

# Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective April 1, 2026

## 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 request 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](https://UHCprovider.com) and click Sign In in 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](https://UHCprovider.com/access).
- **Phone:** Call 888-702-2202

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
<b>Cancer supportive care</b>	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.	Q5136	Q5157	Q5158	Q5159
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		Q5148			
		<b>Bio similar (Zarxio®)</b>			
		Q5101*			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			
		<b>Filgrastim-aafi (Nivestym®)</b>			
		Q5110*			
		<b>Filgrastim-ayow (Releuko®)</b>			
		Q5125*			
		<b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b>			
		Q5122*			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2506			
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			
		Q5120*			
		<b>Pegfilgrastim-cbqv (Udenyca®)</b>			
		Q5111*			
		<b>Pegfilgrastim-jmdb (Fulphila®)</b>			
		Q5108*			
		<b>Eflapegrastim-xnst (Rolvedon™)</b>			
		J1449			
		<b>Sargramostim (Leukine®)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix®)</b>			
		J1447*			
		<b>Trilaciclib (Cosela™)</b>			
		J1448*			
		<b><u>Bone-modifying agents that require prior authorization:</u></b>			
		<b>Denosumab (Xgeva®)</b>			
		J0897			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																				
Cancer supportive care (cont.)		<p><b><u>Antiemetic codes that require prior authorization:</u></b>            J0185            J1453            J1454            J1627            J1434            J2468            J1456</p> <p><b>Erythropoiesis-stimulating agents</b>            J0885</p> <p><b>Therapeutic Radiopharmaceuticals</b>            A9615</p> <p>For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call <b>888-397-8129</b>.</p>																																																																				
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> 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, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan&gt;PriorAuthorizationandNotificationResources&gt;CardiologyPriorAuthorizationandNotificationProgram">UHCprovider.com/MDcommunityplan&gt;Prior Authorization and Notification Resources&gt;Cardiology Prior Authorization and Notification Program</a></p>																																																																				
Cardiovascular	Prior authorization required	<p>93580</p> <p><b>*Prior authorization <u>not</u> required for the following diagnosis codes:</b></p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> <tr> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> <td>I70.249</td> </tr> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> <tr> <td>I70.369</td> <td>I70.421</td> <td>I70.422</td> <td>I70.423</td> </tr> <tr> <td>I70.428</td> <td>I70.429</td> <td>I70.431</td> <td>I70.432</td> </tr> <tr> <td>I70.433</td> <td>I70.434</td> <td>I70.435</td> <td>I70.438</td> </tr> <tr> <td>I70.439</td> <td>I70.441</td> <td>I70.442</td> <td>I70.443</td> </tr> </table>	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
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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				
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> and click Sign In at the top-right corner. Or, you can call <b>888-397-8129</b>.</p>			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69930
		L8614	L8619	L8627	L8628
		L8690	L8691	L8692	L8693
		L8694			
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical	Prior authorization required	11960	15820	15821	15822
		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
appearance without significantly improving or restoring physiological function		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function			
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
	E1237	E1238	E1239	E1825	
	E2100	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		
Prosthetics are not DME — see orthotics and prosthetics.					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>Dx codes</b> :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11442	11446	11920	11921
		11922	11950	11951	11952
		11954	11970	11980	11981
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Gender dysphoria treatment (cont.)		15835	15836	15837	15877
		15839	15860	15876	17111
		15878	15879	17110	21899
		17380	19303	19355	31599
		21087	21120	21270	40510
		27656	31081	31580	40650
		31750	31899	40500	43496
		40520	40525	40527	45400
		40652	40654	40799	53425
		44204	44700	45395	54400
		53210	53410	53420	54408
		53430	54120	54125	54520
		54401	54405	54406	55150
		54410	54411	54416	56620
		54522	54660	54690	56640
		55175	55180	55899	56810
		56625	56630	56633	57110
		56700	56800	56805	57291
		57106	57107	57109	57335
		57111	57200	57282	58275
		57292	57295	57296	58661
		57425	57426	58210	64856
		58280	58285	58294	69300
		58720	58940	58999	82670
		64892	64896	64912	82679
		80414	80415	82642	83003
		82671	82672	82677	84233
		82681	83001	83002	84410
		83498	84143	84144	84234
		84402	84403	92524	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Gender dysphoria treatment (cont.)</b>		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	
		D04.72	D04.8	D04.9		
	<b>Genetic and molecular testing to include breast cancer (BRCA) gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81120	81121	81162	81163
			81164	81165	81166	81194
			81208	81216	81228	81229
			81237	81245	81246	81276
			81307	81379	81380	81381
			81401	81408	81412	81415
Care providers requesting laboratory testing will be required to complete the prior		81416	81417	81422	81425	
		81426	81427	81441	81445	
		81449	81451	81455	81479	
	81518	81519	81520	81521		
	81522	81523	81525	81546		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)</b>	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.	81595	87505	87506	87507
		0006M	0007M	0019U	0022U
		0023U	0037U	0060U	0101U
		0102U	0103U	0111U	0136U
		0154U	0155U	0172U	0175U
		0177U	0179U	0211U	0233U
		0237U	0238U	0239U	0242U
		0244U	0252U	0253U	0254U
		0260U	0262U	0264U	0266U
		0267U	0282U	0287U	0296U
		0297U	0298U	0299U	0300U
		0326U	0334U	0378U	0391U
		0409U			
		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.	<b>Biomarkers</b>		
		81538	88299		
<b>Hearing aid services</b>	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267
		V5299			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	
<b>Hospice</b>	Prior authorization required		T2045		
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Hysterectomy (cont.)</b>		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Infertility</b>	Prior authorization required	55870	58825	58970	76948
		89254	89257	89259	89264
		89337	89398	J0725	J3355
		S0122	S0126	S0128	S4028
		S4042			
<b>Injectable medications</b>	Prior authorization required	<b>Acthar Gel</b>			
		J0801			
		<b>Actemra®</b>			
		J3262			
		<b>Adakveo®</b>			
		J0791			
		<b>Adzynma™</b>			
		J7171			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Alhemo</b>			
		J7173			
		<b>Amondys- 45</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast® NP, Prolastin®-C, Zemaira®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Avtozma</b>			
		Q5156			
		<b>Azedra~INJ</b>			
A9590					
<b>Azmiro</b>					
J1072					
<b>Benlysta</b>					
J0490					
<b>Beovu®</b>					
J0179					
<b>Berinert®</b>					
J0597					
<b>Bildyos</b>					

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

Q5162  
**Bkemv**  
 Q5152  
**Botulinum toxins**  
 J0585      J0586    J0587    J0588  
**Brineura®**  
 J0567  
**Briumvi™**  
 J2329  
**Byooviz™**  
 Q5124  
**Cerezyme™**  
 J1786  
**Cimerli™**  
 Q5128  
**Cimzia®\***  
 J0717  
**Cinqair®**  
 J2786  
**Cinryze**  
 J0598  
**Conexence**  
 Q5158  
**Cortrophin Gel**  
 J0802  
**Cosentyx® IV**  
 J3247  
**Crysvita®**  
 J0584  
**Cutaquig®**  
 J1551  
**Daxxify**  
 J0589  
**Elaprase®**  
 J1743  
**Elelyso**  
 J3060  
**Elevidys**  
 J1413  
**Elfabrio**  
 J2508  
**Encelto**

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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
<b>Injectable medications (cont.)</b>		J3403 <b>Enjaymo™</b> J1302 <b>Entyvio®</b> J3380 <b>Epysqli</b> Q5151 <b>Evenity®</b> J3111 <b>Evkeeza®</b> J1305 <b>Exondys 51®</b> J1428 <b>Eylea™</b> J0178 <b>Eylea HD</b> J0177 <b>Fabrazyme®</b> J0180 <b>Fasenra™</b> J0517 <b>Fensolvi®</b> J1951 <b>Feraheme®</b> Q0138 <b>Firmagon®</b> J9155 <b>Fulphila~INJ</b> Q5108 <b>Fylnetra™</b> Q5130 <b>Gamifant®</b> J9210 <b>Givlaari®</b> J0223 <b>Glassia®</b> J0257 <b>Hemgenix</b> J1411 <b>Hemlibra</b> J7170 <b>Hypavzi</b>

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

J7172  
**Ilaris®**  
 J0638  
**Ilumya™**  
 J3245  
**Imaavy**  
 J9256  
**Imuldosa IV**  
 Q5098  
**Inflectra**  
 Q5103  
**IV Iron~INJ**  
 J1439            Q013  
                          8  
**Intravenous immunoglobulin (IVIG)**  
 90283      90284      J1459      J1552  
 J1553      J1554      J1555      J1556  
 J1557      J1559      J1561      J1566  
 J1568      J1569      J1572      J1575  
 J1599  
**Izervay™**  
 J2782  
**Jubbonti-Wyost**  
 Q5136  
**Kalbitor®**  
 J1290  
**Kanuma®**  
 J2840  
**Kisunla**  
 J0175  
**Krystexxa®**  
 J2507  
**Lamzede**  
 J0217  
**Lanreotide**  
 J1932  
**Lemtrada®**  
 J0202  
**Leqembi™**  
 J0174  
**Leqvio®**  
 J1306

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Lucentis®</b> J2778 <b>Lumizyme®</b> J0221 <b>Lupron Depot®</b> J1950 <b>Lupron Depot®, Eligard®</b> J9217 <b>Lutathera</b> A9513 <b>Lutrate Depot</b> J1954 <b>Luxturna™</b> J3398 <b>Mepsevii®</b> J3397 <b>Monoferric®</b> J1437 <b>Naglazyme®</b> J1458 <b>Neupogen</b> J1442 <b>Nexviazyme®</b> J0219 Niktimvo J9038 <b>Nivestym</b> Q5110 <b>Nplate®</b> J2802 <b>Nucala®</b> J2182 Nulibry J1809 <b>Nypozi</b> Q5148 <b>Ocrevus®</b> J2350 <b>Ocrevus Zunovo</b> J2351 <b>Octagam</b> J1568

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

**Octreotide acetate**

J2354

**OmvoH**

J2267

**Onpattro®**

J0222

**Orencia®**

J0129

**Otufi IV**

Q9999

**Oxlumo®**

J0224

**Panzyga®**

J1576

**Papzimeos**

J3404

**Parsabiv™**

J0606

**Pavblu**

Q5147

**PiaSky**

J1307

**Pombiliti**

J1203

**Prolastin C**

J0256

**Prolia®**

J0897

**Pyzchiva IV**

Q9997

**Qalsody**

J1304

**Qfitlia**

J7174

**Radicava®**

J1301

**Radiopharm**

A9699

**Reblozyl®**

J0896

**Releuko®**

Q5125

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<b>Remicade®</b> J1745 <b>Renflexis®</b> Q5104 <b>Revcovi</b> J3590 <b>Riabni™</b> Q5123 <b>Rituxan®</b> J9312 <b>Rituxan Hycela®</b> J9311 <b>Roctavian</b> J1412 <b>Rolvedon™</b> J1449 <b>Ruconest®</b> J0596 <b>Ruxience®</b> Q5119 <b>Ryplazim®</b> J2998 <b>Rystiggo</b> J9333 <b>Sandostatin® LAR</b> J2353 <b>Saphnelo®</b> J0491 <b>Selarsdi</b> Q9998 <b>Signifor LAR</b> J2502 <b>Simponi Aria®</b> J1602 <b>Skyrizi®</b> J2327 <b>Sodium hyaluronate</b> J7331            J7332 <b>Soliris®</b> J1299 <b>Somatuline® Depot</b> J1930

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p><b>Spevigo®</b> J1747</p> <p><b>Spinraza®</b> J2326</p> <p><b>Spravato</b> J0013</p> <p><b>Stelara®</b> J3358</p> <p><b>Steqeyma IV</b> Q5099</p> <p><b>Stimufend®</b> Q5127</p> <p><b>Stoboclo</b> Q5157</p> <p><b>Supprelin® LA</b> J9226</p> <p><b>Susvimo™</b> J2779</p> <p><b>Syfovre™</b> J2781</p> <p><b>Synagis®</b> 90378</p> <p><b>Tepezza®</b> J3241</p> <p><b>Tezspire™</b> J2356</p> <p><b>Therapeutic radiopharmaceuticals</b> A9513    A9590    A9606    A9607 A9699</p> <p><b>Tofidence</b> Q5133</p> <p><b>Trelstar®</b> J3315</p> <p><b>Tremfya IV</b> J1628</p> <p><b>Triptodur®</b> J3316</p> <p><b>Truxima®</b> Q5115</p> <p><b>Tyenne</b> Q5135</p> <p><b>Tziel™</b> J9381</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		<b>Udenyca</b>	Q5111	<b>Ultomiris®</b>	J1303
		<b>Unclassified codes***</b>	C9172	C9399	J3490
			J3590		
		<b>Uplinza®</b>	J1823		
		<b>Vabysmo®</b>	J2777		
		<b>Vantas®</b>	J9225		
		<b>Veopoz</b>	J9376		
		<b>Viltepso®</b>	J1427		
		<b>Vimizim®</b>	J1322		
		<b>Visco 3</b>	J7320	J7321	J7322
			J7324		
			J7325	J7326	J7327
			J7329		
		<b>Vyepti®</b>	J3032		
		<b>Vyjuvek™</b>	J3401		
		<b>Vyondys 53®</b>	J1429		
		<b>Vyvgart</b>	J9332		
		<b>Vyvgart Hytrulo</b>	J9334		
		<b>Wezlana IV</b>	Q5138		
		<b>White blood cell colony-stimulating factors</b>	J1442	J1447	J1448
			J2506		
			Q5101	Q5108	Q5110
			Q5111		
			Q5120	Q5122	
		<b>Xembify®</b>	J1558		
		<b>Xenpozyme®</b>	J0218		
		<b>Xolair®</b>			

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

J2357  
**Yesintek IV**  
 Q5100  
**Zarxio**  
 Q5101  
**Zemaira**  
 J0256  
**Ziextenzo**  
 Q5120  
**Zoladex®**  
 J9202  
**Zolgensma®**  
 J3399

\* For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.

\*\*\* For unclassified codes C9172, C9399, J3490 and J3590- Prior authorization required for Beqvez™ Elfabrio® Lamzede® and Starjemza. 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.

<b>Inpatient stays</b>	Prior authorization required for all inpatient stays				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthognathic surgery</b> 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
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		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			
<b>Orthotics and prosthetics (cont.)</b>		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	L6055
		L6100	L6110	L6050	L6130
		L6200	L6205	L6120	L6300
		L6310	L6320	L6250	L6360
		L6370	L6380	L6350	L6384
		L6400	L6450	L6382	L6550
		L6570	L6580	L6500	L6584
		L6586	L6588	L6582	L6621
		L6623	L6624	L6590	L6648
		L6686	L6687	L6646	L6690
		L6692	L6693	L6689	L6695
		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045
		L8046	L8047	L8044	L8609
		L8610	L8612	L8499	L8659
		L8631			
<b>Outpatient therapy</b>	Prior authorization required for members ages 21 and older	92507	92508	92526	92630
		92633	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient therapy (cont.)</b>		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533
		97535	97537	97545	97750
		97755	97799		
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Private duty nursing</b>	Prior authorization required	T1002	T1003		
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization required for dates of service on or after April 1, 2022	37243 53852	52441 55873	52442	53850

**Psychological testing**      Prior authorization required      89240  
 Prior authorization required when billed with the following Dx

- |             |             |             |             |
|-------------|-------------|-------------|-------------|
| F10.10      | F10.11      | F10.12<br>0 | F10.12<br>1 |
| F10.12<br>9 | F10.90      | F10.91      | F10.13<br>0 |
| F10.13<br>1 | F10.13<br>2 | F10.13<br>9 | F10.14      |
| F10.15<br>0 | F10.15<br>1 | F10.15<br>9 | F10.18<br>0 |
| F10.18<br>1 | F10.18<br>2 | F10.18<br>8 | F10.19      |
| F10.20      | F10.21      | F10.22<br>0 | F10.22<br>1 |
| F10.22<br>9 | F10.23<br>0 | F10.23<br>1 | F10.23<br>2 |
| F10.23<br>9 | F10.24      | F10.25<br>0 | F10.25<br>1 |
| F10.25<br>9 | F10.28<br>0 | F10.28<br>1 | F10.28<br>2 |
| F10.28<br>8 | F10.29      | F10.92<br>0 | F10.92<br>1 |
| F10.92<br>9 | F10.93<br>0 | F10.93<br>1 | F10.93<br>2 |
| F10.93<br>9 | F10.94      | F10.95<br>0 | F10.95<br>1 |

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

F10.959	F10.980	F10.981	F10.982	
F10.988	F10.998	F11.108	F11.118	
F11.120	F11.121	F11.122	F11.129	
F11.130	F11.140	F11.150	F11.151	
F11.159	F11.181	F11.182	F11.188	
F11.190	F11.200	F11.210	F11.220	
F11.221	F11.222	F11.229	F11.230	
F11.240	F11.250	F11.251	F11.259	
F11.281	F11.282	F11.288	F11.290	
F11.900	F11.910	F11.920	F11.921	
F11.922	F11.929	F11.930	F11.940	
F11.950	F11.951	F11.959	F11.981	
F11.982	F11.988	F11.990	F12.100	
F12.110	F12.120	F12.121	F12.122	
F12.129	F12.130	F12.150	F12.151	
F12.159	F12.180	F12.188	F12.190	
F12.200	F12.210	F12.220	F12.221	
F12.222	F12.229	F12.230	F12.250	
F12.251	F12.259	F12.280	F12.288	
F12.290	F12.900	F12.910	F12.920	
F12.921	F12.922	F12.929	F12.930	
F12.950	F12.951	F12.959	F12.980	
F12.988	F12.990	F13.100	F13.110	
F13.120	F13.121	F13.129	F13.130	

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

F13.13 1	F13.13 2	F13.13 9	F13.14
F13.15 0	F13.15 1	F13.15 9	F13.18 0
F13.18 1	F13.18 2	F13.18 8	F13.19
F13.20	F13.21	F13.22 0	F13.22 1
F13.22 9	F13.23 0	F13.23 1	F13.23 2
F13.23 9	F13.24	F13.25 0	F13.25 1
F13.25 9	F13.28 0	F13.28 1	F13.28 2
F13.28 8	F13.29	F13.90	F13.91
F13.92 0	F13.92 1	F13.92 9	F13.93 0
F13.93 1	F13.93 2	F13.93 9	F13.94
F13.95 0	F13.95 1	F13.95 9	F13.98 0
F13.98 1	F13.98 2	F13.98 8	F13.99
F14.10	F14.12 0	F14.12 1	F14.12 2
F14.12 9	F14.13	F14.14	F14.15 0
F14.15 1	F14.15 9	F14.18 0	F14.18 1
F14.18 2	F14.18 8	F14.19	F14.20
F14.21	F14.22 0	F14.22 1	F14.22 2
F14.22 9	F14.23	F14.24	F14.25 0
F14.25 1	F14.25 9	F14.28 0	F14.28 1
F14.28 2	F14.28 8	F14.29	F14.90
F14.91	F14.92 0	F14.92 1	F14.92 2
F14.92 9	F14.93	F14.94	F14.95 0
F14.95 1	F14.95 9	F14.98 0	F14.98 1
F14.98 2	F14.98 8	F14.99	F15.10

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

F15.12 0	F15.12 1	F15.12 2	F15.12 9
F15.13	F15.14	F15.15 0	F15.15 1
F15.15 9	F15.18 0	F15.18 1	F15.18 2
F15.18 8	F15.19	F15.20	F15.21
F15.22 0	F15.22 1	F15.22 2	F15.22 9
F15.23	F15.24	F15.25 0	F15.25 1
F15.25 9	F15.28 0	F15.28 1	F15.28 2
F15.28 8	F15.29	F15.90	F15.91
F15.92 0	F15.92 1	F15.92 2	F15.92 9
F15.93	F15.94	F15.95 0	F15.95 1
F15.95 9	F15.98 0	F15.98 1	F15.98 2
F15.98 8	F15.99	F16.10	F16.12 0
F16.12 1	F16.12 2	F16.12 9	F16.14
F16.15 0	F16.15 1	F16.15 9	F16.18 0
F16.18 3	F16.18 8	F16.19	F16.20
F16.21	F16.22 0	F16.22 1	F16.22 9
F16.24	F16.25 0	F16.25 1	F16.25 9
F16.28 0	F16.28 3	F16.28 8	F16.29
F16.90	F16.91	F16.92 0	F16.92 1
F16.92 9	F16.94	F16.95 0	F16.95 1
F16.95 9	F16.98 0	F16.98 3	F16.98 8
F16.99	F17.20 0	F17.20 1	F17.20 3
F17.20 8	F17.20 9	F17.21 0	F17.21 1
F17.21 3	F17.21 8	F17.21 9	F17.22 0

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

F17.22	F17.22	F17.22	F17.22	F17.22
1	3	8	9	
F17.29	F17.29	F17.29	F17.29	F17.29
0	1	3	8	
F17.29	F18.10	F18.12	F18.12	F18.12
9		0	1	
F18.12	F18.14	F18.15	F18.15	F18.15
9		0	1	
F18.15	F18.17	F18.18	F18.18	F18.18
9		0	8	
F18.19	F18.20	F18.21	F18.22	F18.22
			0	
F18.22	F18.22	F18.24	F18.25	F18.25
1	9		0	
F18.25	F18.25	F18.27	F18.28	F18.28
1	9		0	
F18.28	F18.29	F18.90	F18.91	F18.91
8				
F18.92	F18.92	F18.92	F18.94	F18.94
0	1	9		
F18.95	F18.95	F18.95	F18.98	F18.98
0	1	9	0	
F18.98	F18.99	F19.10	F19.12	F19.12
8			0	
F19.12	F19.12	F19.12	F19.13	F19.13
1	2	9	0	
F19.13	F19.13	F19.13	F19.14	F19.14
1	2	9		
F19.15	F19.15	F19.15	F19.18	F19.18
0	1	9	0	
F19.18	F19.18	F19.18	F19.19	F19.19
1	2	8		
F19.20	F19.21	F19.22	F19.22	F19.22
		0	1	
F19.22	F19.22	F19.23	F19.23	F19.23
2	9	0	1	
F19.23	F19.23	F19.24	F19.25	F19.25
2	9		0	
F19.25	F19.25	F19.28	F19.28	F19.28
1	9	0	1	
F19.28	F19.28	F19.29	F19.90	F19.90
2	8			
F19.91	F19.92	F19.92	F19.92	F19.92
	0	1	2	
F19.92	F19.93	F19.93	F19.93	F19.93
9	0	1	2	
F19.93	F19.94	F19.95	F19.95	F19.95
9		0	1	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Psychological testing (cont.)</b>		F19.95 9	F19.98 0	F19.98 1	F19.98 2
		F19.98 8	F19.99	099.31 0	099.31 1
		099.31 2	099.31 3	099.31 4	099.31 5
		099.32 0	099.32 1	099.32 2	099.32 3
		099.32 4	099.32 5	R78.0	R78.1
		R78.2	R78.3	R78.4	R78.5

<b>Radiation therapy</b>	Prior authorization required	<b>Image-guided radiation therapy (IGRT)</b>			
		77387			
		<b>Proton beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b>			
		77371	77372	77373	
		<b>Radiation Treatment Delivery</b>			
77402*	77407	77412			
*Prior Auth only required to manage fractionation when requested for the following diagnosis codes:					
Applicable ICD10 codes for cancer types in scope for Hypofractionation:					
Bone Mets - ICD10: C79.51, C79.52					
Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A					
Prostate - ICD10: C61					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiation therapy (cont.)</b>		<p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p> <p>Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92</p> <p><b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p> <p>To submit an online request for prior authorization, sign in to the <b>UHCprovider.com</b> 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</p>			
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> and click Sign In at the top-right corner.</p> <p>Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan&gt;Prior Authorization and Notification Resources&gt;Radiology Prior Authorization and Notification Program">UHCprovider.com/MDcommunityplan&gt;Prior Authorization and Notification Resources&gt;Radiology Prior Authorization and Notification Program</a></p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal system*</b>			
		29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
		*Site of service also applies.			
<b>Sinuplasty</b>	Prior authorization	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	required				
<b>Site of service (SOS) — outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory system</b>			
		69205			
	Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	<b>Cardiovascular system</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive system</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and ocular adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
	67113	67840	68110	68115	
	68320	68720	68815		
	<b>Gynecologic procedures</b>				
	57240	57250	57461	57520	
	57522	58353	58558	58561	
	58562	58563	58565		
	<b>Hemic and lymphatic systems</b>				
	38500	38510	38525		
	<b>Hernia repair</b>				
	49505	49650	49651		
	<b>Integumentary system</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS)</b> — outpatient hospital (cont.)		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			
		<b>Male genital system</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal system</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29846
		29835	29840	29845	29876
		29848	29861	29875	29881
		29877	29879	29880	G0260
		29882	29888	29893	G0260
		<b>Nervous system</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	67040
		66761	67028	67036	67228
		67311	67312		
		<b>Respiratory system</b>			
		30802	30930	31525	
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52260
		52224	52234	52235	52310
		52276	52281	52287	52351
		52320	52332	52344	54161
		52352	52353	52356	
		55040	55700	57288	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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			
<b>Stimulators</b> Implantation of a device that sends	Prior authorization required	<b>Bone growth stimulator</b> E0747 E0748		E0749	E0760
		<b>Neurostimulator</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
electrical impulses		43648 61864 61886 64553 64590 L8680	43881 61867 63650 64555 L8682 L8688	43882 61868 63655 64568 L8685 L8687	61863 61885 63685 64570 L8686
<b>Transplants</b>	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 32854 33933 33945 38212 38232* 44132 44137 47133 47142 47146 48554 50325 50370 S2152 J3393 J3590** Q2055	32851 32855 33935 38208 38213 38240 44133 44715 47135 47143 47147 50300 50340 50547 J3387 J3394 C9399** Q2056	32852 32856 33940 38209 38214 38241 44135 44720 47140 47144 48551 50320 50360 S2060 J3391 J3402 Q2053 Q2057	32853 33930 33944 38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2061 J3392 J3490** Q2054
		<b>CAR T-cell therapy</b>			
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
		** For unclassified codes, prior authorization is required for			
<b>Vein procedures</b>	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. 33927      33928      33929      33975 33976      33979      33981      33982 33983      Q0507      Q0508      Q0509
<b>Wound vac</b>	Prior authorization required	E2402