

# Prior authorization requirements for Maryland Medicaid

Effective September 1, 2022

## 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 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> 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	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371

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 and Q5122 will also require prior authorization for non-oncology DX. See the <a href="#">Injectable medications</a> section below</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>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>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448*</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></p> <table border="0"> <tr> <td>J0185</td> <td>J1453</td> <td>J1454</td> <td>J1627</td> </tr> </table> <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>				J0185	J1453	J1454	J1627
J0185	J1453	J1454	J1627						
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance</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> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>							
<b>Cardiovascular</b>	<p>Prior authorization required</p>	<p>37220 37226 75710*</p>	<p>37221 37227 75716*</p>	<p>37224 37228 93580</p>	<p>37225 37229</p>				
<p><b>*Prior authorization required for the following diagnosis codes:</b></p>									

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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 **Injectable chemotherapy drugs that require prior authorization:**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>	outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul> <p>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 Authorization and Notification tile on your provider portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<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 L8614 L8690 L8694	69711 L8619 L8691	69714 L8627 L8692	69930 L8628 L8693
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<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 14040* 15821 15847 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914 67921 67950	11971 14060* 15822 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915 67922 67961	13101* 14301* 15823 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916 67923 67966	13132* 15820 15830 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912 67917 67924 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  Prosthetics are not DME — see <i>Orthotics and</i>	A9279 E0265 E0300 E0457 E0470 E0620 E0656	A9280 E0266 E0328 E0460 E0471 E0636 E0669	A9900 E0270 E0329 E0465 E0483 E0637 E0670	E0194 E0277 E0445 E0466 E0486 E0652 E0675

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME)</b> (cont.)	<i>prosthetics.</i>	E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270
V5271	V5272	V5274	V5281		
V5282	V5283	V5286	V5287		
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	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</b>	Prior authorization required	31240	31253	31254	31255

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
surgery (FESS)		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment (cont.)	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	58661
		58720	58940	64856	64892
		64896			
		Genetic and molecular testing to include 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.	81105	81106
81109	81110			81111	81120
81121	81161			81162	81163
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
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		

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>		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	81334	81335	81336
		81337	81338	81339	81340
		81341	81342	81343	81344
		81345	81346	81347	81348
		81349	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81520	81521
		81522	81523	81546	81554
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0006M	0007M
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
		0026U	0027U	0030U	0031U
		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
		0111U	0129U	0136U	0137U
		0154U	0155U	0157U	0158U



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>		0159U	0160U	0161U	0168U
		0169U	0170U	0171U	0172U
		0173U	0175U	0177U	0179U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0214U	0215U	0216U
		0217U	0218U	0221U	0222U
		0229U	0230U	0231U	0232U
		0234U	0235U	0236U	0237U
		0238U	0245U	0246U	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			
<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
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J0800				
	<b>Adakveo®</b>				
	J0791				
	<b>Aldurazyme®</b>				
	J1931				
	<b>Aralast NP, Prolastin-C, Zemaira</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Berinert</b>				
	J0597				
	<b>Botulinum Toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Cabenuva</b>				
	J0741				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Crysvita®</b>				
	J0584				
	<b>Cutaquig®</b>				
	J1551				
	<b>Elaprase®</b>				
	J1743				
	<b>Elelyso®</b>				
J3060					
<b>Entyvio®</b>					
J3380					
<b>Erythropoiesis Stimulating Agents</b>					
J0885					
<b>Evenity®</b>					
J3111					
<b>Exondys-51</b>					
J1428					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra®</b>				
	J0517				
	<b>Fensolvi®</b>				
	J1951				
	<b>Feraheme®</b>				
	Q0138				
	<b>Firmagon®</b>				
	J9155				
	<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>Lemtrada®</b>					
J0202					
<b>Lumizyme®</b>					
J0221					
<b>Lupron Depot®</b>					
J1950					
<b>Lupron Depot, Eligard®</b>					
J9217					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	<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>Parsabiv™</b>			
	J0606			
	<b>Radicava®</b>			
	J1301			
	<b>Reblozyl®</b>			
	J0896			
	<b>Remicade®</b>			
	J1745			
<b>Renflexis®</b>				
Q5104				
<b>Riabni™</b>				
Q5123				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Sandostatin® LAR</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J2353				
	<b>Saphnelo</b>				
	J0491				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza®</b>				
	J2326				
	<b>Stelara®</b>				
	J3358				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza</b>				
	J3241				
	<b><u>Therapeutic Radiopharmaceuticals</u></b>				
	A9513	A9590	A9606	A9699	
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarza</b>				
	J1746				
<b>Truxima®</b>					
Q5115					
<b>Ultomiris®</b>					
J1303					
<b>Unclassified Codes*</b>					
C9399	J3490	J3590			
<b>Uplinza</b>					
J1823					
<b>Vantas™</b>					
J9225					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<b>Vimizim®</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>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</p>				
	<p><b>**Effective 10/01/2022:</b> For unclassified codes C9399, J3490, J3590 prior authorization required for Flyntra®</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
		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>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431		
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	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	
		<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
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		

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L8610	L8612	L8631	L8659
<b>Outpatient therapy</b>	Prior authorization required for members ages 21 and older	92507 92633 97016 97026 97034 97110 97124 97140 97153 97157 97535 97755	92508 97010 97018 97028 97035 97112 97129 97150 97154 97158 97537 97799	92526 97012 97022 97032 97036 97113 97130 97151 97155 97530 97545	92630 97014 97024 97033 97039 97116 97139 97152 97156 97533 97750
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Private duty nursing</b>	Prior authorization required	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization required for dates of service on or after April 1, 2022	37243 53852	52441 55866	52442 55873	53850
<b>Radiation therapy</b>	Prior authorization required	<p><b>IGRT</b> 77014                      77387</p> <p><b>IMRT</b> Intensity-modulated radiation therapy 77385                      77386</p> <p><b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520                      77522                      77523                      77525</p> <p><b>Special/associated services</b> 77331                      77370                      77399                      77470</p> <p><b>SRS/SBRT</b> 77371                      77372                      77373</p> <p><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</p> <p><b>Y90</b> Implantable beta-emitting microspheres for treatment of malignant tumors 79445</p> <p>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 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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**Radiation therapy (continued)**

For more details and the CPT codes that require prior authorization, please visit [UHCprovider.com/MDcommunityplan](https://UHCprovider.com/MDcommunityplan) > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

**Radiology**

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine and nuclear cardiology procedures

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, 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 portal dashboard. Or call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit [UHCprovider.com/MDcommunityplan](https://UHCprovider.com/MDcommunityplan) > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

**Remote patient monitoring**

Prior authorization required

S9110 with the following DX codes:

E10.10	E10.11	E10.21	E10.10
E10.22	E10.29	E10.311	E10.22
E10.319	E10.3211	E10.3212	E10.319
E10.3213	E10.3219	E10.3291	E10.3213
E10.3292	E10.3293	E10.3299	E10.3292
E10.3311	E10.3312	E10.3313	E10.3311
E10.3319	E10.3391	E10.3392	E10.3319
E10.3393	E10.3399	E10.3411	E10.3393
E10.3412	E10.3413	E10.3419	E10.3412
E10.3491	E10.3492	E10.3493	E10.3491
E10.3499	E10.3511	E10.3512	E10.3499
E10.3513	E10.3519	E10.3521	E10.3513
E10.3522	E10.3523	E10.3529	E10.3522
E10.3531	E10.3532	E10.3533	E10.3531
E10.3539	E10.3541	E10.3542	E10.3539
E10.3543	E10.3549	E10.3551	E10.3543
E10.3552	E10.3553	E10.3559	E10.3552
E10.3591	E10.3592	E10.3593	E10.3591
E10.3599	E10.36	E10.37X1	E10.3599
E10.37X2	E10.37X3	E10.37X9	E10.37X2
E10.39	E10.40	E10.41	E10.39
E10.42	E10.43	E10.44	E10.42
E10.49	E10.51	E10.52	E10.49
E10.59	E10.610	E10.618	E10.59
E10.620	E10.621	E10.622	E10.620
E10.628	E10.630	E10.638	E10.628
E10.641	E10.649	E10.65	E10.641
E10.69	E10.8	E10.9	E10.69
E11.00	E11.01	E11.10	E11.00
E11.11	E11.21	E11.22	E11.11

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Remote patient monitoring (cont.)</b>		E11.29	E11.311	E11.319	E11.29	
		E11.3211	E11.3212	E11.3213	E11.3211	
		E11.3219	E11.3291	E11.3292	E11.3219	
		E11.3293	E11.3299	E11.3311	E11.3293	
		E11.3312	E11.3313	E11.3319	E11.3312	
		E11.3391	E11.3392	E11.3393	E11.3391	
		E11.3399	E11.3411	E11.3412	E11.3399	
		E11.3413	E11.3419	E11.3491	E11.3413	
		E11.3492	E11.3493	E11.3499	E11.3492	
		E11.3511	E11.3512	E11.3513	E11.3511	
		E11.3519	E11.3521	E11.3522	E11.3519	
		E11.3523	E11.3529	E11.3531	E11.3523	
		E11.3532	E11.3533	E11.3539	E11.3532	
		E11.3541	E11.3542	E11.3543	E11.3541	
		E11.3549	E11.3551	E11.3552	E11.3549	
		E11.3553	E11.3559	E11.3591	E11.3553	
		E11.3592	E11.3593	E11.3599	E11.3592	
		E11.36	E11.37X1	E11.37X2	E11.36	
		E11.37X3	E11.37X9	E11.39	E11.37X3	
		E11.40	E11.41	E11.42	E11.40	
		E11.43	E11.44	E11.49	E11.43	
		E11.51	E11.52	E11.59	E11.51	
		E11.610	E11.618	E11.620	E11.610	
		E11.621	E11.622	E11.628	E11.621	
		E11.630	E11.638	E11.641	E11.630	
		E11.649	E11.65	E11.69	E11.649	
		E11.8	E11.9	I50.20	E11.8	
		I50.21	I50.22	I50.23	I50.21	
		I50.30	I50.31	I50.32	I50.30	
		I50.33	I50.40	I50.41	I50.33	
		I50.42	I50.43	I50.9	I50.42	
		J43.0	J43.1	J43.2	J43.0	
		J43.8	J43.9	J44.0	J43.8	
		J44.1	J44.9		J44.1	
	<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
			30435	30450	30460	30462
			30465			
	<b>Shoulder Surgery</b>	Prior authorization required	<b>Musculoskeletal System*</b>			
			29805	29806	29807	29819
			29820	29822	29823	29824
			29825	29826	29827	29828

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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\*Site of service 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	<b>Auditory system</b>					
		69205					
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	<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
	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				49585	49587	49650	

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>		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	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
		<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

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>		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
		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	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			
<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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Stimulators (continued)</b>		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
		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		
		*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	37765
		37766	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 ventricle		33927	33928	33929	33975

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