				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver biopsy				
	47000				
	Male genital system				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal system				
		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
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
	Nervous system				
	64561	64640			
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	Respiratory system				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy and adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper and lower gastrointestinal endoscopy				
43235	43239	43249			
Urologic procedures					
50590	52000	52005	52204		
52224	52234	52235	52260		
52276	52281	52287	52310		
52320	52332	52344	52351		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	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
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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	0098T
		*SOS applies			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8682	L8685	L8686
		L8680	L8688	L8687	
		Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Kymriah (tisagenlecleucel) and Yescarta® (axicabtagene ciloleucel), call the Optum Transplant Case Management team at 888-936-7246, or use the 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	50547			S2060	S2061
S2152	J3394				
CAR T-cell therapy					
0537T	0538T			0539T	0540T
Q2041	Q2042			Q2054	Q2056
* Code 38232 will only require prior authorization for an oncology diagnosis.					
Vein procedures 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		
* Prior authorization <u>not</u> required effective April 1, 2024.					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
		33927	33928	33929	33975

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			