

Prior Authorization Requirements for New York Medicaid

Effective September 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 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 | 19316 | 19318 | 19325 | 19328 |
| Reconstruction of the breast except when following mastectomy | | 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

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

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Procedures and Services Additional Information

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

Cardiology

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

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 |
| 75710* | 75716* | 93580 | |

*Prior authorization required for the following diagnosis codes:

| | | | |
|---------|---------|---------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |
| E13.51 | E13.52 | E13.59 | E13.621 |
| I70.201 | I70.202 | I70.203 | I70.208 |
| I70.209 | I70.211 | I70.212 | I70.213 |
| I70.218 | I70.219 | 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 | I70.291 |
| I70.292 | I70.293 | I70.298 | I70.299 |
| I70.301 | I70.302 | I70.303 | I70.308 |
| I70.309 | I70.311 | I70.312 | I70.313 |
| I70.318 | I70.319 | 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 | I70.391 | I70.392 | I70.393 |
| I70.399 | I70.401 | I70.402 | I70.403 |
| I70.408 | I70.409 | I70.411 | I70.412 |
| I70.413 | I70.418 | 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 |

| Procedures and Services Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---------|---------|---------|
| Cardiovascular (continued) | I70.449 | I70.461 | I70.462 | I70.463 |
| | I70.468 | I70.469 | I70.491 | I70.492 |
| | I70.493 | I70.498 | I70.499 | I70.501 |
| | I70.502 | I70.503 | I70.508 | I70.509 |
| | I70.511 | I70.512 | I70.513 | I70.518 |
| | I70.519 | 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 | I70.591 | I70.592 | I70.593 |
| | I70.598 | I70.599 | I70.601 | I70.602 |
| | I70.603 | I70.608 | I70.609 | I70.611 |
| | I70.612 | I70.613 | I70.618 | I70.619 |
| | 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 |
| | I70.691 | I70.692 | I70.693 | I70.698 |
| | I70.699 | I70.701 | I70.702 | I70.703 |
| | I70.708 | I70.709 | I70.711 | I70.712 |
| | I70.713 | I70.718 | I70.719 | 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 | I70.791 |
| | I70.792 | I70.793 | I70.798 | I70.799 |
| | I70.8 | I70.90 | I70.91 | I70.92 |
| | I72.3 | I72.4 | I72.8 | I72.9 |
| | I73.89 | I73.9 | I74.3 | I74.4 |
| | I74.5 | I74.8 | I74.9 | I75.021 |
| | I75.022 | I75.023 | I75.029 | I75.89 |
| | I77.1 | I77.2 | I77.70 | I77.72 |
| | I77.77 | I77.79 | I96 | L03.115 |
| | L03.116 | L97.319 | L97.329 | L97.419 |
| | L97.429 | L97.511 | L97.512 | L97.513 |
| | L97.519 | L97.521 | L97.522 | L97.529 |
| | L97.819 | L97.828 | L97.829 | L97.909 |
| | L97.919 | L97.929 | L98.491 | L98.499 |
| | M79.604 | M79.605 | M79.606 | M79.609 |
| | M79.651 | M79.652 | M79.659 | M79.661 |
| | M79.662 | M79.669 | M79.671 | M79.672 |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|----------------|----------------|----------------|
| Cardiovascular (continued) | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |
| | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |
| 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. | J9071 J9359 | J9273 | J9331* | J9332* |
| | | <p>*codes effective 10/1</p> <p>Injectable chemotherapy drugs that require prior authorization:</p> <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 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 | | | | | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 11971 | 14020 | 14021 |
| | | 14061 | 15820 | 15821 | 15822 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | | 15823 | 15830 | 15847 | 15877 |
| | | 15878* | 15879* | 17106 | 17107 |
| | | 17108 | 17999 | 21137 | 21138 |
| | | 21139 | 21172 | 21175 | 21179 |
| | | 21180 | 21181 | 21182 | 21183 |
| Reconstructive procedures that treat a medical | | 21184 | 21230 | 21235 | 21256 |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| condition to improve or restore physiologic function | | 21275 | 21280 | 21282 | 21295 |
| | | 21740 | 21742 | 21743 | 28344 |
| | | 30620 | 67900 | 67901 | 67902 |
| | | 67903 | 67904 | 67906 | 67908 |
| Cosmetic and reconstructive (cont.) | | 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 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics.</i> | E0466 | E0470 | E0471 | E0483 |
| | | 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 | |
| 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 | Prior authorization required | B4034 | B4035 | B4036 | B4100 |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|--|--|-------|-------|-------|-------|
| 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 | 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 performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 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 | | | |

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

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 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 |
| | | 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 : | | | |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------------|--------------|--------------|
| Gender dysphoria treatment (cont.) | | 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 | | | |
| | | Apretude™ | | | |
| | | J0739 | | | |
| | | Aralast NP® | | | |
| | | J0256 | | | |
| | | Avsola™ | | | |
| | | Q5121 | | | |
| | | Benlysta | | | |
| | | J0490 | | | |
| | | Berinert® | | | |
| | | J0597 | | | |
| Botulinum toxins | | | | | |
| J0585 | J0586 | J0587 | J0588 | | |
| Brineura™ | | | | | |
| J0567 | | | | | |
| Cabenuva™ | | | | | |
| J0741 | | | | | |

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

Cerezyme®
J1786

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

Fensolvi®
J1951

Feraheme®
Q0138

Firmagon®
J9155

Gamifant®
J9210

Givlaari®
J0223

Ilaris®
J0638

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

| | | | |
|-------------------------------|-------|-------|-------|
| 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 | | | |
| Lemtrada® | | | |
| J0202 | | | |
| 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® | | | |

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

J2182

Ocrevus™

J2350

Octreotide Acetate

J2354

Onpattro™

J0222

Orencia®

J0129

Oxlumo™

J0224

Parsabiv™

J0606

Prolastin-C®

J0256

Radicava®

J1301

Reblozyl®

J0896

Remicade®

J1745

Renflexis®

Q5104

Revcovi®

J3590

Riabni™

Q5123

Rituxan®

J9312

Rituxan Hycela®

J9311

Ruconest®

J0596

Ruxience®

Q5119

Ryplazim™

J2998

Sandostatin® LAR

J2353

Saphnelo®

J0491

Scenesse®

J7352

Signifor® LAR

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

J2502
Simponi Aria®
 J1602
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 A9699
Trelstar®
 J3315
Triptodur®
 J3316
Trogarzo™
 J1746
Truxima®
 Q5115
Ultomiris™
 J1303
Unclassified and temporary codes**
 C9090 C9094 C9399 J3490
 J3590
Uplizna®
 J1823
Vantas™
 J9225
Viltepso™
 J1427
Vimizim®
 J1322

Injectable medications
(continued)

Vyepti™

J3032

Vyondys 53®

J1429

Vyvgart™

J9332

White blood cell colony-stimulating factors***

| | | | |
|-------|-------|-------|-------|
| J1442 | J1447 | J2506 | Q5101 |
|-------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| Q5108 | Q5110 | Q5111 | Q5120 |
|-------|-------|-------|-------|

Q5122

Xembify®

J1558

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, C9399, J3490 and J3590 prior authorization is only required for Fylnetra®*** Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel

***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.

Procedures and Services Additional Information

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

Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129
******* Enjaymo®, Fylnetra®, Korsuva®, Tezspire™ effective 10/1**

| | | | | | |
|---|---|-------|-------|-------|-------|
| 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 |
| L3905 | L3961 | L3971 | L3975 | | |

| Procedures and Services Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | 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 | |
| L6713 | L6714 | L6715 | L6880 | |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 |
| 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 | | |
| | | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification 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.</p> <p>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 > Radiology Prior Authorization and Notification Program.</p> | | | |
| 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. | Auditory System | | | |
| | | 69205 | | | |
| | | Cardiovascular System | | | |

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

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

Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).

| | | | | |
|--|-------|-------|-------|--|
| 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 | | |
| Hernia Repair | | | | |
| 49505 | 49585 | 49587 | 49650 | |
| 49651 | 49652 | 49653 | 49654 | |

Procedures and Services Additional Information

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

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

| | | | |
|---|-------|-------|-------|
| 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 | |
| Urinary System | | | |
| 52276 | 52287 | 52320 | 52344 |
| Urologic Procedures | | | |

| Procedures and Services Additional Information | | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------------------------------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | | 52281 | 52310 | 52332 | 52351 |
| | | 52352 | 52353 | 52356 | 54161 |
| | | 55040 | 55700 | 57288 | |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for 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 | Prior authorization required | E0747 | E0748 | E0749 | E0760 |
| | | | Bone Growth-Stimulator | | |

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

| | | | | | |
|---|--|------------------------|-------|-------|-------|
| Implantation of a device that sends electrical impulses | | 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 | <p>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 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> | | | |
| | | 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 |
| | | C9098 | J9999 | Q2041 | Q2042 |
| | | Q2053 | Q2054 | Q2055 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| 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 . | | | |
|---|------------------------------|--|--|--|--|



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| A mechanical pump that takes over the function of the damaged 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 | | | |