

Prior Authorization Requirements for New York Medicaid

Effective August 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in New York 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 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 tile on your Provider Portal dashboard.
- **Phone:** Call **866-362-3368**.

Note: All planned, elective inpatient service requests require prior authorization.

- **Prior authorization is not required for emergent/urgent care – in network or out of network.**
- **All non-emergent, out-of-network services require prior authorization regardless of the place of service.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Many of our benefit plans only 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. For ABA Therapy, submit via fax or Provider Express			
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care	<p>Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Anti-Emetics that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-appgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Filgrastim-ayow (Releuko®) Q5125</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic Drugs:</u> J1456</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)		For prior authorization requests, 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 tile on your Provider Portal dashboard. Or call 888-397-8129
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Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance	<p>93319</p> <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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NYcommunityplan >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>
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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		Prior authorization 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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				
Cerebral seizure monitoring –	Prior authorization is required for inpatient services.	95700	95711	95712	95713
Inpatient video Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization is 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: <ul style="list-style-type: none"> • 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 haven't yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. <p>For prior authorization, 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 tile on your Provider Portal dashboard. Or call 888-397-8129.</p>			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14061*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.		15820	15821	15822	15823	
		15830	15847	15877	15878	
		15879	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
	Reconstructive procedures that treat a medical condition to improve or restore physiologic function		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			
*will NOT require prior auth when billed with skin cancer diagnoses						
Durable medical equipment (DME)	Prior authorization is required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A4575	A9279	A9280	A9900	
		E0194	E0265	E0266	E0270	
		E0277	E0300	E0328	E0329	
		E0445	E0457	E0465	E0466	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0470	E0471	E0483	E0486	
		E0620	E0636	E0637	E0638	
		E0641	E0642	E0652	E0656	
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> .	E0669	E0670	E0675	E0693	
		E0694	E0700	E0710	E0745	
		E0762	E0764	E0766	E0784	
		E0787	E0984	E0986	E1002	
		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	
		E2300	E2301	E2310	E2311	
		E2322	E2325	E2327	E2329	
	E2331	E2351	E2373	E2510		
	E2511	E2512	E2599	E2626		
	E2627	E2628	E2629	E2630		
	E8000	E8001	E8002	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Erectile dysfunction	Prior authorization required	37788	37790	54400	54401
		54405	54408	54410	54411
		54416	54417	55870	J0270
		J0275	J0775	J2440	J2760
		L7900	L7902		
Experimental and investigational (and or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4226
		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	
Genetic and molecular testing to include BRCA	Prior authorization is 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
	Notification/prior authorization is required for BRCA testing before DNA sequencing is	81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81271
		81272	81273	81274	81276
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81310	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81546
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
0001U	0004M	0006M	0007M		
0016U	0017U	0018U	0022U		
0023U	0026U	0027U	0030U		
0031U	0032U	0033U	0034U		
0040U	0046U	0049U	0055U		
0060U	0068U	0070U	0071U		
0072U	0073U	0074U	0075U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Genetic and molecular testing to include BRCA (continued)		0076U	0084U	0087U	0088U		
		0111U	0129U	0136U	0137U		
		S3870					
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	14041	15734		
		15738	15750	15757	15758		
		19303	53410	53430	54125		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58661	58720		
		58940	64856	64892	64896		
		Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0156	G0162	G0299	G0300
				G0493	G0494	G0495	G0496
S9122	S9123			S9124	S9474		
Hysterectomy	Prior authorization required	58150	58152	58180	58260		
		58262	58263	58267	58270		
		58275	58290	58291	58292		
		58541	58542	58543	58544		
		58550	58552	58553	58554		
		58570	58571	58572	58573		
Injectable medications	Prior authorization required	Actemra®					
		J3262					
		Acthar®					
		J0800					
		Adakveo®					
		J0791					
		Aduhelm®					
		J0172					
		Aldurazym®					
		J1931					
		Amondys 45					
		J1426					
		Amvuttra™					
		J0225					
		Apretude™					
		J0739					
		Aralast NP®					
		J0256					
		Avsola™					
Q5121							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Benlysta			
		J0490			
		Beriner[®]			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura[™]			
		J0567			
		Cabenuva[™]			
		J0741			
		Cerezyme[®]			
		J1786			
		Cimerli[®]			
		Q5128			
		Cimzia^{®*}			
		J0717			
		Cinqair[®]			
		J2786			
		Cinryze[®]			
		J0598			
		Crysvita[®]			
		J0584			
		Cutaquig[®]			
		J1551			
		Elaprase[®]			
		J1743			
		Elelyso[®]			
		J3060			
		Enjaymo[®]			
		J1302			
	Entyvio[®]				
	J3380				
	Erythropoiesis-Stimulating Agents****				
	J0885				
	Evenity[™]				
	J3111				
	Evkeeza[™]				
	J1305				
	Exondys 51[™]				
	J1428				
	Fabrazyme[®]				
	J0180				
	Fasenra[™]				
	J0517				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Fensolvi®				
	J1951				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Fylintra®				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Hemgenix®				
	J1411				
	Hyaluronic Acid				
	J7318	J7320	J7321	J7322	
	J7323	J7324	J7325	J7326	
	J7327	J7328	J7329	J7331	
	J7332				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
J1290					
Kanuma®					
J2840					
Korsuva®					
J0879					
Krystexxa®					
J2507					
Lanreotide™					
J1932					
Lemtrada®					
J0202					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		Leqembi®	
		J0174	
		Leqvio®	
		J1306	
		Lumizyme®	
		J0221	
		Lupron Depot®	
		J1950	
		Lupron Depot, Eligard®	
		J9217	
		Luxturna™	
		J3398	
		Makena®	
		J1726	J1729
			J2675
		Mepsevii®	
		J3397	
		Monoferric®	
		J1437	
		Naglazyme®	
		J1458	
		Nexviazyme®	
		J0219	
		Nplate®	
		J2796	
		Nucala®	
		J2182	
		Ocrevus™	
		J2350	
		Octreotide Acetate	
		J2354	
		Onpattro™	
		J0222	
		Orencia®	
		J0129	
		Oxlumo™	
		J0224	
		Panzyga®	
		J1576	
		Parsabiv™	
		J0606	
		Prolastin-C®	
		J0256	
		Prolia®	
		J0897	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Radicava® J1301
		Reblozyl® J0896
		Releuko® Q5125
		Remicade® J1745
		Renflexis® Q5104
		Revcovi® J3590
		Riabni™ Q5123
		Rituxan® J9312
		Rituxan Hycela® J9311
		Rolvedon® J1449
		Ruconest® J0596
		Ruxience® Q5119
		Ryplazim™ J2998
		Sandostatin® LAR J2353
		Saphnelo® J0491
		Scenesse® J7352
		Signifor® LAR J2502
		Simponi Aria® J1602
		Skyrizi® J2327
		Soliris® J1300
		Somatuline® Depot J1930
		Spevigo® J1747

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Spinraza™				
	J2326				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Stimufend®				
	Q5127				
	Sunlenca®				
	J1961				
	Supprelin® LA				
	J9226				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic radiopharmaceuticals****				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tzield®				
	J9381				
	Ultomiris™				
	J1303				
Unclassified and temporary codes**					
C9090	C9094	C9151	C9399		
J3490	J3590				
Uplizna®					
J1823					
VEGF					
J0178	J0179	J2777	J2778		
J2779	Q5124	Q5128			
Viltepso™					
J1427					
Vimizim®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1322			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		White blood cell colony-stimulating factors***			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Xolair®			
		J2357			
		Zemaira®			
		J0256			
		Zoladex®			
	J9202				
	Zolgensma®				
	J3399				

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 Cimzia, through Magellan prior notifications services at **800-788-4005**.

**For unclassified and temporary codes C9090, C9149, C9151, C9399, J3490 and J3590 prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel, Syfovre

***Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, White blood cell colony-stimulating factors will require prior authorization for both oncology and non-oncology DX.

- For oncology DX, please see Cancer supportive care section above.
- For non-oncology DX, submit online at **UHCprovider.com** > UnitedHealthcare Provider Portal > Prior Authorization and Notification tool on your Provider Portal dashboard or call **877-842-3210**.

**** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for an ESRD diagnosis

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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****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

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	23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	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 is required only for the 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)

L3905	L3961	L3971	L3975
L3976	L3977	L3999	L4000
L4010	L4020	L4631	L5010
L5020	L5050	L5060	L5100
L5105	L5150	L5160	L5200
L5210	L5220	L5230	L5250
L5270	L5280	L5301	L5312
L5321	L5331	L5341	L5400
L5420	L5460	L5500	L5505
L5510	L5520	L5530	L5535
L5540	L5560	L5570	L5580
L5585	L5590	L5595	L5600
L5610	L5613	L5614	L5616
L5639	L5640	L5642	L5643
L5644	L5646	L5647	L5648
L5649	L5651	L5653	L5661
L5673	L5682	L5683	L5700
L5702	L5703	L5705	L5706
L5716	L5718	L5722	L5724
L5726	L5728	L5780	L5790
L5795	L5811	L5812	L5814
L5816	L5818	L5822	L5824
L5826	L5828	L5830	L5845
L5848	L5857	L5858	L5930
L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5973
L5976	L5979	L5980	L5981
L5982	L5984	L5986	L5987
L5988	L5990	L5999	L6000
L6010	L6020	L6050	L6055
L6100	L6110	L6120	L6130
L6200	L6205	L6250	L6300
L6310	L6320	L6350	L6360
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	97530	92507	97542	S9152
Potentially Unproven Services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none">Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	0697T 0712T	0698T 0713T	0710T	0711T
		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 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 tile on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NYcommunityplan > Prior Authorization and Notification Resources > 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	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Site of service (SOS) – outpatient hospital

Prior authorization is only required when requesting service in an outpatient hospital setting.

Prior authorization is not 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
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 66987
		66988	67010 67041 67042
		67105	67108 67113 67840
		68110	68115 68320 68720
		68815	
Female Genital System			
		57240	57250 57461 57520
		58561	58562
Gynecologic Procedures			
		57522	58353 58558 58563
		58565	
Hemic and Lymphatic Systems			
		38500	38510 38525



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – outpatient hospital (continued)

Hernia Repair					
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
Integumentary System					
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
Liver Biopsy					
	47000				
Male Genital System					
	54840				
Miscellaneous					
	20680				
Musculoskeletal System					
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	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	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Urinary System

52276	52287	52320	52344
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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
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Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

Sleep studies

Prior authorization required
Prior authorization is not required for New York Long-Term Services and Supports (LTSS).

95805	95807	95808	95810
95811			

Spinal surgery

Prior authorization required

22100	22101	22102	22110
22112	22114	22206	22207
22210	22212	22214	22220
22224	22510	22511	22512
22513	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
22864	22865	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		0095T	0098T	0164T	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth-Stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
L8688					
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi®, (Lisocabtagene Maralucecl), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 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	50547	S2060	S2061
		S2152			
		CAR-T Cell Therapy			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Gene Therapy**			
		C9399	J3490	J3590	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
treating venous disease and varicose veins of the extremities					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			