

Prior Authorization Requirements for New York Medicaid

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

| 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 |
|---------------------------------------|--|--|

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|-------------------|--|--|
| Cardiology | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance | <p>93319</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NYcommunityplan >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p> |
|-------------------|--|--|

| | | | | | |
|-----------------------|------------------------------|---|---------|---------|---------|
| 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 |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14020* | 14021* | 14061* |

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

| | | | | | | |
|---|---|-------|-------|-------|-------|-------|
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. | | 15820 | 15821 | 15822 | 15823 | |
| | | 15830 | 15847 | 15877 | 15878 | |
| | | 15879 | 17106 | 17107 | 17108 | |
| | | 17999 | 21137 | 21138 | 21139 | |
| | | 21172 | 21175 | 21179 | 21180 | |
| | Reconstructive procedures that treat a medical condition to improve or restore physiologic function | | 21181 | 21182 | 21183 | 21184 |
| | | | 21230 | 21235 | 21256 | 21275 |
| | | | 21280 | 21282 | 21295 | 21740 |
| | | | 21742 | 21743 | 28344 | 30620 |
| | | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 | |
| | | 67911 | 67912 | 67914 | 67915 | |
| | | 67916 | 67917 | 67921 | 67922 | |
| | | 67923 | 67924 | 67950 | 67961 | |
| | | 67966 | Q2026 | | | |

*will NOT require prior auth when billed with skin cancer diagnoses

| | | | | | |
|--|--|-------|-------|-------|-------|
| Durable medical equipment (DME) | Prior authorization is required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500. | A4575 | A9279 | A9280 | A9900 |
| | | E0194 | E0265 | E0266 | E0270 |
| | | E0277 | E0300 | E0328 | E0329 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | E0445 | E0457 | E0460 | E0465 |
| | | E0466 | E0470 | E0471 | E0483 |
| | | E0486 | E0620 | E0636 | E0637 |
| | Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> . | E0638 | E0641 | E0642 | E0652 |
| | | 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 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | Notification/prior authorization is required for BRCA testing | 81234 | 81236 | 81237 |
| | | 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) | before DNA sequencing is 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 | | | |
| | | Ellelyso[®] | | | |
| | | J3060 | | | |
| | | Enjaymo[®] | | | |
| | | J1302 | | | |
| | | Entyvio[®] | | | |
| | | J3380 | | | |
| | Erythropoiesis-Stimulating Agents**** | | | | |
| | J0885 | | | | |
| | Evenity[™] | | | | |
| | J3111 | | | | |
| | Evkeeza[™] | | | | |
| | J1305 | | | | |
| | Exondys 51[™] | | | | |
| | J1428 | | | | |
| | Fabrazyme[®] | | | | |
| | J0180 | | | | |
| | Fasenra[™] | | | | |
| | J0517 | | | | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|------------------------------------|------------------------|--|-------|-------|
| Injectable medications (continued) | | 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 | | |
| | | Onpatro™ | | |
| | | 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 | | | | |
| | VEGF | | | | |
| | J0178 | J0179 | J2777 | J2778 | |
| J2779 | Q5124 | Q5128 | | | |
| Viltepso™ | | | | | |
| J1427 | | | | | |
| Vimizim® | | | | | |
| J1322 | | | | | |
| Vyepti™ | | | | | |
| J3032 | | | | | |
| Vyondys 53® | | | | | |
| J1429 | | | | | |
| Vyvgart™ | | | | | |
| J9332 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Injectable medications (continued) | | White blood cell colony-stimulating factors*** | | | |
| | | J1442 | J1447 | J2506 | Q5101 |
| | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | | | |
| | | Xembify® | | | |
| | | J1558 | | | |
| | | Xenpozyme® | | | |
| | | J0218 | | | |
| | | Xolair® | | | |
| | | J2357 | | | |
| | | Zemaira® | | | |
| | | J0256 | | | |
| | | Zoladex® | | | |
| | | J9202 | | | |
| | | Zolgensma® | | | |
| | J3399 | | | | |
| | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> 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. | | | | |
| | <ul style="list-style-type: none"> • 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| | | | | | |
| | | 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 | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 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 |
| | | L3976 | L3977 | L3999 | L4000 |
| | | L4010 | L4020 | L4631 | L5010 |
| | | L5020 | L5050 | L5060 | L5100 |
| | | L5105 | L5150 | L5160 | L5200 |
| | | L5210 | L5220 | L5230 | L5250 |
| | | L5270 | L5280 | L5301 | L5312 |

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

Orthotics and prosthetics (continued)

| | | | |
|-------|-------|-------|-------|
| 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 |
| L6881 | L6882 | L6883 | L6884 |
| L6885 | L6895 | L6900 | L6905 |
| L6910 | L6915 | L6920 | L6925 |
| L6930 | L6935 | L6940 | L6945 |
| L6950 | L6955 | L6960 | L6965 |
| L6970 | L6975 | L7007 | L7008 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L7009 | L7040 | L7045 | L7170 |
| | | L7180 | L7181 | L7185 | L7186 |
| | | L7190 | L7191 | L7405 | L8040 |
| | | L8042 | L8043 | L8044 | L8045 |
| | | L8046 | L8047 | L8499 | L8609 |
| | | L8610 | L8612 | L8631 | L8659 |
| Outpatient therapy | Prior authorization required | 97530 | 92507 | 97542 | S9152 |
| Potentially Unproven Services | Prior authorization required | 33289 | C2624 | | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Prostate procedures | Prior authorization required | 37243 | 52441 | 52442 | 53850 |
| | | 53852 | 55873 | 55874 | |
| Proton beam therapy | 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 | | | |
| 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 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 |
| | | 49655 | | | |
| | | Integumentary System | | | |
| | | 10121 | 11440 | 11450 | 11624 |
| | | 11770 | 13121 | 15100 | 15120 |

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

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|--|-------------------------------|-------|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 | | | | | |
| | 50590 | 52000 | 52005 | 52204 | |
| | 52224 | 52234 | 52235 | 52260 | |
| | 52281 | 52310 | 52332 | 52351 | |
| | 52352 | 52353 | 52356 | 54161 | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------------------------------|-------|-------|
| | | 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 | | Bone Growth-Stimulator | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0749 | E0760 |
| | | | Neurostimulator | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Stimulators (cont.) | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | | | |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi®, (Lisocabtagene Maralucecl), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| | | 38212 | 38213 | 38214 | 38215 |
| | | 38232* | 38240 | 38241 | 38242 |
| | | 44132 | 44133 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47143 | 47144 | 47145 |
| | | 47146 | 47147 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50340 | 50360 | 50365 |
| | | 50370 | 50547 | S2060 | S2061 |
| | | S2152 | | | |
| | | CAR-T Cell Therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | J9999 | Q2041 | Q2042 | Q2053 |
| | | Q2054 | Q2055 | Q2056 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |
| | | Gene Therapy** | | | |
| | | C9399 | J3490 | J3590 | |
| Vein procedures | 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 |

Procedures and Services

Additional Information

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

Wound vac

Prior authorization required

E2402