Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective Jul. 1, 2025

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 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 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
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

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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.	**Injectable colony-stimulating factor drugs that require prior authorization:** **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* **Antiemetics drugs** J1456 **Bone-modifying agents that require prior authorization:** **Denosumab (Xgeva®)** J0897 **Antiemetic codes that require prior authorization:** J0185 J1453 J1454 J1627 **Erythropoiesis-stimulating agents** 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			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	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.** For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification Program**.			
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		***Prior authorization not required for the following diagnosis codes:**			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	**Injectable chemotherapy drugs that require prior authorization:** • Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Use the Prior Authorization and Notification tool on the UnitedHealthcare			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner. Or, you can call **888-397-8129.**			
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69930
		L8614	L8619	L8627	L8628
		L8690	L8691	L8692	L8693
		L8694			
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	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	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	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
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	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

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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Gender dysphoria treatment (cont.)		Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89
C44.90	C44.91	C44.92	C44.99
C46.0	C4A.0	C4A.10	C4A.111
C4A.112	C4A.121	C4A.122	C4A.20
C4A.21	C4A.22	C4A.30	C4A.31
C4A.39	C4A.4	C4A.51	C4A.51
C4A.52	C4A.52	C4A.59	C4A.60
C4A.61	C4A.62	C4A.70	C4A.71
C4A.72	C4A.8	C4A.9	C79.2
D03.51	D03.52	D04.0	D04.10
D04.111	D04.112	D04.121	D04.122
D04.20	D04.21	D04.22	D04.30
D04.39	D04.4	D04.5	D04.60
D04.61	D04.62	D04.70	D04.71

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		D04.72	D04.8	D04.9	
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81120	81121	81162	81163
		81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81277	81307	81349	81379
		81380	81381	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81422
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81445	81448	81449
		81450	81451	81455	81460
		81465	81479	81518	81519
		81520	81521	81522	81523
		81525	81546	81595	81599
		87505	87506	87507	0006M
		0007M	0018U	0019U	0022U
		0023U	0026U	0037U	0055U
		0060U	0087U	0088U	0101U
		0102U	0103U	0111U	0129U
		0136U	0154U	0155U	0170U
		0171U	0172U	0177U	0179U
		0209U	0211U	0214U	0215U
		0216U	0217U	0218U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0252U	0253U
		0254U	0258U	0260U	0262U
		0264U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0286U	0287U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0296U	0297U	0298U
		0299U	0300U	0326U	0334U
		0378U	0391U	0409U	S3870
		Biomarkers			
		81538	88299		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aid services	Prior authorization required	V5171 V5212 V5221 V5255 V5259 V5299	V5172 V5213 V5230 V5256 V5260	V5181 V5214 V5250 V5257 V5261	V5211 V5215 V5254 V5258 V5267
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496
Hospice	Prior authorization required	T2044	T2045		
Hysterectomy	Prior authorization required	58150 58262 58290 58542 58552 58571	58152 58263 58291 58543 58553 58572	58180 58267 58292 58544 58554 58573	58260 58270 58541 58550 58570
Infertility	Prior authorization required	55870 89254 89337 S0122 S4042	58825 89257 89398 S0126	58970 89259 J0725 S0128	76948 89264 J3355 S4028
Injectable medications	Prior authorization required	**Acthar Gel** **J0801** **Actemra®** J3262 **Adakveo®** J0791 **Adzynma™** J7171 **Aldurazyme®** J1931 **Amondys- 45** J1426 **Amvuttra™** J0225 **Aralast® NP, Prolastin®-C, Zemaira®** J0256 **Avsola™** Q5121 **Benlysta** J0490 **Beovu®**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0179 **Berinert®** 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 **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 **Fylnetra™** Q5130 **Gamifant®** J9210 **Givlaari®** J0223 **Glassia®** J0257 **Hemgenix** J1411 **Hemlibra** J7170 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya™** J3245 **Inflectra** Q5103 **Injectafer®** J1439 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1552 J1554 J1555 J1556 J1557

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Izervay™			
		J2782			
		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®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2182 **Nypozi** Q5148 **Ocrevus®** J2350 **Ocrevus Zunovo** J2351 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro®** J0222 **Orencia®** J0129 **Otulfi IV** Q9999 **Oxlumo®** J0224 **Panzyga®** J1576 **Parsabiv™** J0606 **PiaSky** J1307 **Pombiliti** J1203 **Prolia®** J0897 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Radicava®** J1301 **Reblozyl®** J0896 **Releuko®** Q5125 **Remicade®** J1745 **Renflexis®** Q5104

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Riabni™** Q5123 **Rituxan®** J9312 **Rituxan Hycela®** J9311 **Roctavian** J1412 **Rolvedon™** J1449 **Ruconest®** J0596 **Ruxience®** Q5119 **Ryplazim®** J2998 **Rystiggo** J9333 **Sandostatin® LAR** J2353 **Saphnelo®** J0491 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Sodium hyaluronate** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris®** J1299 **Somatuline® Depot** J1930 **Spevigo®** J1747 **Spinraza®** J2326 **Stelara®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J3358 **Steqeyma IV** Q5099 **Stimufend®** Q5127 **Supprelin® LA** J9226 **Susvimo™** J2779 **Syfovre™** J2781 **Synagis®** 90378 **Tepezza®** J3241 **Tezspire™** J2356 **Therapeutic radiopharmaceuticals** A9513 A9590 A9606 A9607 A9699 **Trelstar®** J3315 **Tremfya IV** J1628 **Triptodur®** J3316 **Truxima®** Q5115 **Tyenne** Q5135 **Tzield™** J9381 **Ultomiris®** J1303 **Unclassified codes***** C9172 C9399 J3490 J3590 **Uplinza®** J1823 **Vabysmo®** J2777 **Vantas®** J9225 **Veopoz**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9376 **Viltepso®** J1427 **Vimizim®** J1322 **Vyepti®** J3032 **Vyjuvek™** J3401 **Vyondys 53®** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **White blood cell colony-stimulating factors** J1442 J1447 J1448 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify®** J1558 **Xenpozyme®** J0218 **Xolair®** J2357 **Yesintek IV** Q5100 **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®, Revcovi®, Steqeyma IV and Yesintek IV. 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.

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		97755	97799		
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
Psychological testing	Prior authorization required	89240 Prior authorization required when billed with the following Dx codes: F10.10 F10.11 F10.120 F10.121 F10.129 F10.90 F10.91 F10.130 F10.131 F10.132 F10.139 F10.14 F10.150 F10.151 F10.159 F10.180 F10.181 F10.182 F10.188 F10.19 F10.20 F10.21 F10.220 F10.221 F10.229 F10.230 F10.231 F10.232 F10.239 F10.24 F10.250 F10.251 F10.259 F10.280 F10.281 F10.282 F10.288 F10.29 F10.920 F10.921 F10.929 F10.930 F10.931 F10.932 F10.939 F10.94 F10.950 F10.951			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F10.959	F10.980	F10.981	F10.982
		F10.988	F10.99	F11.10	F11.11
		F11.120	F11.121	F11.122	F11.129
		F11.13	F11.14	F11.150	F11.151
		F11.159	F11.181	F11.182	F11.188
		F11.19	F11.20	F11.21	F11.220
		F11.221	F11.222	F11.229	F11.23
		F11.24	F11.250	F11.251	F11.259
		F11.281	F11.282	F11.288	F11.29
		F11.90	F11.91	F11.920	F11.921
		F11.922	F11.929	F11.93	F11.94
		F11.950	F11.951	F11.959	F11.981
		F11.982	F11.988	F11.99	F12.10
		F12.11	F12.120	F12.121	F12.122
		F12.129	F12.13	F12.150	F12.151
		F12.159	F12.180	F12.188	F12.19
		F12.20	F12.21	F12.220	F12.221
		F12.222	F12.229	F12.23	F12.250
		F12.251	F12.259	F12.280	F12.288
		F12.29	F12.90	F12.91	F12.920
		F12.921	F12.922	F12.929	F12.93
		F12.950	F12.951	F12.959	F12.980
		F12.988	F12.99	F13.10	F13.11
		F13.120	F13.121	F13.129	F13.130
		F13.131	F13.132	F13.139	F13.14
		F13.150	F13.151	F13.159	F13.180
		F13.181	F13.182	F13.188	F13.19
		F13.20	F13.21	F13.220	F13.221
		F13.229	F13.230	F13.231	F13.232
		F13.239	F13.24	F13.250	F13.251
		F13.259	F13.280	F13.281	F13.282
		F13.288	F13.29	F13.90	F13.91
		F13.920	F13.921	F13.929	F13.930
		F13.931	F13.932	F13.939	F13.94
		F13.950	F13.951	F13.959	F13.980
		F13.981	F13.982	F13.988	F13.99
		F14.10	F14.120	F14.121	F14.122
		F14.129	F14.13	F14.14	F14.150
		F14.151	F14.159	F14.180	F14.181
		F14.182	F14.188	F14.19	F14.20
		F14.21	F14.220	F14.221	F14.222
		F14.229	F14.23	F14.24	F14.250
		F14.251	F14.259	F14.280	F14.281
		F14.282	F14.288	F14.29	F14.90
		F14.91	F14.920	F14.921	F14.922
		F14.929	F14.93	F14.94	F14.950

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		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	F15.90	F15.91
		F15.920	F15.921	F15.922	F15.929
		F15.93	F15.94	F15.950	F15.951
		F15.959	F15.980	F15.981	F15.982
		F15.988	F15.99	F16.10	F16.120
		F16.121	F16.122	F16.129	F16.14
		F16.150	F16.151	F16.159	F16.180
		F16.183	F16.188	F16.19	F16.20
		F16.21	F16.220	F16.221	F16.229
		F16.24	F16.250	F16.251	F16.259
		F16.280	F16.283	F16.288	F16.29
		F16.90	F16.91	F16.920	F16.921
		F16.929	F16.94	F16.950	F16.951
		F16.959	F16.980	F16.983	F16.988
		F16.99	F17.200	F17.201	F17.203
		F17.208	F17.209	F17.210	F17.211
		F17.213	F17.218	F17.219	F17.220
		F17.221	F17.223	F17.228	F17.229
		F17.290	F17.291	F17.293	F17.298
		F17.299	F18.10	F18.120	F18.121
		F18.129	F18.14	F18.150	F18.151
		F18.159	F18.17	F18.180	F18.188
		F18.19	F18.20	F18.21	F18.220
		F18.221	F18.229	F18.24	F18.250
		F18.251	F18.259	F18.27	F18.280
		F18.288	F18.29	F18.90	F18.91
		F18.920	F18.921	F18.929	F18.94
		F18.950	F18.951	F18.959	F18.980
		F18.988	F18.99	F19.10	F19.120
		F19.121	F19.122	F19.129	F19.130
		F19.131	F19.132	F19.139	F19.14
		F19.150	F19.151	F19.159	F19.180
		F19.181	F19.182	F19.188	F19.19
		F19.20	F19.21	F19.220	F19.221
		F19.222	F19.229	F19.230	F19.231
		F19.232	F19.239	F19.24	F19.250
		F19.251	F19.259	F19.280	F19.281

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		F19.282 F19.288 F19.29 F19.90 F19.91 F19.920 F19.921 F19.922 F19.929 F19.930 F19.931 F19.932 F19.939 F19.94 F19.950 F19.951 F19.959 F19.980 F19.981 F19.982 F19.988 F19.99 O99.310 O99.311 O99.312 O99.313 O99.314 O99.315 O99.320 O99.321 O99.322 O99.323 O99.324 O99.325 R78.0 R78.1 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	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to **UHCprovider.com** and click Sign In at the top-right corner. Or, you can call **866-889-8054.** For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification Program**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		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.			
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 not 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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		**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 reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805	95807	95808	95810
		95811			
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		*SOS applies			
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	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	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Ventricular assist devices (VAD) 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
Wound vac	Prior authorization required	E2402