

Prior authorization requirements for Maryland Medicaid

Effective Apr. 1, 2024

General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **Phone:** Call 877-842-3210

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See the Injectable medications section below</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Eflapegrastim-xnst (Rolvedon®) J1449</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448*</p> <p><u>Antiemetics drugs</u> J1456</p> <p><u>Bone-modifying agents that require prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic codes that require prior authorization:</u> J0185 J1453 J1454 J1627</p> <p><u>Erythropoiesis-Stimulating Agents</u> J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 888-397-8129.</p>
Cardiology	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,</p>	<p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 866-889-8054.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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echocardiograms, electrophysiology implants and stress echoes prior to performance	For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.				
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	

***Prior authorization not required for the following diagnosis codes:**

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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 Healthcare Common Procedure Coding System (HCPCS) code

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	A9279	A9280
E0265	E0266			E0270	E0277
E0300	E0328			E0329	E0445
E0457	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
Prosthetics are not DME — see <i>Orthotics and prosthetics</i> .	E1004		E1005	E1006	E1007
	E1008		E1009	E1010	E1030
	E1035		E1036	E1130	E1161
	E1229		E1231	E1232	E1233
	E1234		E1235	E1236	E1237
	E1238		E1239	E1825	E2100
	E2227		E2228	E2230	E2300
	E2301		E2310	E2311	E2322

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable Medical Equipment (DME) (cont.)		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
		11982	11983	13151	13152
		13153	13160	14000	14001

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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	15819
		15824	15825	15826	15828
		15829	15832	15833	15834
		15835	15836	15837	15838
		15839	15860	15876	15877
		15878	15879	17110	17111
		17380	19303	19355	20926
		21087	21120	21270	21899
		27656	31081	31580	31599
		31750	31899	40500	40510
		40520	40525	40527	40650
		40652	40654	40799	43496
		44204	44700	45395	45400
		53210	53410	53420	53425
		53430	54120	54125	54400
		54401	54405	54406	54408
		54410	54411	54416	54520
		54522	54660	54690	55150
		55175	55180	55899	56620
		56625	56630	56633	56640
		56700	56800	56805	56810
		57106	57107	57109	57110
		57111	57200	57282	57291
		57292	57295	57296	57335
		57425	57426	58210	58275
		58280	58285	58294	58661
		58720	58940	58999	64856
		64892	64896	64912	69300
		80414	80415	82642	82670
		82671	82672	82677	82679
		82681	83001	83002	83003
		83498	84143	84144	84233
	84234	84402	84403	84410	
	92524				

*Prior authorization not required when billed with the following diagnosis codes:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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	
	D04.72	D04.8	D04.9		
Genetic and	Prior authorization required	81120	81121	81162	81163

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
molecular testing to include BRCA gene testing	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.	81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81277	81307	81349	81379
		81380	81381	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81425	81431	81432	81433
		81435	81436	81437	81438
		81439	81440	81445	81448
		81460	81465	81479	81507
		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	0111U	0129U	0136U
		0154U	0155U	0170U	0171U
		0172U	0173U	0175U	0177U
		0179U	0209U	0211U	0214U
		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	S3870			

Biomarkers

Hearing aid services	Prior authorization required	81538	88299		
		V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aid services (cont.)		V5299			
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*	Actemra® J3262 Adakveo® J0791 Aldurazyme® J1931 Amvuttra® J0225 Aralast NP, Prolastin-C, Zemaira J0256 Avsola™ Q5121 Benlysta J0490 Beovu J0179 Berinert J0597 Botulinum Toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Briumvi J2329 Byooviz™			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5124 Cabenuva J0741
		Cerezyme® J1786
		Cimerli Q5128
		Cimzia®* J0717
		Cinqair® J2786
		Cinryze® J0598
		Corticotropin Acthar Gel J0801
		Crysvita® J0584
		Cutaquig® J1551
		Elaprase® J1743
		Elelyso® J3060
		Enjaymo® J1302
		Entyvio® J3380
		Erythropoiesis Stimulating Agents J0885
		Evenity® J3111
		Evkeeza™ J1305
		Exondys-51 J1428
		Fabrazyme® J0180
		Fasenra® J0517
		Fensolvi® J1951
		Feraheme® Q0138

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

Firmagon®				
J9155				
Fynetra®				
Q5130				
Gamifant®				
J9210				
Givlaari®				
J0223				
Glassia®				
J0257				
Ilaris®				
J0638				
Ilumya®				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
Kalbitor				
J1290				
Kanuma®				
J2840				
Krystexxa®				
J2507				
Lanreotide				
J1932				
Lemtrada®				
J0202				
Leqembi				
J0174				
Leqvio®				
J1306				
Lucentis				
J2778				
Lumizyme®				
J0221				
Lupron Depot®				
J1950				

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

Lupron Depot, Eligard®			
J9217			
Luxturna™			
J3398			
Makena®/17P			
J1726	J1729		J2675
Mepsevii®			
J3397			
Monoferric®			
J1437			
Naglazyme®			
J1458			
Nexviazyme			
J0219			
Nplate®			
J2796			
Nucala®			
J2182			
Ocrevus™			
J2350			
Octreotide Acetate			
J2354			
Onpattro®			
J0222			
Orencia®			
J0129			
Oxlumo®			
J0224			
Panzyga®			
J1576			
Parsabiv™			
J0606			
Prolia® ***			
J0897			
Radicava®			
J1301			
Reblozyl®			
J0896			
Releuko®			
Q5125			
Remicade®			
J1745			
Renflexis®			

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

Q5104				
Riabni™				
Q5123				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Roctavian				
J1412				
Rolvedon™				
J1449				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo				
J0491				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				
Spevigo®				
J1747				
Spinraza®				
J2326				
Stelara®				
J3358				
Stimufend®				
Q5127				

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

Sunlenca (Prior auth not required eff 05/01/24)

J1961

Supprelin® LA

J9226

Susvimo

J2779

Syfovre

J2781

Synagis®

90378

Tepezza

J3241

Tezspire

J2356

Therapeutic Radiopharmaceuticals

A9513	A9590	A9606	A9607***
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A9699

Trelstar®

J3315

Triptodur®

J3316

Trogarza

J1746

Truxima®

Q5115

Tzield™

J9381

Ultomiris®

J1303

Unclassified Codes*

J3590	J3490	C9162
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Uplinza

J1823

Vabysmo

J2777

Vantas™

J9225

Viltepso

J1427

Vimizim®

J1322

Vyepti®

J3032

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		White Blood Cell Colony Stimulating Factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify®			
		J1558			
		Xenpozyme			
		J0218			
		Xolair®			
		J2357			
		Zoladex®			
	J9202				
	Zolgensma®				
	J3399				

*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. Prior authorization required for Elfabrio®, Lamzedo® and Revcovi®

*** For code J0897- prior authorization is only required for non oncology indications.

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.

The Review at Launch for New to Market Medications Policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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
Joint replacement (cont.)		27486	27487	29866	29867
		29868	J7330	S2112	
Musculoskeletal	Prior authorization required	Shoulder Surgery			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Musculoskeletal (cont.)		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
Treatment of maxillofacial/jaw functional impairment		21127	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21188	21193	21194
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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: MD Psych Testing DX list		
Radiation therapy	Prior authorization required	IGRT			
		77014	77387		
		IMRT			
		Intensity-modulated radiation therapy			
		77385	77386		
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		SRS/SBRT			
77371	77372	77373			
Standard radiation therapy (2D/3D)					
Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92					
77401	77402	77407	77412		
Y90					
Implantable beta-emitting microspheres for treatment of malignant tumors					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		79445			
		<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center (ASC)</p>	<p>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		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			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		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 UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 , or use the notification number on the back of the member's health plan ID card.			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2054	Q2056
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36468*	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
		* Prior authorization not required eff 04/01/24			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			