

Prior Authorization Requirements for Maryland

Effective July 1, 2018

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 or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 888-899-1681;** fax form is available at **UHCommunityPlan.com** > For Health Care Professionals > Maryland > Provider Authorization Requirements > Prior Authorization Fax Request Form.

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	Prior authorization required	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
BRCA genetic testing	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Bio similar (Zarxio[®]) Q5101</p> <p>Filgrastim (Neupogen[®]) J1442</p> <p>Pegfilgrastim (Neulasta[®]) J2505</p> <p>Sargramostim (Leukine[®]) J2820</p> <p>Tbo-filgrastim (Granix[®]) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Maryland > Prior Authorization Requirements > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (cont'd)

code
 For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715	
		69718	69930	L8614	L8619	
		L8690	L8691	L8692		
Cosmetic and reconstructive procedures 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	11971	13101*	13132*	
	For codes with an asterisk:	14040*	14060*	14301*	15820	
	Prior authorization required if performed in an outpatient hospital setting	15821	15822	15823	15830	
		15847	17106	17107	17108	
	Prior authorization not required if performed at a participating ambulatory surgery center	17999	21137	21138	21139	
		21172	21175	21179	21180	
		21181	21182	21183	21184	
		21230	21235	21256	21275	
		21280	21282	21295	21552*	
		21740	21742	21743	21931*	
		28344	30620	67900	67901	
		67902	67903	67904	67906	
		67908	67909	67911	67912	
		67914	67915	67916	67917	
		67921	67922	67923	67924	
	67950	67961	67966	Q2026		
Durable medical equipment (DME): more than \$500 Only the codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	A9279	A9280	E0194	E0265	
		E0266	E0270	E0300	E0445	
		E0457	E0460	E0466	E0483	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		E0620	E0636	E0656	E0669
			E0670	E0675	E0693	E0694
			E0700	E0710	E0745	E0762
			E0764	E0766	E0784	E0984
			E0986	E1002	E1003	E1004
			E1005	E1006	E1007	E1008
			E1009	E1010	E1030	E1035
			E1036	E1161	E1229	E1231
			E1232	E1233	E1234	E1235
			E1236	E1237	E1238	E1239
			E2100	E2227	E2228	E2230
			E2300	E2301	E2322	E2325
			E2327	E2329	E2331	E2351
			E2373	E2510	E2511	E2599
			E2626	E2627	E2628	E2629
			E2630	K0005	K0008	K0013
			K0108	K0812	K0830	K0831

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$500 (cont'd) Only the codes listed with a retail purchase or a cumulative rental cost of more than \$500		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	B9002	B9998	
Experimental and investigational	Prior authorization required	0085T	0191T	33477	36514
		55866	61863	61864	61867
		61868	61886	64555	64722
		65765	65767	66180	95978
		A4638	A6000	A9274	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 treatment	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		
14000	14001	14020	14041
15734	15738	15750	15757
15758	19303	19304	20926
31899	53410	53430	54125
54400	54401	54405	54520
54660	54690	55175	55180
56625	56800	56805	57110
57335	58150	58180	58260
58262	58290	58291	58541
58542	58543	58544	58550
58552	58553	58554	58570
58571	58572	58573	58661
58720	58940	64856	64892
64896			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Hearing aid services	Prior authorization required	V5170	V5180	V5210	V5220
		V5230	V5250	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5299	
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	Acthar[®]			
		J0800			
		Brineura[™]			
		C9014			
		Botox[®]			
		J0585	J0586	J0587	J0588
		Cerezyme[®]			
		J1786			
		Cinqair[®]			
		J2786			
		ElELYso[®]			
		J3060			
		Ilaris[®]			
		J0638			
IVIG					
90283	90284	J1459	J1555		
J1556	J1557	J1559	J1561		
J1566	J1568	J1569	J1572		
J1575	J1599				
Lemtrada[®]					
J0202					
Makena[®]/17P					
J1726	J1729	J2675			
Nucala[®]					
J2182					
Ocrevus[™]					
J2350					
Soliris[®]					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

J1300

Spinraza™

J2326

Synagis®*

90378

Unclassified**

C9399 J3490 J3590

Xolair®*

J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Brineura™.

Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	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	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		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	L5648		
L5651	L5653	L5661	L5682		
L5702	L5703	L5706	L5716		
L5718	L5722	L5724	L5726		
L5728	L5780	L5790	L5795		
L5811	L5812	L5814	L5816		
L5818	L5822	L5824	L5826		
L5828	L5830	L5848	L5857		
L5858	L5930	L5950	L5960		
L5961	L5964	L5966	L5968		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5987
		L5988	L5990	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		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Maryland > Prior Authorization Requirements > Radiology > Radiology CPT Code List.</p>			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization		
Remote patient monitoring	Prior authorization required	S9110 with the following DX codes:		
		E10.10	E10.11	E10.21
		E10.22	E10.29	E10.311
		E10.319	E10.3211	E10.3212
		E10.3213	E10.3219	E10.3291
		E10.3292	E10.3293	E10.3299
		E10.3311	E10.3312	E10.3313
		E10.3319	E10.3391	E10.3392
		E10.3393	E10.3399	E10.3411
		E10.3412	E10.3413	E10.3419
		E10.3491	E10.3492	E10.3493
		E10.3499	E10.3511	E10.3512
		E10.3513	E10.3519	E10.3521
		E10.3522	E10.3523	E10.3529
		E10.3531	E10.3532	E10.3533
		E10.3539	E10.3541	E10.3542
		E10.3543	E10.3549	E10.3551
		E10.3552	E10.3553	E10.3559
		E10.3591	E10.3592	E10.3593
		E10.3599	E10.36	E10.37X1
		E10.37X2	E10.37X3	E10.37X9
		E10.39	E10.40	E10.41
		E10.42	E10.43	E10.44
		E10.49	E10.51	E10.52
		E10.59	E10.610	E10.618
		E10.620	E10.621	E10.622
		E10.628	E10.630	E10.638
		E10.641	E10.649	E10.65
		E10.69	E10.8	E10.9
		E11.00	E11.01	E11.10
		E11.11	E11.21	E11.22
		E11.29	E11.311	E11.319
		E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292
		E11.3293	E11.3299	E11.3311
		E11.3312	E11.3313	E11.3319
		E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412
		E11.3413	E11.3419	E11.3491
		E11.3492	E11.3493	E11.3499
		E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522
		E11.3523	E11.3529	E11.3531
		E11.3532	E11.3533	E11.3539
		E11.3541	E11.3542	E11.3543

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Remote patient monitoring (cont'd)		E11.3549	E11.3551	E11.3552	
		E11.3553	E11.3559	E11.3591	
		E11.3592	E11.3593	E11.3599	
		E11.36	E11.37X1	E11.37X2	
		E11.37X3	E11.37X9	E11.39	
		E11.40	E11.41	E11.42	
		E11.43	E11.44	E11.49	
		E11.51	E11.52	E11.59	
		E11.610	E11.618	E11.620	
		E11.621	E11.622	E11.628	
		E11.630	E11.638	E11.641	
		E11.649	E11.65	E11.69	
		E11.8	E11.9	I50.20	
		I50.21	I50.22	I50.23	
		I50.30	I50.31	I50.32	
		I50.33	I50.40	I50.41	
		I50.42	I50.43	I50.9	
		J43.0	J43.1	J43.2	
		J43.8	J43.9	J44.0	
		J44.1	J44.9		
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		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	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
Spinal surgery (cont'd)		63042	63045	63046	63047

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes			
		38206	38999	J3490	J9999
		S2107	Q2040	Q2041	
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509			
Wound vac	Prior authorization required	E2402			