

Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective Feb. 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 |

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 PCA-3-24-02272-Clinical-QRG_08282024



| 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 | 15828 |
| | | 15824 | 15825 | 15826 | 15834 |
| | | 15829 | 15832 | 15833 | 15838 |
| | | 15835 | 15836 | 15837 | 15877 |
| | | 15839 | 15860 | 15876 | 17111 |
| | | 15878 | 15879 | 17110 | 20926 |
| | | 17380 | 19303 | 19355 | 21899 |
| | | 21087 | 21120 | 21270 | 31599 |
| | | 27656 | 31081 | 31580 | 40510 |
| | | 31750 | 31899 | 40500 | 40650 |
| | | 40520 | 40525 | 40527 | 43496 |
| | | 40652 | 40654 | 40799 | 45400 |
| | | 44204 | 44700 | 45395 | 53425 |
| | | 53210 | 53410 | 53420 | 54400 |
| | | 53430 | 54120 | 54125 | 54408 |
| | | 54401 | 54405 | 54406 | 54520 |
| | | 54410 | 54411 | 54416 | 55150 |
| | | 54522 | 54660 | 54690 | 56620 |
| | | 55175 | 55180 | 55899 | 56640 |
| | | 56625 | 56630 | 56633 | 56810 |
| | | 56700 | 56800 | 56805 | 57110 |
| | | 57106 | 57107 | 57109 | 57291 |
| | | 57111 | 57200 | 57282 | 57335 |
| | 57292 | 57295 | 57296 | 58275 | |
| | 57425 | 57426 | 58210 | 58661 | |
| | 58280 | 58285 | 58294 | 64856 | |
| | 58720 | 58940 | 58999 | 69300 | |
| | 64892 | 64896 | 64912 | 82670 | |
| | 80414 | 80415 | 82642 | 82679 | |
| | 82671 | 82672 | 82677 | 83003 | |
| | 82681 | 83001 | 83002 | 84233 | |
| | 83498 | 84143 | 84144 | 84410 | |
| | 84234 | 84402 | 84403 | | |
| | 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 | | | |
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| 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 | 81448 |
| | | 81435 | 81440 | 81437 | 81507 |
| | | 81439 | 81465 | 81445 | 81521 |
| | | 81460 | 81519 | 81479 | 81546 |
| | | 81518 | 81523 | 81520 | 87506 |
| | | 81522 | 81599 | 81525 | 0018U |
| | | 81595 | 0006M | 87505 | 0026U |
| | | 87507 | 0022U | 0007M | 0087U |
| | | 0019U | 0055U | 0023U | 0136U |
| | | 0037U | 0111U | 0060U | 0171U |
| | | 0088U | 0155U | 0129U | 0177U |
| | | 0154U | 0173U | 0170U | 0214U |
| | | 0172U | 0209U | 0175U | 0218U |
| | | 0179U | 0216U | 0211U | 0242U |
| | | 0215U | 0238U | 0217U | 0252U |
| | | 0237U | 0245U | 0239U | 0260U |
| | | 0244U | 0254U | 0250U | 0266U |
| | | 0253U | 0264U | 0258U | 0270U |
| | | 0262U | 0268U | 0265U | 0274U |
| | | 0267U | 0272U | 0269U | 0282U |
| 0271U | 0277U | 0273U | 0288U | | |
| 0276U | 0286U | 0278U | 0292U | | |
| 0285U | 0290U | 0287U | 0297U | | |
| 0289U | 0294U | 0291U | S3870 | | |
| 0293U | 0299U | 0296U | 0298U | | |
| 0300U | | | | | |
| | | 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 | Acthar Gel | | | |
| | | J0801 | | | |
| | | Actemra® | | | |
| | | J3262 | | | |
| | | Adakveo® | | | |
| | | J0791 | | | |
| | | Adzyna™ | | | |
| | | J7171 | | | |
| | | Aldurazyme® | | | |
| | | J1931 | | | |
| | | Amondys- 45 | | | |
| | | J1426 | | | |
| | | Amvuttra™ | | | |
| | | J0225 | | | |
| | | Aralast® NP, Prolastin®-C, Zemaira® | | | |
| | | J0256 | | | |
| | | Avsola™ | | | |
| | | Q5121 | | | |
| | | Benlysta | | | |
| | | J0490 | | | |
| Beovu® | | | | | |
| J0179 | | | | | |
| Beriner® | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Injectable medications (cont.)

| | | | | | |
|--|--|-------------------------|-------|-------|-------|
| | | J0597 | | | |
| | | Botulinum toxins | | | |
| | | J0585 | J0586 | J0587 | J0588 |
| | | Brineura® | | | |
| | | J0567 | | | |
| | | Briumvi™ | | | |
| | | J2329 | | | |
| | | Byooviz™ | | | |
| | | Q5124 | | | |
| | | Cerezyme™ | | | |
| | | J1786 | | | |
| | | Cimerli™ | | | |
| | | Q5128 | | | |
| | | Cimzia®* | | | |
| | | J0717 | | | |
| | | Cinqair® | | | |
| | | J2786 | | | |
| | | Cinryze | | | |
| | | J0598 | | | |
| | | Cortrophin Gel | | | |
| | | J0802 | | | |
| | | Cosentyx® | | | |
| | | J3247 | | | |
| | | Crysvita® | | | |
| | | J0584 | | | |
| | | Cutaquig® | | | |
| | | J1551 | | | |
| | | Daxxify® | | | |
| | | J0589 | | | |
| | | Elaprase® | | | |
| | | J1743 | | | |
| | | ElELYso | | | |
| | | J3060 | | | |
| | | Elfabrio | | | |
| | | J2508 | | | |
| | | Elevidys | | | |
| | | J1413 | | | |
| | | Enjaymo™ | | | |
| | | J1302 | | | |
| | | Entyvio® | | | |
| | | J3380 | | | |
| | | Evenity® | | | |
| | | J3111 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Injectable medications (cont.)

| | | | | |
|------------------------------------------|-------|-------|-------|--|
| Evkeeza® | | | | |
| J1305 | | | | |
| Exondys 51® | | | | |
| J1428 | | | | |
| Eylea™ | | | | |
| J0178 | | | | |
| Eylea HD | | | | |
| J0177 | | | | |
| Fabrazyme® | | | | |
| J0180 | | | | |
| Fasenra™ | | | | |
| J0517 | | | | |
| Fensolvi® | | | | |
| J1951 | | | | |
| Feraheme® | | | | |
| Q0138 | | | | |
| Firmagon® | | | | |
| J9155 | | | | |
| Fynetra™ | | | | |
| Q5130 | | | | |
| Gamifant® | | | | |
| J9210 | | | | |
| Givlaari® | | | | |
| J0223 | | | | |
| Glassia® | | | | |
| J0257 | | | | |
| Hemgenix | | | | |
| J1411 | | | | |
| 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 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|--------------------------------|------------------------|--------------------------------------------------------------|
| Injectable medications (cont.) | | Kalbitor® J1290 |
| | | Kanuma® J2840 |
| | | Kisunla J0175 |
| | | Krystexxa® J2507 |
| | | Lamzede J0217 |
| | | Lanreotide J1932 |
| | | Lemtrada® J0202 |
| | | Leqembi™ J0174 |
| | | Leqvio® J1306 |
| | | Lucentis® J2778 |
| | | Lumizyme® J0221 |
| | | Lupron Depot® J1950 |
| | | Lupron Depot®, Eligard® J9217 |
| | | Luxturna™ J3398 |
| | | Mepsevii® J3397 |
| | | Monoferric® J1437 |
| | | Naglazyme® J1458 |
| | | Nexviazyme® J0219 |
| | | Nplate® J2802 |
| | | Nucala® J2182 |
| | | Ocrevus® J2350 |
| | | Octreotide acetate |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|------------------------|--------------------------------------------------------------|
|-------------------------|------------------------|--------------------------------------------------------------|

Injectable medications (cont.)

- J2354
- Omvo**
- J2267
- Onpattro®**
- J0222
- Orencia®**
- J0129
- Oxlumo®**
- J0224
- Panzyga®**
- J1576
- Parsabiv™**
- J0606
- Pombiliti**
- J1203
- Prolia® ****
- J0897
- Qalsody**
- J1304
- Radicava®**
- J1301
- Reblozyl®**
- J0896
- Releuko®**
- Q5125
- Remicade®**
- J1745
- Renflexis®**
- Q5104
- Riabni™**
- Q5123
- Rituxan®**
- J9312
- Rituxan Hycela®**
- J9311
- Roctavian**
- J1412
- Rolvedon™**
- J1449
- Ruconest®**
- J0596
- Ruxience®**
- Q5119

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 PCA-3-24-02272-Clinical-QRG_08282024



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Injectable medications (cont.)

| | | | | |
|------------------------------------------------|-------|-------|-------|--|
| Ryplazim® | | | | |
| J2998 | | | | |
| Rystiggo | | | | |
| J9333 | | | | |
| 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 | | | | |
| Spevigo® | | | | |
| J1747 | | | | |
| Spinraza® | | | | |
| J2326 | | | | |
| Stelara® | | | | |
| J3358 | | | | |
| Stimufend® | | | | |
| Q5127 | | | | |
| Supprelin® LA | | | | |
| J9226 | | | | |
| Susvimo™ | | | | |
| J2779 | | | | |
| Syfovre™ | | | | |
| J2781 | | | | |
| Synagis® | | | | |
| 90378 | | | | |
| Tepezza® | | | | |
| J3241 | | | | |
| Tezspire™ | | | | |
| J2356 | | | | |
| <u>Therapeutic radiopharmaceuticals</u> | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|----------------------------------------------------|------------------------------|--------------------------------------------------------------|-------|-------|--|
| Injectable medications (cont.) | A9513 | A9590 | A9606 | A9607 | |
| | A9699 | | | | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Tremfya IV | | | | |
| | J1628 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Truxima® | | | | |
| | Q5115 | | | | |
| | Tyenne | | | | |
| | Q5135 | | | | |
| | Tzield™ | | | | |
| | J9381 | | | | |
| | Ultomiris® | | | | |
| | J1303 | | | | |
| | Unclassified codes*** | | | | |
| | C9172 | J3590 | J3490 | | |
| | Uplinza® | | | | |
| | J1823 | | | | |
| | Vabysmo® | | | | |
| | J2777 | | | | |
| | Vantas® | | | | |
| | J9225 | | | | |
| | Veopoz | | | | |
| | J9376 | | | | |
| | Viltepso® | | | | |
| | J1427 | | | | |
| | Vimizim® | | | | |
| | J1322 | | | | |
| | Vyepti® | | | | |
| | J3032 | | | | |
| | Vyjuvek™ | | | | |
| | J3401 | | | | |
| | Vyondys 53® | | | | |
| | J1429 | | | | |
| | Vyvgart | | | | |
| | J9332 | | | | |
| Vyvgart Hytrulo | | | | | |
| J9334 | | | | | |
| White blood cell colony-stimulating factors | | | | | |
| J1442 | J1447 | J1448 | J2506 | | |
| Q5101 | Q5108 | Q5110 | Q5111 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

| | | | | | |
|---------------------------------------|--|-------------------|-------|--|--|
| Injectable medications (cont.) | | 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®, Lamzede® 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 | | | | |
| 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 | | | |
| Musculoskeletal (cont.) | | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | | |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21122 | 21123 | 21125 |
| | | 21127 | 21141 | 21142 | 21143 |
| | | 21145 | 21146 | 21147 | 21150 |
| | | 21151 | 21154 | 21155 | 21159 |
| | | 21160 | 21188 | 21193 | 21194 |
| | | 21195 | 21196 | 21198 | 21199 |

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

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

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|----------------|----------|
| | | 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 53852 | 52441 55866 | 52442 55873 | 53850 |
| 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 | F10.190 | F10.101 | 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 | F10.20 | 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 |
| | | F11.113 | F11.114 | F11.1150 | F11.1151 |
| | | F11.1159 | F11.1181 | F11.1182 | F11.1188 |
| | | F11.119 | F11.120 | F11.121 | F11.1220 |
| | | F11.1221 | F11.1222 | F11.1229 | F11.123 |
| | | F11.124 | F11.1250 | F11.1251 | F11.1259 |
| | | F11.1281 | F11.1282 | F11.1288 | F11.129 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Psychological testing (cont.)

| | | | |
|---------|---------|---------|---------|
| F14.182 | F14.188 | F14.19 | F14.20 |
| F14.21 | F14.220 | F14.21 | 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 |
| F15.288 | F15.29 | F15.290 | F15.291 |
| 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 | F16.21 | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

Psychological testing (cont.)

| | | | |
|---------|---------|---------|---------|
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

| | | | | | |
|--------------------------------------|--|---------|---------|---------|---------|
| Psychological testing (cont.) | | O99.320 | O99.321 | O99.322 | O99.323 |
| | | O99.324 | O99.325 | R78.0 | R78.1 |
| | | R78.2 | R78.3 | R78.4 | R78.5 |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Radiation therapy | Prior authorization required | Image-guided radiation therapy (IGRT) | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | Intensity-modulated radiation therapy (IMRT) | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | Proton beam | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/associated services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) | | | |
| | | 77371 | 77372 | 77373 | |
| | | 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 |
| G6003 | G6004 | G6005 | G6006 | | |
| G6007 | G6008 | G6009 | G6010 | | |
| G6011 | G6012 | G6013 | G6014 | | |
| Y90 | | | | | |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | | | |
| 79445 | | | | | |
| To submit an online request for prior authorization, sign in to the UHCprovider.com to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology and Radiation Therapy” box. After selecting “Commercial” as the product type, you will be directed to another website to process the authorization requests | | | | | |

| | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------|------------------------------|-------|-------|-------|-------|
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

deviation

| | | | | | |
|-------------------------|------------------------------|--------------------------------|-------|-------|-------|
| Shoulder surgery | Prior authorization required | Musculoskeletal system* | | | |
| | | 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 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Site of service (SOS) — outpatient hospital (cont.) | | 57522 | 58353 | 58558 | 58561 |
| | | 58562 | 58563 | 58565 | |
| | | Hemic and lymphatic systems | | | |
| | | 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 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|--------|-------|-------|
| Site of service (SOS) — outpatient hospital (cont.) | | 52224 | 52234 | 52235 | 52260 |
| | | 52276 | 52281 | 52287 | 52310 |
| | | 52320 | 52332 | 52344 | 52351 |
| | | 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 | J3393 | | | J3394 | Q2053 |
| Q2054 | Q2055 | | | Q2056 | |
| CAR T-cell therapy | | | | | |
| Q2041 | Q2042 | | | | |
| * 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 | | | |