Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective October 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 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** 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**.
- **Phone**: Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms.**

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	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Electronic stimulation or ultrasound to heal fractures		
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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.662	M86.669	M86.671	M86.672

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
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 Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner. Or, you can call **888-397-8129.**			
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8614 L8690 L8694	69711 L8619 L8691	69714 L8627 L8692	69930 L8628 L8693
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without	Prior authorization required	11960 15823 17107 21138 21179 21183	15820 15830 17108 21139 21180 21184	15821 15847 17999 21172 21181 21230	15822 17106 21137 21175 21182 21235

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21256 21295 28344 67902 67908 67914 67921 67950	21275 21740 30620 67903 67909 67915 67922 67961	21280 21742 67900 67904 67911 67916 67923 67966	21282 21743 67901 67906 67912 67917 67924 Q2026
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500 Prosthetics are not DME — see orthotics and prosthetics.	A9279 E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2298 E2322 E2331 E2511 E2627 E8000 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5271	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301 E2325 E2351 E2512 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5272	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310 E2327 E2373 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5269 V5274	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825 E2230 E2311 E2329 E2510 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5270 V5281

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 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			
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 <u>not</u> 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			
Gender dysphoria treatment (cont.)		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	
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	81120	81121	81162	81163
		81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81307	81379	81380	81381
		81401	81408	81412	81415
		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			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)	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 0006M 0023U 0102U 0154U 0177U 0237U 0244U 0260U 0267U 0297U 0326U 0409U	87505 0007M 0037U 0103U 0155U 0179U 0238U 0252U 0262U 0282U 0298U 0334U	87506 0019U 0060U 0111U 0172U 0211U 0239U 0253U 0264U 0287U 0299U 0378U	87507 0022U 0101U 0136U 0175U 0233U 0242U 0254U 0266U 0296U 0300U 0391U
	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.	**Biomarkers** 81538	88299		
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	58152 58263	58180 58267	58260 58270

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (cont.)		58290 58542 58552 58571	58291 58543 58553 58572	58292 58544 58554 58573	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 **Alhemo** J7173 **Amondys- 45** J1426 **Amvuttra™** J0225 **Aralast® NP, Prolastin®-C, Zemaira®** J0256 **Avsola™** Q5121 **Azedra~INJ** A9590 **Azmiro** J1072 **Benlysta** J0490 **Beovu®** J0179 **Berinert®** J0597 **Bkemv** Q5152 **Botulinum toxins**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0585 J0586 J0587 J0588 **Brineura®** J0567 **Briumvi™** J2329 **Byooviz™** Q5124 **Cerezyme™** J1786 **Cimerli™** Q5128 **Cimzia®*** J0717 **Cinqair®** J2786 **Cinryze** J0598 **Cortrophin Gel** J0802 **Cosentyx® IV** J3247 **Crysvita®** J0584 **Cutaquig®** J1551 **Daxxify** J0589 **Elaprase®** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo™** J1302 **Entyvio®** J3380 **Epysqli** Q5151

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Evenity®** J3111 **Evkeeza®** J1305 **Exondys 51®** J1428 **Eylea™** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180 **Fasenra™** J0517 **Fensolvi®** J1951 **Feraheme®** Q0138 **Firmagon®** J9155 **Fulphila~INJ** Q5108 **Fylnetra™** Q5130 **Gamifant®** J9210 **Givlaari®** J0223 **Glassia®** J0257 **Hemgenix** J1411 **Hemlibra** J7170 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya™** J3245 **Imuldosa IV** Q5098 **Inflectra**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5103 **IV Iron~INJ** J1439 Q0138 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1552 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 **Lucentis®** J2778 **Lumizyme®** J0221 **Lupron Depot®** J1950 **Lupron Depot®, Eligard®** J9217 **Lutathera** A9513 **Lutrate Depot**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1954 **Luxturna™** J3398 **Mepsevii®** J3397 **Monoferric®** J1437 **Naglazyme®** J1458 **Neupogen** J1442 **Nexviazyme®** J0219 **Nivestym** Q5110 **Nplate®** J2802 **Nucala®** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus®** J2350 **Ocrevus Zunovo** J2351 **Octagam** J1568 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro®** J0222 **Orencia®** J0129 **Otulfi IV** Q9999 **Oxlumo®** J0224 **Panzyga®** J1576

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**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 **Remicade®** J1745 **Renflexis®** Q5104 **Revcovi** J3590 **Riabni™** Q5123 **Rituxan®** J9312 **Rituxan Hycela®** J9311 **Roctavian** J1412 **Rolvedon™** J1449 **Ruconest®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0596 **Ruxience®** Q5119 **Ryplazim®** J2998 **Rystiggo** J9333 **Sandostatin® LAR** J2353 **Saphnelo®** J0491 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Sodium hyaluronate** J7331 J7332 **Soliris®** J1299 **Somatuline® Depot** J1930 **Spevigo®** J1747 **Spinraza®** J2326 **Stelara®** J3358 **Steqeyma IV** Q5099 **Stimufend®** Q5127 **Supprelin® LA** J9226 **Susvimo™** J2779 **Syfovre™** J2781 **Synagis®** 90378

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Tepezza®** J3241 **Tezspire™** J2356 **Therapeutic radiopharmaceuticals** A9513 A9590 A9606 A9607 A9699 **Tofidence** Q5133 **Trelstar®** J3315 **Tremfya IV** J1628 **Triptodur®** J3316 **Truxima®** Q5115 **Tyenne** Q5135 **Tzield™** J9381 **Udenyca** Q5111 **Ultomiris®** J1303 **Unclassified codes***** C9172 C9399 J3490 J3590 **Uplinza®** J1823 **Vabysmo®** J2777 **Vantas®** J9225 **Veopoz** J9376 **Viltepso®** J1427 **Vimizim®** J1322 **Visco 3** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Elfabrio® and Lamzede®Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on the list.			
Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
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 21127 21145 21151 21160 21195 21206 21215 21245 21249	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 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 L0464 L0486 L0632 L0638 L0810 L1000 L1310	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610	L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659
Outpatient therapy	Prior authorization required for members ages 21 and older	92507 92633 97016 97026 97034 97110 97124 97140 97153 97157 97535 97755	92508 97010 97018 97028 97035 97112 97129 97150 97154 97158 97537 97799	92526 97012 97022 97032 97036 97113 97130 97151 97155 97530 97545	92630 97014 97024 97033 97039 97116 97139 97152 97156 97533 97750
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 Prostate	Prior authorization required for dates of service on or	37243 53852	52441 55873	52442	53850

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
procedures (cont.)	after April 1, 2022	
Psychological testing	Prior authorization required	89240 Prior authorization required when billed with the following Dx 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 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

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

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F18.920	F18.921	F18.929	F18.94
		F18.950	F18.951	F18.959	F18.980
		F18.988	F18.99	F19.10	F19.120
		F19.121	F19.122	F19.129	F19.130
		F19.131	F19.132	F19.139	F19.14
		F19.150	F19.151	F19.159	F19.180
		F19.181	F19.182	F19.188	F19.19
		F19.20	F19.21	F19.220	F19.221
		F19.222	F19.229	F19.230	F19.231
		F19.232	F19.239	F19.24	F19.250
		F19.251	F19.259	F19.280	F19.281
		F19.282	F19.288	F19.29	F19.90
		F19.91	F19.920	F19.921	F19.922
		F19.929	F19.930	F19.931	F19.932
		F19.939	F19.94	F19.950	F19.951
		F19.959	F19.980	F19.981	F19.982
		F19.988	F19.99	O99.310	O99.311
		O99.312	O99.313	O99.314	O99.315
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		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**.
Rhinoplasty and septoplasty Treatment of nasal	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
functional impairment and septal deviation		
Shoulder surgery	Prior authorization required	**Musculoskeletal system***
		29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828 *Site of service also applies.
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	**Auditory system** 69205 **Cardiovascular system** 36590 36832 **Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 66987 66988 **Colonoscopy** 45378 45380 45384 45385 **Cosmetic and reconstructive** 13101 13132 14040 14060 14301 21552 21931 **Digestive system** 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 **Ear, nose and throat (ENT) procedures** 21320 30140 30520 69436 69631 **Eye and ocular adnexa** 65710 65820 66250 66710 66711 66825 66986 67010

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		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			
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	J3392	J3393	J3394
		J3490**	J3590**	C9399**	
		Q2053	Q2054	Q2055	Q2056
		CAR T-cell therapy			
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		** For unclassified codes, prior authorization is required for Zevaskyn™			
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 37718 37780	36475 37722	36478 37765	37700 37766
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 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			