

Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective Jun. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Maryland health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Connect with us:** For additional information, visit our [Contact us](#) page

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion (pregnancy termination)	Prior authorization required — carved out by the state	Please call the number on the back of the member's health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. * Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-ayow (Releuko®) Q5125* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108* Eflapegrastim-xnst (Rolvedon™) J1449 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448* <u>Antiemetics drugs</u> J1456 <u>Bone-modifying agents that require prior authorization:</u> Denosumab (Xgeva®) J0897 <u>Antiemetic codes that require prior authorization:</u> J0185 J1453 J1454 J1627 Erythropoiesis-stimulating agents J0885 For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification Program.			
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		*Prior authorization <u>not</u> required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Chemotherapy

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code

Use the Prior Authorization and Notification tool on the UnitedHealthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 888-397-8129 .			
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8614 L8690 L8694	69711 L8619 L8691	69714 L8627 L8692	69930 L8628 L8693
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME — see orthotics and prosthetics.	A9279 E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria	Prior authorization required	55970	55980		
		These surgical codes with the following Dx codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11442	11446	11920	11921
		11922	11950	11951	11952
		11954	11970	11980	11981

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Gender dysphoria treatment (cont.)		11982	11983	13151
		13153	13160	14000
		14020	14021	14041
		14301	14302	15101
		15200	15201	15241
		15274	15570	15574
		15620	15734	15738
		15757	15758	15769
		15772	15773	15774
		15776	15777	15780
		15782	15786	15787
		15789	15792	15793
		15824	15825	15826
		15829	15832	15833
		15835	15836	15837
		15839	15860	15876
		15878	15879	17110
		17380	19303	19355
		21087	21120	21270
		27656	31081	31580
		31750	31899	40500
		40520	40525	40527
		40652	40654	40799
		44204	44700	45395
		53210	53410	53420
		53430	54120	54125
		54401	54405	54406
		54410	54411	54416
		54522	54660	54690
		55175	55180	55899
		56625	56630	56633
		56700	56800	56805
		57106	57107	57109
		57111	57200	57282
		57292	57295	57296
		57425	57426	58210
		58280	58285	58294
		58720	58940	58999
		64892	64896	64912
		80414	80415	82642
		82671	82672	82677
		82681	83001	83002
		83498	84143	84144
		84402	84403	92524

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		Prior authorization <u>not</u> required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		D04.72	D04.8	D04.9	
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81120	81121	81162	81163
		81164	81165	81166	81194
		81208	81216	81228	81229
		81237	81245	81246	81276
		81277	81307	81349	81379
		81380	81381	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81422
		81425	81431	81432	81435
		81437	81439	81440	81445
		81448	81460	81465	81479
		81518	81519	81520	81521
		81522	81523	81525	81546
		81595	81599	87505	87506
		87507	0006M	0007M	0018U
		0019U	0022U	0023U	0026U
		0037U	0055U	0060U	0087U
		0088U	0111U	0129U	0136U
		0154U	0155U	0170U	0171U
		0172U	0177U	0179U	0209U
		0211U	0214U	0215U	0216U
		0217U	0218U	0237U	0238U
		0239U	0242U	0244U	0245U
		0250U	0252U	0253U	0254U
		0258U	0260U	0262U	0264U
		0265U	0266U	0267U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0287U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		0296U	0297U	0298U	0299U
		0300U	S3870		
Biomarkers					
		81538	88299		
Hearing aid services	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aid services (cont.)		V5255 V5259 V5299	V5256 V5260	V5257 V5261	V5258 V5267
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496
Hospice	Prior authorization required	T2044	T2045		
Hysterectomy	Prior authorization required	58150 58262 58290 58542 58552 58571	58152 58263 58291 58543 58553 58572	58180 58267 58292 58544 58554 58573	58260 58270 58541 58550 58570
Infertility	Prior authorization required	55870 89254 89337 S0122 S4042	58825 89257 89398 S0126	58970 89259 J0725 S0128	76948 89264 J3355 S4028
Injectable medications	Prior authorization required	Acthar Gel J0801 Actemra® J3262 Adakveo® J0791 Adzynma™ J7171 Aldurazyme® J1931 Amondys- 45 J1426 Amvuttra™ J0225 Aralast® NP, Prolastin®-C, Zemaira® J0256 Avsola™ Q5121 Benlysta J0490 Beovu® J0179 Berinert® J0597			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		Botulinum toxins		
		J0585	J0586	J0587
				J0588
		Brineura®		
		J0567		
		Briumvi™		
		J2329		
		Byooviz™		
		Q5124		
		Cerezyme™		
		J1786		
		Cimerli™		
		Q5128		
		Cimzia®*		
		J0717		
		Cinqair®		
		J2786		
		Cinryze		
		J0598		
		Cortrophin Gel		
		J0802		
		Cosentyx®		
		J3247		
		Crysvita®		
		J0584		
		Cutaquig®		
		J1551		
		Elaprase®		
		J1743		
		Elelyso		
		J3060		
		Elfabrio		
		J2508		
		Elevidys		
		J1413		
		Enjaymo™		
		J1302		
		Entyvio®		
		J3380		
		Evenity®		
		J3111		
		Evkeeza®		
		J1305		
		Exondys 51®		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1428			
		Eylea™			
		J0178			
		Eylea HD			
		J0177			
		Fabrazyme®			
		J0180			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Fylnetra™			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemgenix			
		J1411			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra			
		Q5103			
		Injectafer®			
		J1439			
		Intravenous immunoglobulin (IVIG)			
		90283	90284	J1459	J1552
		J1554	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Izervay™			
		J2782			
		Kalbitor®			
		J1290			
		Kanuma®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2840
		Kisunla
		J0175
		Krystexxa®
		J2507
		Lamzede
		J0217
		Lanreotide
		J1932
		Lemtrada®
		J0202
		Leqembi™
		J0174
		Leqvio®
		J1306
		Lucentis®
		J2778
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot®, Eligard®
		J9217
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferic®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Nplate®
		J2802
		Nucala®
		J2182
		Ocrevus®
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Omvo
		J2267
		Onpattro®
		J0222
		Orencia®
		J0129
		Otulf IV
		Q9999
		Oxlumo®
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Riabni™
		Q5123
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Roctavian
		J1412
		Rolvedon™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1449			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin® LAR			
		J2353			
		Saphnelo®			
		J0491			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1299			
		Somatuline® Depot			
		J1930			
		Spevigo®			
		J1747			
		Spinraza®			
		J2326			
		Stelara®			
		J3358			
		Stimufend®			
		Q5127			
		Supprelin® LA			
		J9226			
		Susvimo™			
		J2779			
		Syfovre™			
		J2781			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		<u>Therapeutic radiopharmaceuticals</u>			
		A9513	A9590	A9606	A9607
		A9699			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Truxima®			
		Q5115			
		Tyenne			
		Q5135			
		Tzield™			
		J9381			
		Ultomiris®			
		J1303			
		Unclassified codes***			
		C9172	C9399	J3490	J3590
		Uplinza®			
		J1823			
		Vabysmo®			
		J2777			
		Vantas®			
		J9225			
		Veopoz			
		J9376			
		Viltepso®			
		J1427			
		Vimizim®			
		J1322			
		Vyepti®			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			

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

Vyvgart

J9332

Vyvgart Hytrulo

J9334

Wezlana IV

Q5138

White blood cell colony-stimulating factors

J1442	J1447	J1448	J2506
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Q5101	Q5108	Q5110	Q5111
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Q5120	Q5122		
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Xembify®

J1558

Xenpozyme®

J0218

Xolair®

J2357

Zoladex®

J9202

Zolgensma®

J3399

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

*** For unclassified codes C9172, C9399 J3490 and J3590- Prior authorization required for Beqvez™ Elfabrio®, Lamzedo®, Revcovi®, Steqeyma IV and Yesintek IV.

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on the list.

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21122	21123	21125
		21127	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21188	21193	21194
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)		97110	97112	97113	97116
		97124	97129	97130	97139
		97140	97150	97151	97152
		97153	97154	97155	97156
		97157	97158	97530	97533
		97535	97537	97545	97750
		97755	97799		
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required for dates of service on or after April 1, 2022	37243	52441	52442	53850
		53852	55866	55873	
Psychological testing	Prior authorization required	89240			
		Prior authorization required when billed with the following Dx codes:			
		F10.10	F10.11	F10.120	F10.121
		F10.129	F10.90	F10.91	F10.130
		F10.131	F10.132	F10.139	F10.14
		F10.150	F10.151	F10.159	F10.180
		F10.181	F10.182	F10.188	F10.19
		F10.20	F10.21	F10.220	F10.221
		F10.229	F10.230	F10.231	F10.232
		F10.239	F10.24	F10.250	F10.251
		F10.259	F10.280	F10.281	F10.282
		F10.288	F10.29	F10.920	F10.921
		F10.929	F10.930	F10.931	F10.932
		F10.939	F10.94	F10.950	F10.951
		F10.959	F10.980	F10.981	F10.982
		F10.988	F10.99	F11.10	F11.11
		F11.120	F11.121	F11.122	F11.129
		F11.13	F11.14	F11.150	F11.151
		F11.159	F11.181	F11.182	F11.188
		F11.19	F11.20	F11.21	F11.220
		F11.221	F11.222	F11.229	F11.23
		F11.24	F11.250	F11.251	F11.259
		F11.281	F11.282	F11.288	F11.29
		F11.90	F11.91	F11.920	F11.921
		F11.922	F11.929	F11.93	F11.94
		F11.950	F11.951	F11.959	F11.981
		F11.982	F11.988	F11.99	F12.10
		F12.11	F12.120	F12.121	F12.122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F12.129	F12.13	F12.150	F12.151
		F12.159	F12.180	F12.188	F12.19
		F12.20	F12.21	F12.220	F12.221
		F12.222	F12.229	F12.23	F12.250
		F12.251	F12.259	F12.280	F12.288
		F12.29	F12.90	F12.91	F12.920
		F12.921	F12.922	F12.929	F12.93
		F12.950	F12.951	F12.959	F12.980
		F12.988	F12.99	F13.10	F13.11
		F13.120	F13.121	F13.129	F13.130
		F13.131	F13.132	F13.139	F13.14
		F13.150	F13.151	F13.159	F13.180
		F13.181	F13.182	F13.188	F13.19
		F13.20	F13.21	F13.220	F13.221
		F13.229	F13.230	F13.231	F13.232
		F13.239	F13.24	F13.250	F13.251
		F13.259	F13.280	F13.281	F13.282
		F13.288	F13.29	F13.90	F13.91
		F13.920	F13.921	F13.929	F13.930
		F13.931	F13.932	F13.939	F13.94
		F13.950	F13.951	F13.959	F13.980
		F13.981	F13.982	F13.988	F13.99
		F14.10	F14.120	F14.121	F14.122
		F14.129	F14.13	F14.14	F14.150
		F14.151	F14.159	F14.180	F14.181
		F14.182	F14.188	F14.19	F14.20
		F14.21	F14.220	F14.221	F14.222
		F14.229	F14.23	F14.24	F14.250
		F14.251	F14.259	F14.280	F14.281
		F14.282	F14.288	F14.29	F14.90
		F14.91	F14.920	F14.921	F14.922
		F14.929	F14.93	F14.94	F14.950
		F14.951	F14.959	F14.980	F14.981
		F14.982	F14.988	F14.99	F15.10
		F15.120	F15.121	F15.122	F15.129
		F15.13	F15.14	F15.150	F15.151
		F15.159	F15.180	F15.181	F15.182
		F15.188	F15.19	F15.20	F15.21
		F15.220	F15.221	F15.222	F15.229
		F15.23	F15.24	F15.250	F15.251
		F15.259	F15.280	F15.281	F15.282
		F15.288	F15.29	F15.90	F15.91
		F15.920	F15.921	F15.922	F15.929
		F15.93	F15.94	F15.950	F15.951
		F15.959	F15.980	F15.981	F15.982
		F15.988	F15.99	F16.10	F16.120

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F16.121	F16.122	F16.129	F16.14
		F16.150	F16.151	F16.159	F16.180
		F16.183	F16.188	F16.19	F16.20
		F16.21	F16.220	F16.221	F16.229
		F16.24	F16.250	F16.251	F16.259
		F16.280	F16.283	F16.288	F16.29
		F16.90	F16.91	F16.920	F16.921
		F16.929	F16.94	F16.950	F16.951
		F16.959	F16.980	F16.983	F16.988
		F16.99	F17.200	F17.201	F17.203
		F17.208	F17.209	F17.210	F17.211
		F17.213	F17.218	F17.219	F17.220
		F17.221	F17.223	F17.228	F17.229
		F17.290	F17.291	F17.293	F17.298
		F17.299	F18.10	F18.120	F18.121
		F18.129	F18.14	F18.150	F18.151
		F18.159	F18.17	F18.180	F18.188
		F18.19	F18.20	F18.21	F18.220
		F18.221	F18.229	F18.24	F18.250
		F18.251	F18.259	F18.27	F18.280
		F18.288	F18.29	F18.90	F18.91
		F18.920	F18.921	F18.929	F18.94
		F18.950	F18.951	F18.959	F18.980
		F18.988	F18.99	F19.10	F19.120
		F19.121	F19.122	F19.129	F19.130
		F19.131	F19.132	F19.139	F19.14
		F19.150	F19.151	F19.159	F19.180
		F19.181	F19.182	F19.188	F19.19
		F19.20	F19.21	F19.220	F19.221
		F19.222	F19.229	F19.230	F19.231
		F19.232	F19.239	F19.24	F19.250
		F19.251	F19.259	F19.280	F19.281
		F19.282	F19.288	F19.29	F19.90
		F19.91	F19.920	F19.921	F19.922
		F19.929	F19.930	F19.931	F19.932
		F19.939	F19.94	F19.950	F19.951
		F19.959	F19.980	F19.981	F19.982
		F19.988	F19.99	O99.310	O99.311
		O99.312	O99.313	O99.314	O99.315
		O99.320	O99.321	O99.322	O99.323
		O99.324	O99.325	R78.0	R78.1
		R78.2	R78.3	R78.4	R78.5
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		Intensity-modulated radiation therapy (IMRT)			
		Intensity-Modulated Radiation Therapy			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		77385	77386	G6015	G6016
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)			
		77371	77372	77373	
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		79445			
		To submit an online request for prior authorization, sign in to the UHCprovider.com to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology and Radiation Therapy” box. After selecting “Commercial” as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program .			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal system*			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		*Site of service also applies.			
Sinuplasty	Prior authorization required	31295	31296	31297	31298

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514* 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Kymriah (tisagenlecleucel) and Yescarta® (axicabtagene ciloleucel), call the Optum Transplant Case Management team at 888-936-7246, or use the number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152	J3393	Q2053	Q2054
		Q2055	Q2056		
		CAR T-cell therapy			
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
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			