

# Prior Authorization Requirements for New York Medicaid

Effective December 1, 2022

## 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](https://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 **866-604-3267**.

**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			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	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** Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.

\*Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.

**Anti-Emetics that require prior authorization:**

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

**Sustol® (granisetron extended release)**

J1627

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101\*

**Pegfilgrastim (Neulasta®)**

J2506\*

**Pegfilgrastim-apgf (Nyvepria™)**

Q5122\*

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120\*

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111\*

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447\*

**Trilaciclib (Cosela™)**

J1448

**Filgrastim-ayow (Releuko®)**

Q5125

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897

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**

**Cardiology**

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms,

93319

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

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
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electrophysiology implants, and stress echoes prior to performance

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**.

For more details and the CPT codes that require prior authorization, please visit [UHCprovider.com/NYcommunityplan](https://UHCprovider.com/NYcommunityplan) >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.

**Cardiovascular**

Prior authorization required

37220	37221	37224	37225
37226	37227	37228	37229
37230	37231	93580	

Prior authorization 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			
<b>Cardiovascular (continued)</b>		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				
<b>Cerebral seizure monitoring –</b>	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
<b>Inpatient video Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy	<b>Injectable chemotherapy drugs that require prior authorization:</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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.</li> </ul> <p>For prior authorization, submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14020 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14021 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14061 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.					
Reconstructive procedures that treat a medical condition to improve or restore physiologic function					
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A4575 E0194 E0277 E0445 E0466 E0486 E0638 E0656 E0693 E0745 E0784	A9279 E0265 E0300 E0457 E0470 E0620 E0641 E0669 E0694 E0762 E0787	A9280 E0266 E0328 E0460 E0471 E0636 E0642 E0670 E0700 E0764 E0984	A9900 E0270 E0329 E0465 E0483 E0637 E0652 E0675 E0710 E0766 E0986
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .				
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> .				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable medical equipment (DME) (cont.)</b>		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	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040	T1999	T5999
		V2786	V5269	V5270	V5271
		V5272	V5274	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			

<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Erectile dysfunction</b>	Prior authorization required	37788	37790	54400	54401
		54405	54408	54410	54411
		54416	54417	55870	J0270
		J0275	J0775	J2440	J2760



Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		L7900	L7902		
<b>Experimental and investigational (and or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4226	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S2102	S9988	S9990
		S9991			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA</b>	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.  Notification/prior authorization is 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.	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
		81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		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		





Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Genetic and molecular testing to include BRCA (continued)</b>		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
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
		0026U	0027U	0030U	0031U
		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0060U
		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
		0111U	0129U	0136U	0137U
		S3870			

<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805



Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		57110	57335	58661	58720
		58940	64856	64892	64896
<b>Home health care</b>	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
<b>Hysterectomy</b>	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
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazym®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra™*****</b>			
		J0225			
		<b>Apretude™</b>			
		J0739			
		<b>Aralast NP®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Beriner®</b>			
J0597					
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					
J0567					
<b>Cabenuva™</b>					
J0741					
<b>Cerezyme®</b>					
J1786					
<b>Cimzia®*</b>					
J0717					
<b>Cinqair®</b>					

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
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**Injectable medications  
(continued)**

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  
**Fensolvi®**  
 J1951  
**Feraheme®**  
 Q0138  
**Firmagon®**  
 J9155  
**Gamifant®**  
 J9210  
**Givlaari®**  
 J0223  
**Hyaluronic Acid\*\*\*\*\***  
 J7318    J7320    J7321    J7322  
 J7323    J7324    J7325    J7326  
 J7327    J7328    J7329    J7331  
 J7332  
**Ilaris®**  
 J0638

**Procedures and Services Additional Information**

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**Injectable medications  
(continued)**

<b>Ilumya™</b>			
J3245			
<b>Inflectra®</b>			
Q5103			
<b>Injectafer®</b>			
J1439			
<b>IVIG</b>			
90283	90284	J1459	J1554
J1555	J1556	J1557	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1599	
<b>Kalbitor®</b>			
J1290			
<b>Kanuma®</b>			
J2840			
<b>Korsuva®</b>			
J0879			
<b>Krystexxa®</b>			
J2507			
<b>Lemtrada®</b>			
J0202			
<b>Leqvio®</b>			
J1306			
<b>Lumizyme®</b>			
J0221			
<b>Lupron Depot®</b>			
J1950			
<b>Lupron Depot, Eligard®</b>			
J9217			
<b>Luxturna™</b>			
J3398			
<b>Makena®</b>			
J1726	J1729	J2675	
<b>Mepsevii®</b>			
J3397			
<b>Monoferric®</b>			
J1437			
<b>Naglazyme®</b>			
J1458			
<b>Nexviazyme®</b>			
J0219			
<b>Nplate®</b>			
J2796			
<b>Nucala®</b>			

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
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**Injectable medications  
(continued)**

J2182  
**Ocrevus™**  
 J2350  
**Octreotide Acetate**  
 J2354  
**Onpattro™**  
 J0222  
**Orencia®**  
 J0129  
**Oxlumo™**  
 J0224  
**Parsabiv™**  
 J0606  
**Prolastin-C®**  
 J0256  
**Prolia®\*\*\*\*\***  
 J0897  
**Radicava®**  
 J1301  
**Reblozyl®**  
 J0896  
**Releuko®**  
 Q5125  
**Remicade®**  
 J1745  
**Renflexis®**  
 Q5104  
**Revcovi®**  
 J3590  
**Riabni™**  
 Q5123  
**Rituxan®**  
 J9312  
**Rituxan Hycela®**  
 J9311  
**Ruconest®**  
 J0596  
**Ruxience®**  
 Q5119  
**Ryplazim™**  
 J2998  
**Sandostatin® LAR**  
 J2353  
**Saphnelo®**

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Injectable medications  
(continued)**

J0491  
**Scenesse®**  
 J7352  
**Signifor® LAR**  
 J2502  
**Simponi Aria®**  
 J1602  
**Skyrizi®\*\*\*\*\***  
 J2327  
**Soliris®**  
 J1300  
**Somatuline® Depot**  
 J1930  
**Spinraza™**  
 J2326  
**Spravato™**  
 S0013  
**Stelara®**  
 J3358  
**Supprelin® LA**  
 J9226  
**Synagis®**  
 90378  
**Tepezza®**  
 J3241  
**Tezspire™**  
 J2356  
**Therapeutic radiopharmaceuticals\*\*\*\***  
 A9513                      A9590                      A9606                      A9607  
 A9699  
**Trelstar®**  
 J3315  
**Triptodur®**  
 J3316  
**Trogarzo™**  
 J1746  
**Truxima®**  
 Q5115  
**Ultomiris™**  
 J1303  
**Unclassified and temporary codes\*\***  
 C9090                      C9094                      C9399                      J3490  
 J3590  
**Uplizna®**

Injectable medications  
(continued)

J1823			
<b>Viltepso™</b>			
J1427			
<b>Vimizim®</b>			
J1322			
<b>Vyepti™</b>			
J3032			
<b>Vyondys 53®</b>			
J1429			
<b>Vyvgart™</b>			
J9332			
<b>White blood cell colony-stimulating factors***</b>			
J1442	J1447	J2506	Q5101
Q5108	Q5110	Q5111	Q5120
Q5122			
<b>Xembify®</b>			
J1558			
<b>Xolair®</b>			
J2357			
<b>Zemaira®</b>			
J0256			
<b>Zoladex®</b>			
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, C9399, J3490 and J3590 prior authorization is only required for Fylnetra®, Nulibry™, Purified Cortrophin™ Gel, Spevigo\*\*\*\*\*, Xenpozyme\*\*\*\*\*

\*\*\*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**.

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

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

\*\*\*\*\*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

\*\*\*\*\***Amvuttra, Prolia, Skyrizi, Spevigo, Xenpozyme effective 1/1/23**

\*\*\*\*\***Hyaluronic Acid codes effective 2/1/23**

<b>Joint replacement</b> 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	
<b>Musculoskeletal</b>	Prior authorization required	23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> 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	
<b>Orthotics and prosthetics</b>	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



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

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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	
<b>Outpatient therapy</b>	Prior authorization required	97530	92507	97542	S9152
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	0697T	0698T	0710T	0711T
		0712T	0713T		
	<ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> 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 UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/NYcommunityplan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Treatment of nasal functional impairment and septal deviation					
<b>Shoulder surgery</b>	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.	<b>Auditory System</b>			
		69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract Surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and Reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, Nose and Throat (ENT) Procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		<b>Female Genital System</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic Procedures</b>			
		57522	58353	58558	58563
		58565			

**Procedures and Services Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Site of service (SOS) –  
outpatient hospital  
(continued)**

**Hemic and Lymphatic Systems**

38500      38510      38525

**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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (continued)		<b>Upper and Lower Gastrointestinal Endoscopy</b>				
		43235	43239	43249		
		<b>Urinary System</b>				
		52276	52287	52320	52344	
		<b>Urologic Procedures</b>				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
	<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
	<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Prior authorization is not required for New York Long-Term Services and Supports (LTSS).		95811				
<b>Spinal surgery</b>	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			

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		63305 0095T	63306 0098T	63307 0164T	63308
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth-Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		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			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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			
		<b>CAR-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		<b>Gene Therapy**</b>			
		C9399	J3490	J3590	
		**Skysona and Zynteglo effective 1/1/23			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			