

# Prior authorization requirements for Maryland Medicaid

Effective Jul. 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](https://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  |   |   |   |
|---|---|---|---|---|---|
| <b>Abortion (pregnancy termination)</b>   | Prior authorization required — carved out by the state  | Please call the number on the back of the member's health plan ID card.   |   |   |   |
| <b>Acupuncture</b>  | Prior authorization required  | 97811   | 97814                                     | S8930                                     |   |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                             | Prior authorization required  | 43644<br>43775<br>43847   | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                            |
| <b>Behavioral health services</b>   | Prior authorization required<br>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. |   |   |   |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                         | Prior authorization required  | 20975   | 20979                                     |   |   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast, except when following mastectomy | Prior authorization required  | 11971<br>19328<br>19350<br>19367<br>19371   | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |

| Procedures and services       | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |
|-------------------------------|--|---|
| <b>Cancer supportive care</b> | <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 <a href="#">Injectable medications section below</a></p> | <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b><br/>Q5101*</p> <p><b>Filgrastim (Neupogen®)</b><br/>J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110*</p> <p><b>Filgrastim-ayow (Releuko®)</b><br/>Q5125*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b><br/>Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br/>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108*</p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b><br/>J1449</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447*</p> <p><b>Trilaciclib (Cosela™)</b><br/>J1448*</p> <p><b><u>Antiemetics drugs</u></b><br/>J1456</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b><br/>J0897</p> <p><b><u>Antiemetic codes that require prior authorization:</u></b><br/>J0185                      J1453                      J1454                      J1627</p> <p><b>Erythropoiesis-Stimulating Agents</b><br/>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 <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>888-397-8129</b>.</p> |
| <b>Cardiology</b>             | <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 <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>866-889-8054</b>.</p>   |

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

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](http://UHCprovider.com/MDcommunityplan) > Prior Authorization and Notification Resources > 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 |
| 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<br>(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 |  |       |       |
|---|---|--|--|-------|-------|
| <b>Cochlear and other auditory implants</b><br>A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech  | Prior authorization required                                | 69710  | 69711  | 69714 | 69930 |
|   |   | L8614  | L8619  | L8627 | L8628 |
|   |   | L8690  | L8691  | L8692 | L8693 |
|   |   | L8694  |  |       |       |
| <b>Continuous glucose monitor</b>   | Prior authorization required with type 2 diabetes diagnosis | A4226  | A4239  | A9276 | A9277 |
|   |   | A9278  | E0787  | E2102 | E2103 |
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>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 |
|   |   | <b>Durable Medical Equipment (DME)</b>                       | Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 | A9279 | A9280 |
| 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 |
| Prosthetics are not DME — see <i>Orthotics and prosthetics</i> .  | E1003   |  | E1004  | E1005 | E1006 |
|   | E1007   |  | E1008  | E1009 | E1010 |
|   | E1030   |  | E1035  | E1036 | E1130 |
|   | E1161   |  | E1229  | E1231 | E1232 |
|   | E1233   |  | E1234  | E1235 | E1236 |
|   | E1237   |  | E1238  | E1239 | E1825 |
|   | E2100   |  | E2227  | E2228 | E2230 |
|   | E2298   |  | E2301  | E2310 | E2311 |

| Procedures and services  | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization     |         |       |       |
|--|------------------------------|--|---------|-------|-------|
| <b>Durable Medical Equipment (DME)</b><br>(cont.)  |                              | 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  |         |       |       |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034  | B4035   | B4036 | B4100 |
|  |                              | B4102  | B4103   | B4104 | B4149 |
|  |                              | B4150  | B4152   | B4153 | B4155 |
|  |                              | B4158  | B4159   | B4160 | B4161 |
|  |                              | B9002  | B9998   |       |       |
| <b>Experimental and Investigational (and/or linked services)</b>                                     | Prior authorization required | 33477  | 36514   | 64722 | 65765 |
|  |                              | 65767  | 66180   | A4638 | A6000 |
|  |                              | E0231  | E1831   | S0810 | S1030 |
|  |                              | S1031  | S2102   | S9988 | S9990 |
|  |                              | S9991  |         |       |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required | 29914  | 29915   | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required | 31240  | 31253   | 31254 | 31255 |
|  |                              | 31256  | 31257   | 31259 | 31267 |
|  |                              | 31276  | 31287   | 31288 |       |
| <b>Gender dysphoria</b>  | Prior authorization required | 55970  | 55980   |       |       |
|  |                              | These <b>surgical codes</b> with the following <b>DX codes</b> : |         |       |       |
|  |                              | F64.0  | F64.1   | F64.2 | F64.8 |
|  |                              | F64.9  | Z87.890 |       |       |
|  |                              | 11442  | 11446   | 11920 | 11921 |
|  |                              | 11922  | 11950   | 11951 | 11952 |
|  |                              | 11954  | 11970   | 11980 | 11981 |
|  |                              | 11982  | 11983   | 13151 | 13152 |
|  |                              | 13153  | 13160   | 14000 | 14001 |
|  |                              |  |         |       |       |

| 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    |          |



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

|   |  |   |       |       |       |       |
|---|--|---|-------|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA gene testing</b> | Prior authorization required for genetic and molecular testing performed in an outpatient setting  | 81120   | 81121 | 81162 | 81163 |       |
|   |  | 81164   | 81165 | 81166 | 81194 |       |
|   |  | 81208   | 81216 | 81228 | 81229 |       |
|   | 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. | 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 |       |
|   |  | 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. | 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 |       |
|   | 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   | S3870 |       |       |       |

**Biomarkers**

81538                      88299

|                             |                              |       |       |       |       |
|-----------------------------|------------------------------|-------|-------|-------|-------|
| <b>Hearing aid services</b> | Prior authorization required | V5171 | V5172 | V5181 | V5211 |
|                             |                              | V5212 | V5213 | V5214 | V5215 |
|                             |                              | V5221 | V5230 | V5250 | V5254 |
|                             |                              | V5255 | V5256 | V5257 | V5258 |
|                             |                              | V5259 | V5260 | V5261 | V5267 |

| Procedures and services             | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |  |  |   |
|-------------------------------------|--|--|--|--|---|
| <b>Hearing aid services (cont.)</b> |  | V5299  |  |  |   |
| <b>Home health care</b>             | Prior authorization required only in outpatient settings, to include member's home | G0156<br>G0493<br>S9122  | G0162<br>G0494<br>S9123                            | G0299<br>G0495<br>S9124                            | G0300<br>G0496                            |
| <b>Hospice</b>                      | Prior authorization required   | T2044  | T2045  |  |   |
| <b>Hysterectomy</b>                 | Prior authorization required   | 58150<br>58262<br>58290<br>58542<br>58552<br>58571   | 58152<br>58263<br>58291<br>58543<br>58553<br>58572 | 58180<br>58267<br>58292<br>58544<br>58554<br>58573 | 58260<br>58270<br>58541<br>58550<br>58570 |
| <b>Infertility</b>                  | Prior authorization required   | 55870<br>89254<br>89337<br>S0122<br>S4042  | 58825<br>89257<br>89398<br>S0126                   | 58970<br>89259<br>J0725<br>S0128                   | 76948<br>89264<br>J3355<br>S4028          |
| <b>Injectable medications</b>       | Prior authorization required*  | <b>Actemra®</b><br>J3262<br><b>Adakveo®</b><br>J0791<br><b>Adzyna</b><br>J7171<br><b>Aldurazyme®</b><br>J1931<br><b>Amvuttra®</b><br>J0225<br><b>Aralast NP, Prolastin-C, Zemaira</b><br>J0256<br><b>Avsola™</b><br>Q5121<br><b>Benlysta</b><br>J0490<br><b>Beovu</b><br>J0179<br><b>Berinert</b><br>J0597<br><b>Botulinum Toxins</b><br>J0585                      J0586                      J0587                      J0588<br><b>Brineura™</b><br>J0567<br><b>Briumvi</b> |  |  |   |

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

**Injectable medications (cont.)**

J2329  
**Byooviz™**  
 Q5124  
**Cerezyme®**  
 J1786  
**Cimerli**  
 Q5128  
**Cimzia®\***  
 J0717  
**Cinqair®**  
 J2786  
**Cinryze®**  
 J0598  
**Corticotropin Acthar Gel**  
 J0801  
**Cosentyx**  
 J3247  
**Crysvita®**  
 J0584  
**Cutaquig®**  
 J1551  
**Daxxify**  
 J0589  
**Elaprase®**  
 J1743  
**Elelyso®**  
 J3060  
**Enjaymo®**  
 J1302  
**Entyvio®**  
 J3380  
**Evenity®**  
 J3111  
**Evkeeza™**  
 J1305  
**Exondys-51**  
 J1428  
**Eylea**  
 J0178  
**Fabrazyme®**  
 J0180  
**Fasenra®**  
 J0517

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

**Injectable medications (cont.)**

|                    |       |       |       |  |
|--------------------|-------|-------|-------|--|
| <b>Fensolvi®</b>   |       |       |       |  |
| J1951              |       |       |       |  |
| <b>Feraheme®</b>   |       |       |       |  |
| Q0138              |       |       |       |  |
| <b>Firmagon®</b>   |       |       |       |  |
| J9155              |       |       |       |  |
| <b>Fynetra®</b>    |       |       |       |  |
| Q5130              |       |       |       |  |
| <b>Gamifant®</b>   |       |       |       |  |
| J9210              |       |       |       |  |
| <b>Givlaari®</b>   |       |       |       |  |
| J0223              |       |       |       |  |
| <b>Glassia®</b>    |       |       |       |  |
| J0257              |       |       |       |  |
| <b>Ilaris®</b>     |       |       |       |  |
| J0638              |       |       |       |  |
| <b>Ilumya®</b>     |       |       |       |  |
| J3245              |       |       |       |  |
| <b>Inflectra®</b>  |       |       |       |  |
| Q5103              |       |       |       |  |
| <b>Injectafer®</b> |       |       |       |  |
| J1439              |       |       |       |  |
| <b>IVIG</b>        |       |       |       |  |
| 90283              | 90284 | J1459 | J1554 |  |
| J1555              | J1556 | J1557 | J1559 |  |
| J1561              | J1566 | J1568 | J1569 |  |
| J1572              | J1575 | J1599 |       |  |
| <b>Izervay</b>     |       |       |       |  |
| J2782              |       |       |       |  |
| <b>Kalbitor</b>    |       |       |       |  |
| J1290              |       |       |       |  |
| <b>Kanuma®</b>     |       |       |       |  |
| J2840              |       |       |       |  |
| <b>Krystexxa®</b>  |       |       |       |  |
| J2507              |       |       |       |  |
| <b>Lanreotide</b>  |       |       |       |  |
| J1932              |       |       |       |  |
| <b>Lemtrada®</b>   |       |       |       |  |
| J0202              |       |       |       |  |
| <b>Leqembi</b>     |       |       |       |  |
| J0174              |       |       |       |  |
| <b>Leqvio®</b>     |       |       |       |  |
| J1306              |       |       |       |  |

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

**Injectable medications (cont.)**

- Lucentis**  
J2778
- Lumizyme®**  
J0221
- Lupron Depot®**  
J1950
- Lupron Depot, Eligard®**  
J9217
- Luxturna™**  
J3398
- 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
- Pombiliti**  
J1203
- Prolia® \*\*\***  
J0897
- Radicava®**  
J1301
- Reblozyl®**

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

**Injectable medications (cont.)**

|                           |       |       |       |  |
|---------------------------|-------|-------|-------|--|
| J0896                     |       |       |       |  |
| <b>Releuko®</b>           |       |       |       |  |
| Q5125                     |       |       |       |  |
| <b>Remicade®</b>          |       |       |       |  |
| J1745                     |       |       |       |  |
| <b>Renflexis®</b>         |       |       |       |  |
| Q5104                     |       |       |       |  |
| <b>Riabni™</b>            |       |       |       |  |
| Q5123                     |       |       |       |  |
| <b>Rituxan®</b>           |       |       |       |  |
| J9312                     |       |       |       |  |
| <b>Rituxan Hycela®</b>    |       |       |       |  |
| J9311                     |       |       |       |  |
| <b>Roctavian</b>          |       |       |       |  |
| J1412                     |       |       |       |  |
| <b>Rolvedon™</b>          |       |       |       |  |
| J1449                     |       |       |       |  |
| <b>Ruconest®</b>          |       |       |       |  |
| J0596                     |       |       |       |  |
| <b>Ruxience®</b>          |       |       |       |  |
| Q5119                     |       |       |       |  |
| <b>Ryplazim</b>           |       |       |       |  |
| J2998                     |       |       |       |  |
| <b>Sandostatin® LAR</b>   |       |       |       |  |
| J2353                     |       |       |       |  |
| <b>Saphnelo</b>           |       |       |       |  |
| J0491                     |       |       |       |  |
| <b>Signifor® LAR</b>      |       |       |       |  |
| J2502                     |       |       |       |  |
| <b>Simponi Aria®</b>      |       |       |       |  |
| J1602                     |       |       |       |  |
| <b>Skyrizi®</b>           |       |       |       |  |
| J2327                     |       |       |       |  |
| <b>Sodium Hyaluronate</b> |       |       |       |  |
| J7320                     | J7321 | J7322 | J7324 |  |
| J7325                     | J7326 | J7327 | J7329 |  |
| J7331                     | J7332 |       |       |  |
| <b>Soliris®</b>           |       |       |       |  |
| J1300                     |       |       |       |  |
| <b>Somatuline® Depot</b>  |       |       |       |  |
| J1930                     |       |       |       |  |
| <b>Spevigo®</b>           |       |       |       |  |
| J1747                     |       |       |       |  |

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

**Injectable medications (cont.)**

**Spinraza®**  
J2326  
**Stelara®**  
J3358  
**Stimufend®**  
Q5127  
**Supprelin® LA**  
J9226  
**Susvimo**  
J2779  
**Syfovre**  
J2781  
**Synagis®**  
90378  
**Tepezza**  
J3241  
**Tezspire**  
J2356

**Therapeutic Radiopharmaceuticals**

|       |       |       |          |
|-------|-------|-------|----------|
| A9513 | A9590 | A9606 | A9607*** |
|-------|-------|-------|----------|

A9699

**Trelstar®**

J3315

**Triptodur®**

J3316

**Truxima®**

Q5115

**Tzield™**

J9381

**Ultomiris®**

J1303

**Unclassified Codes\***

|       |       |
|-------|-------|
| J3590 | J3490 |
|-------|-------|

**Uplinza**

J1823

**Vabysmo**

J2777

**Vantas™**

J9225

**Viltepso**

J1427

**Vimizim®**

J1322

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

|                                       |  |  |       |       |       |
|---------------------------------------|--|--|-------|-------|-------|
| <b>Injectable medications (cont.)</b> |  | <b>Vyepti®</b>                                     |       |       |       |
|                                       |  | J3032  |       |       |       |
|                                       |  | <b>Vyjuvek™</b>                                    |       |       |       |
|                                       |  | J3401  |       |       |       |
|                                       |  | <b>Vyondys 53®</b>                                 |       |       |       |
|                                       |  | J1429  |       |       |       |
|                                       |  | <b>White Blood Cell Colony Stimulating Factors</b> |       |       |       |
|                                       |  | J1442  | J1447 | J1448 | J2506 |
|                                       |  | Q5101  | Q5108 | Q5110 | Q5111 |
|                                       |  | Q5120  | Q5122 |       |       |
|                                       |  | <b>Xembify®</b>                                    |       |       |       |
|                                       |  | J1558  |       |       |       |
|                                       |  | <b>Xenpozyme</b>                                   |       |       |       |
|                                       |  | J0218  |       |       |       |
|                                       |  | <b>Xolair®</b>                                     |       |       |       |
|                                       | J2357  |  |       |       |       |
|                                       | <b>Zoladex®</b>  |  |       |       |       |
|                                       | J9202  |  |       |       |       |
|                                       | <b>Zolgensma®</b>  |  |       |       |       |
|                                       | J3399  |  |       |       |       |
|                                       | <p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. Prior authorization required for Elfabrio®, Lamzede® and Revcovi®</p>   |  |       |       |       |
|                                       | <p>*** For code J0897- prior authorization is only required for non oncology indications.</p>  |  |       |       |       |
|                                       | <p>Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.</p> <p>The Review at Launch for New to Market Medications Policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> |  |       |       |       |

| <b>Inpatient stays</b>   | Prior authorization required for all inpatient stays |       |       |       |       |
|--|--|-------|-------|-------|-------|
| <b>Joint replacement</b><br>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 |





| Procedures and services                              | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Joint replacement (cont.)</b>                     |   | 29868  | J7330 | S2112 |       |
| <b>Musculoskeletal</b>                               | Prior authorization required  | <b>Shoulder Surgery</b>                                      |       |       |       |
|  |   | 23470  | 23472 | 23473 | 23474 |
| <b>Non-emergent air ambulance transport</b>          | Prior authorization required  | A0430  | A0431 |       |       |
| <b>Orthognathic surgery</b>                          | 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 |
| <b>Orthotics and prosthetics</b>                     | Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0112  | L0170 | L0456 | L0462 |
|  |   | L0464  | L0480 | L0482 | L0484 |
|  |   | L0486  | L0624 | L0629 | L0631 |
|  |   | L0632  | L0634 | L0636 | L0637 |
|  |   | L0638  | L0640 | L0700 | L0710 |
|  |   | L0810  | L0820 | L0830 | L0859 |
|  |   | L1000  | L1005 | L1200 | L1300 |
|  |   | L1310  | L1499 | L1680 | L1685 |
|  |   | L1700  | L1710 | L1720 | L1730 |
|  |   | L1755  | L1820 | L1832 | L1834 |
|  |   | L1840  | L1844 | L1845 | L1846 |
|  |   | L1860  | L1945 | L1950 | L1970 |
|  |   | L2000  | L2005 | L2010 | L2020 |
|  |   | L2030  | L2034 | L2036 | L2037 |
|  |   | L2038  | L2060 | L2106 | L2108 |
|  |   | L2126  | L2136 | L2350 | L2510 |
|  |   | L2526  | L2627 | L2628 | L3230 |
|  |   | L3265  | L3649 | L3671 | L3674 |
|  |   | L3720  | L3730 | L3740 | L3763 |
|  |   | L3764  | L3900 | L3901 | L3904 |
|  |   | L3905  | L3961 | L3971 | L3975 |
|  |   | L3976  | L3977 | L3999 | L4000 |
|  |   | L4010  | L4020 | L4631 | L5010 |
|  |   | L5020  | L5050 | L5060 | L5100 |
|  |   | L5105  | L5150 | L5160 | L5200 |
|  |   | L5210  | L5220 | L5230 | L5250 |
|  |   | L5270  | L5280 | L5301 | L5312 |

| Procedures and services           | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) |                        | 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 |
|                                   |                        | L6930  | L6935 | L6940 | L6945 |
|                                   |                        | L6950  | L6955 | L6960 | L6965 |
|                                   |                        | L6970  | L6975 | L7007 | L7008 |
|                                   |                        | L7009  | L7040 | L7045 | L7170 |
|                                   |                        | L7180  | L7181 | L7185 | L7186 |
|                                   |                        | L7190  | L7191 | L7405 | L8040 |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization                                 |   |       |       |
|---|---|--|---|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b>  |   | L8042  | L8043   | L8044 | L8045 |
|   |   | L8046  | L8047   | L8499 | L8609 |
|   |   | L8610  | L8612   | L8631 | L8659 |
| <b>Outpatient therapy</b>   | Prior authorization required for members ages 21 and older                  | 92507  | 92508   | 92526 | 92630 |
|   |   | 92633  | 97010   | 97012 | 97014 |
|   |   | 97016  | 97018   | 97022 | 97024 |
|   |   | 97026  | 97028   | 97032 | 97033 |
|   |   | 97034  | 97035   | 97036 | 97039 |
|   |   | 97110  | 97112   | 97113 | 97116 |
|   |   | 97124  | 97129   | 97130 | 97139 |
|   |   | 97140  | 97150   | 97151 | 97152 |
|   |   | 97153  | 97154   | 97155 | 97156 |
|   |   | 97157  | 97158   | 97530 | 97533 |
|   |   | 97535  | 97537   | 97545 | 97750 |
|   | 97755   | 97799  |   |       |       |
| <b>Pain injections and management</b>   | Prior authorization required  | 64490  | 64493   |       |       |
| <b>Private duty nursing</b>   | Prior authorization required  | T1002  | T1003   |       |       |
| <b>Potentially unproven services</b>  | Prior authorization required  | 33289  | C2624   |       |       |
| <b>Prostate procedures</b>  | Prior authorization required for dates of service on or after April 1, 2022 | 37243  | 52441   | 52442 | 53850 |
|   |   | 53852  | 55866   | 55873 |       |
| <b>Psychological Testing</b>  | Prior authorization required  | 89240  | Prior authorization required when billed with the following DX codes:<br><a href="#">MD Psych Testing DX list</a> |       |       |
| <b>Radiation therapy</b>  | Prior authorization required  | <b>IGRT</b>  |   |       |       |
|   |   | 77014  | 77387   |       |       |
|   |   | <b>IMRT</b>  |   |       |       |
|   |   | Intensity-modulated radiation therapy  |   |       |       |
|   |   | 77385  | 77386   |       |       |
|   |   | <b>Proton beam</b>   |   |       |       |
|   |   | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) |   |       |       |
|   |   | 77520  | 77522   | 77523 | 77525 |
|   |   | <b>Special/associated services</b>   |   |       |       |
|   |   | 77331  | 77370   | 77399 | 77470 |
| <b>SRS/SBRT</b>   |   |  |   |       |       |
| 77371   | 77372   | 77373  |   |       |       |
| <b>Standard radiation therapy (2D/3D)</b>   |   |  |   |       |       |
| 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 |   |  |   |       |       |

| Procedures and services                                       | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Radiation therapy (cont.)</b>                              |  | 77401  | 77402 | 77407 | 77412 |
|   |  | <b>Y90</b><br>Implantable beta-emitting microspheres for treatment of malignant tumors<br>79445<br>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call <b>866-889-8054</b> .<br>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.   |       |       |       |
| <b>Radiology</b>  | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.<br>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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call <b>866-889-8054</b> .<br>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MDcommunityplan">UHCprovider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. |       |       |       |
| <b>Rhinoplasty and septoplasty</b>                            | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation |  | 30435  | 30450 | 30460 | 30462 |
|   |  | 30465  |       |       |       |
| <b>Shoulder Surgery</b>                                       | Prior authorization required   | <b>Musculoskeletal System*</b>   |       |       |       |
|   |  | 29805  | 29806 | 29807 | 29819 |
|   |  | 29820  | 29822 | 29823 | 29824 |
|   |  | 29825  | 29826 | 29827 | 29828 |
|   |  | *Site of service also applies  |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295  | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – outpatient hospital</b>            | Prior authorization only required when requesting service in an outpatient hospital setting<br>Prior authorization not required if performed at a participating ambulatory surgery center (ASC)  | <b>Auditory system</b><br>69205<br><b>Cardiovascular system</b><br>36590      36832<br><b>Carpal tunnel surgery</b><br>64721<br><b>Cataract surgery</b><br>66821      66982      66984      66987<br>66988   |       |       |       |

| Procedures and services                             | Additional information                       | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|---|--|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) | <b>Colonoscopy</b>                           |  |       |       |       |
|   |  | 45378  | 45380 | 45384 | 45385 |
|   | <b>Cosmetic and reconstructive</b>           |  |       |       |       |
|   |  | 13101  | 13132 | 14040 | 14060 |
|   |  | 14301  | 21552 | 21931 |       |
|   | <b>Digestive system</b>                      |  |       |       |       |
|   |  | 42415  | 42440 | 43200 | 43236 |
|   |  | 43237  | 43238 | 43242 | 43245 |
|   |  | 43246  | 43247 | 43248 | 43251 |
|   |  | 43254  | 43255 | 43259 | 44360 |
|   |  | 44361  | 45171 | 45334 | 45335 |
|   |  | 45381  | 45390 | 45990 | 46020 |
|   |  | 46040  | 46050 | 46200 | 46220 |
|   |  | 46221  | 46250 | 46255 | 46261 |
|   |  | 46270  | 46275 | 46288 | 46505 |
|   |  | 46750  | 46910 | 46946 |       |
|   | <b>Ear, nose and throat (ENT) procedures</b> |  |       |       |       |
|   |  | 21320  | 30140 | 30520 | 69436 |
|   |  | 69631  |       |       |       |
|   | <b>Eye and ocular adnexa</b>                 |  |       |       |       |
|   |  | 65710  | 65820 | 66250 | 66710 |
|   |  | 66711  | 66825 | 66986 | 67010 |
|   |  | 67041  | 67042 | 67105 | 67108 |
|   |  | 67113  | 67840 | 68110 | 68115 |
|   |  | 68320  | 68720 | 68815 |       |
|   | <b>Gynecologic procedures</b>                |  |       |       |       |
|   |  | 57240  | 57250 | 57461 | 57520 |
|   |  | 57522  | 58353 | 58558 | 58561 |
|   |  | 58562  | 58563 | 58565 |       |
|   | <b>Hemic and lymphatic systems</b>           |  |       |       |       |
|   |  | 38500  | 38510 | 38525 |       |
|   | <b>Hernia repair</b>                         |  |       |       |       |
|   |  | 49505  | 49650 | 49651 |       |
|   | <b>Integumentary system</b>                  |  |       |       |       |
|   |  | 10121  | 11440 | 11450 | 11624 |
|   |  | 11770  | 13121 | 15100 | 15120 |
|   |  | 15240  | 19020 | 19120 | 19125 |
|   | <b>Liver biopsy</b>                          |  |       |       |       |
|   |  | 47000  |       |       |       |
|   | <b>Male genital system</b>                   |  |       |       |       |
|   |  | 54840  |       |       |       |
|   | <b>Miscellaneous</b>                         |  |       |       |       |
|   |  | 20680  |       |       |       |
|   | <b>Musculoskeletal system</b>                |  |       |       |       |
|   |  | 20552  | 20553 | 21012 | 21013 |
|   |  | 21336  | 21554 | 21555 | 21556 |

| Procedures and services  | Additional information                            | CPT® or HCPCS codes and/or how to obtain prior authorization |                |                |                |
|--|---|--|----------------|----------------|----------------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b>   |   | 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          |
|  |   | <b>Nervous system</b>  |                |                |                |
|  |   | 64561  | 64640          |                |                |
|  |   | <b>Ophthalmologic</b>  |                |                |                |
|  | 65426   | 65730  | 65855          | 66170          |                |
|  | 66761   | 67028  | 67036          | 67040          |                |
|  | 67228   | 67311  | 67312          |                |                |
|  | <b>Respiratory system</b>                         |  |                |                |                |
|  | 30802   | 30930  | 31525          | 31535          |                |
|  | 31536   | 31541  | 31624          |                |                |
|  | <b>Tonsillectomy and adenoidectomy</b>            |  |                |                |                |
|  | 42820   | 42821  | 42825          | 42826          |                |
|  | 42830   |  |                |                |                |
|  | <b>Upper and lower gastrointestinal endoscopy</b> |  |                |                |                |
|  | 43235   | 43239  | 43249          |                |                |
|  | <b>Urologic procedures</b>                        |  |                |                |                |
|  | 50590   | 52000  | 52005          | 52204          |                |
|  | 52224   | 52234  | 52235          | 52260          |                |
|  | 52276   | 52281  | 52287          | 52310          |                |
|  | 52320   | 52332  | 52344          | 52351          |                |
|  | 52352   | 52353  | 52356          | 54161          |                |
|  | 55040   | 55700  | 57288          |                |                |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required                      | 21685  | 41599          | 42145          |                |
| <b>Sleep studies</b>   | Prior authorization required                      | 95805<br>95811   | 95807          | 95808          | 95810          |
| <b>Spinal surgery</b>  | Prior authorization required                      | 22100<br>22112   | 22101<br>22114 | 22102<br>22206 | 22110<br>22207 |

| Procedures and services                                 | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization |                              |   |       |       |       |
|---|------------------------------|--|------------------------------|---|-------|-------|-------|
| <b>Spinal surgery (cont.)</b>                           |                              | 22210  | 22212                        | 22214   | 22220 |       |       |
|   |                              | 22224  | 22510                        | 22511   | 22512 |       |       |
|   |                              | 22513  | 22514*                       | 22515   | 22532 |       |       |
|   |                              | 22533  | 22548                        | 22551   | 22554 |       |       |
|   |                              | 22556  | 22558                        | 22586   | 22590 |       |       |
|   |                              | 22595  | 22600                        | 22610   | 22612 |       |       |
|   |                              | 22630  | 22633                        | 22800   | 22802 |       |       |
|   |                              | 22804  | 22808                        | 22810   | 22812 |       |       |
|   |                              | 22818  | 22819                        | 22830   | 22849 |       |       |
|   |                              | 22850  | 22852                        | 22855   | 22856 |       |       |
|   |                              | 22861  | 22899                        | 63001   | 63003 |       |       |
|   |                              | 63005  | 63011                        | 63012   | 63015 |       |       |
|   |                              | 63016  | 63017                        | 63020   | 63030 |       |       |
|   |                              | 63040  | 63042                        | 63045   | 63046 |       |       |
|   |                              | 63047  | 63050                        | 63055   | 63056 |       |       |
|   |                              | 63064  | 63075                        | 63077   | 63081 |       |       |
|   |                              | 63085  | 63087                        | 63090   | 63101 |       |       |
|   |                              | 63102  | 63170                        | 63172   | 63173 |       |       |
|   |                              | 63185  | 63190                        | 63191   | 63200 |       |       |
|   |                              | 63250  | 63251                        | 63252   | 63265 |       |       |
|   |                              | 63267  | 63268                        | 63270   | 63271 |       |       |
|   |                              | 63272  | 63286                        | 63300   | 63301 |       |       |
|   |                              | 63302  | 63303                        | 63304   | 63305 |       |       |
|   |                              | 63306  | 63307                        | 63308   | 0098T |       |       |
|   |                              |  | *SOS applies                 |   |       |       |       |
| <b>Stimulators</b>                                      | Prior authorization required | <b>Bone growth stimulator</b>                                |                              |   |       |       |       |
| Implantation of a device that sends electrical impulses |                              | E0747  | E0748                        | E0749   | E0760 |       |       |
|   |                              | <b>Neurostimulator</b>                                       |                              |   |       |       |       |
|   |                              | 43648  | 43881                        | 43882   | 61863 |       |       |
|   |                              | 61864  | 61867                        | 61868   | 61885 |       |       |
|   |                              | 61886  | 63650                        | 63655   | 63685 |       |       |
|   |                              | 64553  | 64555                        | 64568   | 64570 |       |       |
|   |                              | 64590  | L8682                        | L8685   | L8686 |       |       |
|   |                              | L8680  | L8688                        | L8687   |       |       |       |
|   |                              | <b>Transplants</b>   | 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 <b>888-936-7246</b> , 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 |       |
|   |                              |  |                              |   |       |       |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization   |   |       |       |       |
|---|------------------------------|--|---|-------|-------|-------|
| <b>Transplants (cont.)</b>  |                              | 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  | J3394   |       |       |       |
|   |                              | <b>CAR T-cell therapy</b>  |   |       |       |       |
|   |                              |  | 0537T   | 0538T | 0539T | 0540T |
|   |                              |  | Q2041   | Q2042 | Q2054 | Q2056 |
|   |                              |  | *Code 38232 will only require prior authorization for an oncology diagnosis |       |       |       |
| <b>Vein procedures</b>  | 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  |   |       |       |       |
| <b>Ventricular assist devices (VAD)</b>   | 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 <b>855-282-8929</b> . |   |       |       |       |
| 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 |       |
| <b>Wound vac</b>  | Prior authorization required | E2402  |   |       |       |       |