

Prior authorization requirements for Maryland Medicaid

Effective Mar. 1, 2023

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Maryland participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com 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			
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		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except	Prior authorization required	11971 19328 19350	19316 19330 19357	19318 19340 19361	19325 19342 19364

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
when following mastectomy		19367	19368	19369	19370
		19371	19380	19396	L8600

Cancer supportive care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See the Injectable medications section below</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448*</p> <p><u>Bone-modifying agents that require prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic codes that require prior authorization:</u></p> <p>J0185 J1453 J1454 J1627</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 in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 888-397-8129.</p>			

Cardiology	<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 UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		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

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

Chemotherapy

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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Cochlear and other auditory implants

Prior authorization required

A medical device within the inner ear

69710	69711	69714	69930
L8614	L8619	L8627	L8628
L8690	L8691	L8692	L8693
L8694			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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and with an external portion to help persons with profound sensorineural deafness achieve conversational speech

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		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	13101	13132	14040
		14060	14301	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21552	21740
		21742	21743	21931	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
67961	67966	Q2026			

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	A9279	A9280	A9900	E0194	
		E0265	E0266	E0270	E0277	
		E0300	E0328	E0329	E0445	
		E0457	E0460	E0465	E0466	
		E0470	E0471	E0483	E0486	
		E0620	E0636	E0637	E0652	
		Prosthetics are not DME — see <i>Orthotics and prosthetics</i> .	E0656	E0669	E0670	E0675
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0984	E0986	E1002
	E1003		E1004	E1005	E1006	
	E1007		E1008	E1009	E1010	
	E1030		E1035	E1036	E1130	
	E1161		E1229	E1231	E1232	
	E1233		E1234	E1235	E1236	
	E1237		E1238	E1239	E1825	
	E2100	E2227	E2228	E2230		
	E2300	E2301	E2310	E2311		
	E2322	E2325	E2327	E2329		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		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	0191T	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		
		14000	14001	14020	14021
		14041	14061	14301	14302
		15734	15738	15750	15757
		15758	19303	31899	53410
		53430	54125	54400	54401

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Gender dysphoria treatment (cont.)		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	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81164	81165	81166	81167	
		81168	81170	81171	81172	
		81173	81174	81175	81176	
		81177	81178	81179	81180	
		81181	81182	81183	81184	
		81185	81186	81187	81188	
		81189	81190	81191	81192	
		81193	81194	81200	81201	
		81203	81204	81205	81208	
		81209	81212	81216	81218	
		81220	81222	81223	81224	
		81225	81226	81227	81228	
		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.	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		
	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			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)		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			
	Hearing aid services	Prior authorization required	V5171	V5172	V5181
V5212			V5213	V5214	V5215
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
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
J0490					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Berinert				
	J0597				
	Botulinum Toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Cabenuva				
	J0741				
	Cerezyme®				
	J1786				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Crysvita®				
	J0584				
	Cutaquig®				
	J1551				
	Elaprase®				
	J1743				
	ElELYso®				
	J3060				
	Entyvio®				
	J3380				
	Erythropoiesis Stimulating Agents				
	J0885				
	Evenity®				
	J3111				
Exondys-51					
J1428					
Fabrazyme®					
J0180					
Fasenra®					
J0517					
Fensolvi®					
J1951					
Feraheme®					
Q0138					
Firmagon®					
J9155					
Gamifant®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Ilaris®				
	J0638				
	Ilumya®				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor				
	J1290				
	Kanuma®				
	J2840				
	Krystexxa®				
	J2507				
	Lanreotide – Eff 4/1/23				
	J1932				
	Lemtrada®				
	J0202				
	Lumizyme®				
	J0221				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
Luxturna™					
J3398					
Makena®/17P					
J1726	J1729	J2675			
Mepsevii®					
J3397					
Monoferric®					
J1437					
Naglazyme®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1458 Nplate® J2796 Nucala® J2182 Ocrevus™ J2350 Octreotide Acetate J2354 Onpattro® J0222 Orencia® J0129 Parsabiv™ J0606 Prolia® *** J0897 Radicava® J1301 Reblozyl® J0896 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Ruconest® J0596 Ruxience® Q5119 Sandostatin® LAR J2353 Saphnelo J0491 Signifor® LAR J2502 Simponi Aria® J1602

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Sodium Hyaluronate	J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Soliris®	J1300			
	Somatuline® Depot	J1930			
	Spinraza®	J2326			
	Stelara®	J3358			
	Supprelin® LA	J9226			
	Synagis®*	90378			
	Tepezza	J3241			
	Therapeutic Radiopharmaceuticals				
		A9513	A9590	A9606	A9607***
		A9699			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Trogarza	J1746			
	Truxima®	Q5115			
	Ultomiris®	J1303			
	Unclassified Codes*				
		C9399	J3490	J3590	
	Uplinza	J1823			
	Vantas™	J9225			
	Vimizim®	J1322			
	Vyepti®	J3032			
	Vyondys 53®	J1429			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		White Blood Cell Colony Stimulating Factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify®			
		J1558			
		Xolair®			
		J2357			
		Zoladex®			
		J9202			
	Zolgensma®				
	J3399				
		<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com 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>** For unclassified codes C9399, J3490, J3590 prior authorization required for Fylnetra®</p>			
		<p>*** For code J0897- prior authorization is only required for non oncology indications.</p>			
		<p>Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement Joint, total hip and knee replacement procedures Joint replacement (cont.)	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			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
	L7009	L7040	L7045	L7170	
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7405	L8040	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533
		97535	97537	97545	97750
		97755	97799		
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Prostate procedures	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
Radiation therapy	Prior authorization required	IGRT			
		77014	77387		
		IMRT			
		Intensity-modulated radiation therapy			
		77385	77386		
		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
		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
Y90					
Implantable beta-emitting microspheres for treatment of malignant tumors					
79445					
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call 866-889-8054 .					
For more details and the CPT codes that require prior authorization, please visit 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:	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Provider Portal. To access the tool, go to 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>

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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Remote patient monitoring (cont.)		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
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Shoulder Surgery	Prior authorization required	Musculoskeletal System*			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		*Site of service also applies			
Shoulder Surgery (cont.)					
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	Auditory system			
		69205			
	Prior authorization not	Cardiovascular system			
		36590		36832	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (continued)	required if performed at a participating ambulatory surgery center (ASC)	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (continued)

47000				
Male genital system				
54840				
Miscellaneous				
20680				
Musculoskeletal system				
20552	20553	21012	21013	
21336	21554	21555	21556	
21930	22902	22903	23071	
23075	24071	27327	27337	
27632	28035	28039	28041	
28060	28080	28090	28104	
28110	28118	28119	28124	
28285	28289	28292	28296	
28297	28298	28299	29806	
29835	29840	29845	29846	
29848	29861	29875	29876	
29877	29879	29880	29881	
29882	29888	29893	G0260	
Nervous system				
64561	64640			
Ophthalmologic				
65426	65730	65855	66170	
66761	67028	67036	67040	
67228	67311	67312		
Respiratory system				
30802	30930	31525	31535	
31536	31541	31624		
Tonsillectomy and adenoidectomy				
42820	42821	42825	42826	
42830				
Upper and lower gastrointestinal endoscopy				
43235	43239	43249		
Urologic procedures				
50590	52000	52005	52204	
52224	52234	52235	52260	
52276	52281	52287	52310	
52320	52332	52344	52351	
52352	52353	52356	54161	
55040	55700	57288		

Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue	Prior authorization required	21685	41599	42145
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510 22514* 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0095T	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 0098T	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307 0164T
		*SOS applies			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747	E0748	E0749	E0760
		Neurostimulator 43648 61864 61886 64553 64590 0315T L8682 L8688	43881 61867 63650 64555 0312T 0316T L8685	43882 61868 63655 64568 0313T 0317T L8686	61863 61885 63685 64570 0314T L8680 L8687

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants	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 888-936-7246 , or use the notification number on the back of the member's health plan ID card.			
Transplants (cont.)		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			
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	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		
Ventricular assist devices (VAD)	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 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			

