

Prior Authorization Requirements for New York Medicaid

Effective April 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 **866-604-3267**.

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			
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 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

Procedures and Services Additional Information

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

**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**

Cardiology

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance

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 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 >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

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
		95714	95715	95716	95718
Inpatient video Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive	Prior authorization required	11960	14020	14021	14061	
		15820	15821	15822	15823	
		15830	15847	15877	15878	
		15879	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
		21181	21182	21183	21184	
		21230	21235	21256	21275	
		21280	21282	21295	21740	
		21742	21743	28344	30620	
		67900	67901	67902	67903	
		67904	67906	67908	67909	
		67911	67912	67914	67915	
		67916	67917	67921	67922	
67923	67924	67950	67961			
		67966	Q2026			
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	E0460	E0465	
		E0466	E0470	E0471	E0483	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0486	E0620	E0636	E0637
			E0638	E0641	E0642	E0652
		Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> .	E0656	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			

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		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		
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	0191T
		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
	Notification/prior authorization is required for BRCA testing before DNA sequencing is	81230	81231	81232	81233
	81234	81236	81237	81238	
	81239	81240	81241	81242	

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.	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
		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		

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		0068U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0097U
		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			
		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
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Injectable medications (continued)	Fensolvi®			
	J1951			
	Feraheme®			
	Q0138			
	Firmagon®			
	J9155			
	Fylnetra®			
	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
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Injectable medications (continued)	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			
Parsabiv™			
J0606			
Prolastin-C®			
J0256			
Prolia®			
J0897			
Radicava®			
J1301			
Reblozyl®			
J0896			

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

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

Spinraza™
J2326

Spravato™
S0013

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

Stelara®			
J3358			
Stimufend®			
Q5127			
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®			
J1823			
Viltepso™			
J1427			
Vimizim®			
J1322			
Vyepti™			
J3032			
Vyondys 53®			
J1429			
Vyvgart™			
J9332			
White blood cell colony-stimulating factors***			
J1442	J1447	J2506	Q5101
Q5108	Q5110	Q5111	Q5120

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

- 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, J3490 and J3590 prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel, Tziel

***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

*****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	

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Musculoskeletal	Prior authorization required	23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535

Procedures and Services Additional Information

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

**Orthotics and
prosthetics (continued)**

L5540	L5560	L5570	L5580
L5585	L5590	L5595	L5600
L5610	L5613	L5614	L5616
L5639	L5640	L5642	L5643
L5644	L5646	L5647	L5648
L5649	L5651	L5653	L5661
L5673	L5682	L5683	L5700
L5702	L5703	L5705	L5706
L5716	L5718	L5722	L5724
L5726	L5728	L5780	L5790
L5795	L5811	L5812	L5814
L5816	L5818	L5822	L5824
L5826	L5828	L5830	L5845
L5848	L5857	L5858	L5930
L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5973
L5976	L5979	L5980	L5981
L5982	L5984	L5986	L5987
L5988	L5990	L5999	L6000
L6010	L6020	L6050	L6055
L6100	L6110	L6120	L6130
L6200	L6205	L6250	L6300
L6310	L6320	L6350	L6360
L6370	L6380	L6382	L6384
L6400	L6450	L6500	L6550
L6570	L6580	L6582	L6584
L6586	L6588	L6590	L6621
L6623	L6624	L6646	L6648
L6686	L6687	L6689	L6690
L6692	L6693	L6694	L6695
L6696	L6697	L6704	L6707
L6708	L6709	L6711	L6712
L6713	L6714	L6715	L6880
L6881	L6882	L6883	L6884
L6885	L6895	L6900	L6905
L6910	L6915	L6920	L6925
L6930	L6935	L6940	L6945
L6950	L6955	L6960	L6965
L6970	L6975	L7007	L7008
L7009	L7040	L7045	L7170
L7180	L7181	L7185	L7186
L7190	L7191	L7405	L8040

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	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"> 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 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	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Treatment of nasal functional impairment and septal deviation					
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
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

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)

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	
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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			
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Procedures and Services Additional Information

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

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

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	
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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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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

Sleep studies	Prior authorization required	95805	95807	95808	95810
	Prior authorization is not required for New York Long-Term Services and Supports (LTSS).	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	
	0095T	0098T	0164T		

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	E0747	Bone Growth-Stimulator		E0760
		43648	E0748	E0749	
		61864	Neurostimulator		
		61886	43881	43882	61863
		64553	61867	61868	61885
		64590	63650	63655	63685
		0315T	64555	64568	64570
			0312T	0313T	0314T
			0316T	0317T	L8680



Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (cont.)		L8682 L8688	L8685	L8686	L8687
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi®, (Lisocabtagene Maralucel), 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	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
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			