# Prior authorization requirements for UnitedHealthcare Community Plan of New York

### Effective November 1, 2026

## General information

This list contains prior authorization requirements for participating with UnitedHealthcare Community Plan of New York health care professionals providing inpatient and outpatient services. Please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **866-362-3368**

**Note:** All planned, elective inpatient service requests require prior authorization.
Prior authorization is not required for network or out-of-network emergent or urgent care.
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 | | | |
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| **Bariatric surgery**<br>Bariatric surgery and specific obesity-related services | Prior authorization required | 43644<br>43775<br>43847 | 43645<br>43842<br>43848 | 43659<br>43845<br>43860 | 43770<br>43846 |
| **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.<br>For applied behavior analysis (ABA) therapy, submit via Provider Express | | | |
| **Bone growth stimulator**<br>Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| **Breast reconstruction (non-mastectomy)**<br>Reconstruction of the breast except when following mastectomy | Prior authorization required | 11971<br>19328<br>19350<br>19367<br>19371 | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |
| **Cancer Supportive Care** | Prior authorization is required for colony-stimulating factor drugs | J1454<br>J1442* | J0185<br>J1447* | J0897<br>J1448 | J1434<br>J1453 |

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| | 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 diagnosis (DX). See injectable medications section. | J1627 J2468 J2506* J2820<br>Q5101* Q5108* Q5110* Q5111*<br>Q5120* Q5122* Q5125 Q5136<br>Q5157 Q5158 Q5159<br>Antiemetic Drugs:<br>J1456<br>Colony Stimulating Factors<br>Q5148<br>Erythropoiesis Stimulating Agents<br>J0885<br>For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner to log in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can 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 | For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Select the Prior Authorization and Notification tab on your Provider Portal dashboard. Or call 866 889 8054.<br>For more details and the CPT codes that require prior authorization, please see our Cardiology Prior Authorization and Notification. |
| **Cardiovascular** | Prior authorization required | 0569T 0570T 37254 37256<br>37258 37260 37263 37265<br>37267 37269 37271 37273<br>37275 37277 37280 37282<br>37284 37286 37288 37290<br>37292 37294 37296 37298<br>93580<br><br>Prior authorization NOT required for the following diagnosis codes:<br>E08.52 E09.52 E10.52 E11.52<br>E13.52 I70.221 I70.222 I70.223<br>I70.228 I70.229 I70.231 I70.232<br>I70.233 I70.234 I70.235 I70.238<br>I70.239 I70.241 I70.242 I70.243<br>I70.244 I70.245 I70.248 I70.249<br>I70.25 I70.261 I70.262 I70.263<br>I70.268 I70.269 I70.321 I70.322<br>I70.323 I70.329 I70.331 I70.332<br>I70.333 I70.334 I70.335 I70.338 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| **Cardiovascular (cont.)** | | 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 | I73.00 | I73.01 | I73.1 |
| | | I73.81 | I74.3 | I74.4 | I74.5 |
| | | I74.8 | I74.9 | I75.021 | I75.022 |
| | | I75.023 | I75.029 | I75.89 | I77.2 |
| | | I77.70 | I77.72 | I77.77 | I77.79 |
| | | I96 | L03.115 | L03.116 | M86.051 |
| | | M86.052 | M86.059 | M86.061 | M86.062 |
| | | M86.069 | M86.071 | M86.072 | M86.079 |
| | | M86.08 | M86.09 | M86.1 | M86.10 |
| | | M86.151 | M86.152 | M86.159 | M86.161 |
| | | M86.162 | M86.169 | M86.171 | M86.172 |
| | | M86.179 | M86.18 | M86.19 | M86.20 |
| | | M86.251 | M86.252 | M86.259 | M86.261 |
| | | M86.262 | M86.269 | M86.271 | M86.272 |
| | | M86.279 | M86.28 | M86.29 | M86.30 |
| | | M86.351 | M86.352 | M86.359 | M86.361 |
| | | M86.362 | M86.369 | M86.371 | M86.372 |
| | | M86.379 | M86.38 | M86.39 | M86.40 |
| | | M86.451 | M86.452 | M86.459 | M86.461 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|---|---|
| | | 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 | M86.8X51 |
| | | M86.8X52 | M86.8X59 | M86.8X61 | M86.8X62 |
| | | M86.8X69 | M86.8X71 | M86.8X72 | M86.8X79 |
| | | M86.8X89 | M86.8X9 | M86.9 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | 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 | T82.868A | T82.898A | |
| **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:<br>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)<br>• Chemotherapy injectable drugs that have a Q code<br>• Chemotherapy injectable drugs that haven't yet received an assigned code and will be billed under a miscellaneous HCPCS code will require prior authorization.<br>For prior authorization, submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com. Select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129. | | | |
| **Cochlear implants and other auditory implants**<br>A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |
| **Continuous glucose monitor** | Prior authorization required | A4238 | A4239 | E2102 | E2103 |
| **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 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.<br><br>Reconstructive procedures that treat a medical condition to improve or restore physiologic function | | 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 | | |
| | | *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.<br><br>Prosthetics are not DME – see orthotics and prosthetics<br><br>Some home health care services may qualify but are not subject to the cost threshold – see Home health services. | A4575 | A9279 | A9900 | E0194 |
| | | E0265 | E0266 | E0270 | E0277 |
| | | E0300 | E0328 | E0329 | E0445 |
| | | E0457 | E0465 | E0466 | E0470 |
| | | E0471 | E0483 | E0486 | E0620 |
| | | E0636 | E0637 | E0638 | E0641 |
| | | E0642 | E0652 | E0656 | E0669 |
| | | E0670 | E0675 | E0693 | E0694 |
| | | 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 | E2298 | E2301 | E2310 |
| | | E2311 | E2322 | E2325 | E2327 |
| | | E2329 | E2331 | E2351 | E2373 |
| | | E2510 | E2626 | E2627 | E2628 |
| | | E2629 | E2630 | E8000 | E8001 |
| | | E8002 | K0005 | K0008 | K0013 |
| | | K0108 | K0812 | K0830 | K0831 |
| | | K0848 | K0849 | K0850 | K0851 |
| | | K0852 | K0853 | K0854 | K0855 |

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|---|---|---|---|---|---|
| | | 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 | | |
| **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 | 64722 | 65765 |
| | | 65767 | 66180 | A4226 | A4638 |
| | | A6000 | A9274 | E0231 | E1831 |
| | | S0810 | S1030 | S1031 | S2102 |
| | | S9988 | S9990 | S9991 | |
| **Femoroacetabular impingement syndrome (FAI)** | Prior authorization required | 29914 | 29915 | 29916 | |
| **Functional endoscopic sinus surgery (FESS)** | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| **Genetic and molecular testing to include breast cancer (BRCA)** | Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Health care professionals 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 | 81162 | 81163 | 81164 | 81228 |
| | | 81229 | 81277 | 81349 | 81400 |
| | | 81401 | 81402 | 81403 | 81404 |
| | | 81405 | 81406 | 81407 | 81408 |
| | | 81410 | 81411 | 81412 | 81413 |
| | | 81414 | 81415 | 81416 | 81417 |
| | | 81425 | 81426 | 81427 | 81431 |
| | | 81432 | 81435 | 81437 | 81439 |
| | | 81440 | 81441 | 81443 | 81445 |
| | | 81448 | 81449 | 81450 | 81451 |
| | | 81455 | 81457 | 81458 | 81459 |
| | | 81460 | 81462 | 81463 | 81464 |
| | | 81465 | 81471 | 81479 | 81518 |
| | | 81519 | 81520 | 81521 | 81522 |
| | | 81523 | 81541 | 81542 | 81546 |
| | | 81552 | 81558 | 81595 | 81599 |

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| | program for each specified genetic test.<br><br>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 87505 | 87506 | 0018U | 0022U |
| | | 0023U | 0026U | 0037U | 0047U |
| | | 0048U | 0050U | 0087U | 0088U |
| | | 0094U | 0101U | 0102U | 0103U |
| | | 0118U | 0129U | 0171U | 0179U |
| | | 0209U | 0211U | 0212U | 0213U |
| | | 0214U | 0215U | 0216U | 0217U |
| | | 0237U | 0238U | 0239U | 0242U |
| | | 0244U | 0245U | 0250U | 0265U |
| | | 0268U | 0271U | 0272U | 0273U |
| | | 0274U | 0276U | 0288U | 0289U |
| | | 0306U | 0307U | 0318U | 0319U |
| | | 0320U | 0326U | 0334U | 0355U |
| | | 0364U | 0378U | 0379U | 0388U |
| | | 0389U | 0391U | 0395U | 0398U |
| | | 0409U | 0425U | 0426U | 0444U |
| | | 0473U | 0474U | 0475U | 0478U |
| | | 0480U | 0481U | 0483U | 0484U |
| | | 0485U | 0487U | 0493U | 0499U |
| | | 0500U | 0502U | 0504U | 0505U |
| | | 0506U | 0508U | 0509U | 0523U |
| | | 0529U | 0530U | 0536U | 0538U |
| | | 0539U | 0540U | 0543U | 0544U |
| | | 0552U | 0554U | 0562U | 0567U |
| | | 0571U | S3854 | S3865 | S3870 |
| **Gender dysphoria treatment** | Prior authorization required | 55970 | 55980 | | |
| | | These surgical codes with the following DX codes: | | | |
| | | **F64.A** | **F64.0** | **F64.1** | **F64.2** |
| | | **F64.8** | **F64.9** | **Z87.8901** | **Z87.8902** |
| | | **Z87.8903** | **Z87.8904** | **Z87.8909** | **Z87.893** |
| | | 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 |
| | | S5170 | S9122 | S9123 | S9124 |
| | | S9474 | | | |
| **Hysterectomy** | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |

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|---|---|---|---|---|---|
| | | 58541 | 58542 | 58543 | 58544 |
| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |
| **Injectable medications** | Prior authorization required | Actemra<br>J3262<br>Acthar<br>J0801<br>Adakveo<br>J0791<br>Adzynma<br>J7171<br>Aldurazym<br>J1931<br>Alhemo<br>J7173<br>Alyglo<br>J1552<br>Amondys 45<br>J1426<br>Amvuttra<br>J0225<br>Aralast NP<br>J0256<br>Avlayah<br>J1757<br>Avtozma<br>Q5156<br>Avsola<br>Q5121<br>Azmiro<br>J1072<br>Benlysta<br>J0490<br>Beqvez<br>J1414<br>Berinert<br>J0597<br>Bildyos<br>Q5162<br>Bkemv<br>Q5152<br>Bosaya<br>Q5161<br>Botulinum toxins | | | |

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| **Injectable medications (cont.)** | | J0585 | J0586 | J0587 | J0588 |
| | | Brineura<br>J0567 | | | |
| | | Briumvi<br>J2329 | | | |
| | | Cerezyme<br>J1786 | | | |
| | | Cimerli<br>Q5128 | | | |
| | | Cimzia*<br>J0717 | | | |
| | | Cinqair<br>J2786 | | | |
| | | Cinryze<br>J0598 | | | |
| | | Conexxence<br>Q5158 | | | |
| | | Cosentyx IV<br>J3247 | | | |
| | | Cortrophin Gel<br>J0802 | | | |
| | | Crysvita<br>J0584 | | | |
| | | Cutaquig<br>J1551 | | | |
| | | Daxxify<br>J0589 | | | |
| | | Elaprase<br>J1743 | | | |
| | | Elelyso<br>J3060 | | | |
| | | Elevidys<br>J1413 | | | |
| | | Elfabrio<br>J2508 | | | |
| | | Encelto<br>J3403 | | | |
| | | Enjaymo<br>J1302 | | | |
| | | Entyvio<br>J3380 | | | |
| | | Epysqli<br>Q5151 | | | |
| | | Evenity | | | |

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| **Injectable medications (cont.)** | | J3111<br>Evkeeza<br>J1305<br>Exdensur<br>J2361<br>Exondys 51<br>J1428<br>Eylea HD<br>J0177<br>Fabrazyme<br>J0180<br>Fasenra<br>J0517<br>Fensolvi<br>J1951<br>Feraheme<br>Q0138<br>Firmagon<br>J9155<br>Fylnetra<br>Q5130<br>Gamifant<br>J9210<br>Gazyva<br>J9301<br>Givlaari<br>J0223<br>Glassia<br>J0257<br>Hemgenix<br>J1411<br>Hemlibra<br>J7170<br>Hyalgan, Supartz, Visco-3<br>J7321<br>Hyaluronic acid<br>J7318 J7320 J7323 J7324<br>J7325 J7326 J7327 J7328<br>J7329 J7331 J7332<br><br>Hymovis, Hymovis One<br>J7322<br>Hympavzi<br>J7172 |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
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| **Injectable medications (cont.)** | | Ilaris<br>J0638<br>Ilumya<br>J3245<br>Imaavy<br>J9256<br>Imuldosa IV<br>Q5098<br>Inflectra<br>Q5103<br>Injectafer<br>J1439<br><br>Itvisma<br>J3405<br>IVIG<br>90283 90284 J1459 J1553<br>J1554 J1555 J1556 J1557<br>J1559 J1561 J1566 J1568<br>J1569 J1572 J1575 J1577<br>J1599<br><br>Izervay<br>J2782<br>Jubbonti<br>Q5136<br>Kalbitor<br>J1290<br>Kanuma<br>J2840<br>Kisunla<br>J0175<br>Korsuva<br>J0879<br>Krystexxa<br>J2507<br>Lamzede<br>J0217<br>Lanreotide<br>J1932<br>Lemtrada<br>J0202<br>Leqembi<br>J0174<br>Leqvio |

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| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---|---|---|
| **Injectable medications (cont.)** | | J1306<br>Loargys<br>J1818<br>Lumizyme<br>J0221<br>Lupron Depot<br>J1950<br>Lupron Depot, Eligard<br>J9217<br>Lutrate Depot<br>J1954<br>Luxturna<br>J3398<br>Mepsevii<br>J3397<br>Monoferric<br>J1437<br>Naglazyme<br>J1458<br>Nexviazyme<br>J0219<br>Niktimvo<br>J9038<br>Nplate<br>J2802<br>Nucala<br>J2182<br>Nulibry<br>J1809<br>Nypozi<br>Q5148<br>Ocrevus<br>J2350<br>Ocrevus Zunovo<br>J2351<br>Octreotide acetate<br>J2354<br>Omvoh<br>J2267<br>Onpattro<br>J0222<br>Orencia<br>J0129<br>Ospomyv |

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|---|---|---|
| **Injectable medications (cont.)** | | Q5159<br>Otulfi IV<br>Q9999<br>Oxlumo<br>J0224<br>Panzyga<br>J1576<br>Papzimeos<br>J3404<br>Parsabiv<br>J0606<br>Pavblu<br>Q5147<br>PiaSky<br>J1307<br>Pombiliti<br>J1203<br>Prolastin-C<br>J0256<br>Prolia<br>J0897<br>Pyzchiva IV<br>Q9997<br>Qalsody<br>J1304<br>Qfitlia<br>J7174<br>Radicava<br>J1301<br>Reblozyl<br>J0896<br>Releuko<br>Q5125<br>Remicade<br>J1745<br>Renflexis<br>Q5104<br>Revcov<br>J3590<br>Riabni<br>Q5123<br>Rituxan<br>J9312<br>Rituxan Hycela |

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|---|---|---|
| **Injectable medications (cont.)** | | J9311<br>Roctavian<br>J1412<br>Rolvedon<br>J1449<br>Ruconest<br>J0596<br>Ruxience<br>Q5119<br>Ryplazim<br>J2998<br>Rystiggo<br>J9333<br>Sandostatin LAR<br>J2353<br>Saphnelo<br>J0491<br>Scenesse<br>J7352<br>Selarsdi<br>Q9998<br>Signifor LAR<br>J2502<br>Simponi Aria<br>J1602<br>Skyrizi<br>J2327<br>Soliris<br>J1299<br>Somatuline Depot<br>J1930<br>Spevigo<br>J1747<br>Spinraza<br>J2326<br>Starjemza<br>Q5164<br>Stelara<br>J3358<br>Steqeyma IV<br>Q5099<br>Stimufend<br>Q5127<br>Stoboclo |

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|---|---|---|
| **Injectable medications (cont.)** | | Q5157<br>Supprelin LA<br>J9226<br>Syfovre<br>J2781<br>Synagis<br>90378<br>Tepezza<br>J3241<br>Tezspire<br>J2356<br>Therapeutic radiopharmaceuticals*****<br>A9513 A9590 A9606 A9607<br>A9615 A9699<br>Tofidence<br>Q5133<br>Trelstar<br>J3315<br>Tremfya IV<br>J1628<br>Triptodur<br>J3316<br>Truxima<br>Q5115<br>Tyenne<br>Q5135<br>Tzield<br>J9381<br>Ultomiris<br>J1303<br>Unclassified and temporary codes**<br>C9090 C9094 C9151 C9166<br>C9399 J3490 J3590<br>Uplizna<br>J1823<br>VEGF<br>J0178 J0179 J2777 J2778<br>J2779 Q5124 Q5128<br>Veopoz<br>J9376<br>Viltepso<br>J1427<br>Vimizim<br>J1322 |

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

Vyepti
J3032
Vyjuvek
J3401
Vyondys 53
J1429
Vyvgart
J9332
Vyvgart Hytrulo
J9334
Wezlana IV
Q5138
White blood cell colony-stimulating factors***

| | | | |
|---|---|---|---|
| J1442 | J1447 | J2506 | Q5101 |
| Q5108 | Q5110 | Q5111 | Q5120 |
| Q5122 | | | |

Xembify
J1558
Xenpozyme
J0218
Xolair
J2357
Yartemlea
J1289
Yesintek IV
Q5100
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 and Drug Administration (FDA) and included on our Review at Launch Medication List.
Pre-determination is highly recommended for the drugs on the list.

*Please obtain prior notification for Cimzia, through Magellan prior notifications services at 800-788-4005.
**For unclassified and temporary codes C9090, C9149, C9151, C9166, C9399, J3490 and J3590 prior authorization is only required for Kebilidi, Rivfloza
***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.

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|---|---|---|
| | | • For oncology DX, please see cancer supportive care section above.<br>• For non-oncology DX, submit online at UHCprovider.com. Select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.<br>*****For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 888-397-8129. |
| **Joint replacement** Joint, total hip and knee replacement procedures | Prior authorization required | 27120 27125 27130 27132<br>27134 27137 27138 27412<br>27446 27447 27486 27487<br>29866 29867 29868 J7330<br>S2112 |
| **Musculoskeletal** | Prior authorization required | 23470 23472 23473 23474 |
| **Non-emergent air ambulance transport** | Prior authorization required | A0430 A0431 A0435 A0436<br>S9960 S9961 |
| **Orthognathic surgery** Treatment of maxillofacial/ jaw functional impairment | Prior authorization required | 21121 21123 21125 21127<br>21141 21142 21143 21145<br>21146 21147 21150 21151<br>21154 21155 21159 21160<br>21188 21193 21194 21195<br>21196 21198 21199 21206<br>21208 21209 21210 21215<br>21240 21242 21244 21245<br>21246 21247 21248 21249<br>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<br>L0464 L0480 L0482 L0484<br>L0486 L0624 L0629 L0631<br>L0632 L0634 L0636 L0637<br>L0638 L0640 L0700 L0710<br>L0810 L0820 L0859 L1000<br>L1005 L1200 L1300 L1310<br>L1499 L1680 L1685 L1700<br>L1710 L1720 L1730 L1755<br>L1820 L1832 L1834 L1840<br>L1844 L1845 L1846 L1860<br>L1945 L1950 L1970 L2000<br>L2005 L2010 L2020 L2030<br>L2034 L2036 L2037 L2038<br>L2060 L2106 L2108 L2126<br>L2136 L2350 L2510 L2526 |

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|---|---|---|---|---|---|
| **Orthotics and prosthetics (cont.)** | | L2627 | L2628 | L3230 | L3649 |
| | | L3671 | L3674 | L3720 | L3730 |
| | | L3740 | L3763 | L3764 | L3900 |
| | | L3901 | L3904 | L3905 | L3961 |
| | | L3971 | L3975 | L3976 | L3977 |
| | | L3999 | L4000 | L4010 | L4020 |
| | | L4631 | L5010 | L5020 | L5050 |
| | | L5060 | L5100 | L5105 | L5150 |
| | | L5160 | L5200 | L5210 | L5220 |
| | | L5230 | L5250 | L5270 | L5280 |
| | | L5301 | L5312 | L5321 | L5331 |
| | | L5341 | L5400 | L5420 | L5460 |
| | | L5500 | L5505 | L5510 | L5520 |
| | | L5530 | L5535 | L5540 | L5560 |
| | | L5570 | L5580 | L5585 | L5590 |
| | | L5595 | L5600 | L5610 | L5613 |
| | | L5614 | L5616 | L5639 | L5640 |
| | | L5642 | L5643 | L5644 | L5646 |
| | | L5647 | L5648 | L5649 | L5651 |
| | | L5653 | L5657 | 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 | L6034 | L6035 |
| | | L6036 | L6038 | L6039 | 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 |

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|---|---|---|---|---|---|
| | | 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 | L8040 |
| | | L8042 | L8043 | L8044 | L8045 |
| | | L8046 | L8047 | L8499 | 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 |
| | | 55874 | | | |
| **Proton beam therapy** Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| **Radiology** | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:<br>• Certain CT, MRI, MRA and PET scans<br><br>Nuclear medicine and nuclear cardiology procedures | 0697T | 0698T | 0710T | 0711T |
| | | 0712T | 0713T | 70471 | 75577 |
| | | Health care professionals 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 at UHCprovider.com. Select the Prior Authorization and Notification tab on your Provider Portal dashboard.<br>Or, call 866-889-8054.<br>For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification. | | | |
| **Rhinoplasty and septoplasty** Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| **Shoulder surgery** | Prior authorization required | 29806 | 29807 | 29819 | 29820 |
| | | 29822 | 29823 | 29824 | 29825 |

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|---|---|---|
| | | 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.<br>Prior authorization is not required if performed at a participating ASC. | **Auditory system**<br>69205<br>**Carpal tunnel surgery**<br>64721<br>**Cataract surgery**<br>66821 66982 66984<br>**Cosmetic and reconstructive**<br>13101 13132 14040 14060<br>14301<br>**Digestive system**<br>42440 46220 46221 46250<br>46255 46261 46270 46505<br>46946<br>**Ear, nose and throat (ENT) procedures**<br>30140 30520<br>**Eye and ocular adnexa**<br>65710 66710 66711 66988<br>67010 67041 67042 67840<br>68110 68115 68720 68815<br>**Female genital system**<br>57461 58561<br>**Gynecologic procedures**<br>58565<br>**Integumentary system**<br>11440<br>**Male genital system**<br>54840<br>**Miscellaneous**<br>20680<br>**Musculoskeletal system**<br>21012 21013 24071 27327<br>27632 28035 28041 28060<br>28090 28104 28110 28118<br>28119 28124 28285 28289<br>28292 28296 28297 28298<br>28299 29845 29846 29848<br>29861 29875 29876 29877 |

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|---|---|---|
| **Site of service (SOS) – Outpatient hospital (cont.)** | | 29879 29880 29881 29882<br>29888 29893 G0260<br><br>**Nervous system**<br>64561 64640<br>**Ophthalmologic**<br>65426 65730 65855 66170<br>66761 67036 67040<br>**Respiratory system**<br>30802 30930 31535 31536<br>31541<br>**Tonsillectomy and adenoidectomy**<br>42820 42821 42825 42826<br>**Urinary system**<br>52276 52287<br>**Urologic procedures**<br>52000 52005 52204 52234<br>52235 52260 52281 52310<br>52332 52352 52356 54161<br>55040 |
| **Sleep apnea procedures and surgeries**<br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 41599 42145 |
| **Sleep studies** | Prior authorization required<br>Prior authorization is not required for New York long-term services and supports (LTSS). | 95805 95807 95808 95810<br>95811 |
| **Spinal surgery** | Prior authorization required | 22206 22207 22210 22212<br>22214 22220 22224 22510<br>22511 22512 22513 22515<br>22532 22533 22548 22551<br>22554 22556 22558 22586<br>22590 22595 22600 22610<br>22612 22630 22633 22800<br>22802 22804 22808 22810<br>22812 22818 22819 22830<br>22836 22837 22838 22849 |

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|---|---|---|---|---|---|
| | | 22852 | 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 | 63185 | 63190 | 63191 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63300 | 63301 | 63302 |
| | | 63303 | 63304 | 63305 | 63306 |
| | | 63307 | 63308 | 0095T | 0098T |
| | | 0164T | 0656T | 0657T | 0790T |
| **Stimulators** Implantation of a device that sends electrical impulses | Prior authorization required | **Bone growth-stimulator** | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | **Neurostimulator** | | | |
| | | 43648 | 43881 | 61863 | 61867 |
| | | 61885 | 61886 | 63650 | 63655 |
| | | 63685 | 64553 | 64555 | 64568 |
| | | 64590 | L8680 | L8682 | L8685 |
| | | L8686 | L8687 | L8688 | |
| **Transplants** | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246. Or you can call the 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 |
| | | 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 | 38232* | J1289 | J3386 |
| | | J3387 | J3389 | J3391 | J3392 |
| | | J3393 | J3394 | J3402 | S2060 |
| | | S2061 | S2152 | | |

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|---|---|---|
| | | **CAR-T cell therapy**<br>J999 Q2041 Q2042 Q2053<br>Q2054 Q2055 Q2056 Q2057<br>Q2058<br>*Code 38232 will only require prior authorization for an oncology diagnosis.<br><br>**Unclassified codes****<br>C9399 J3490 J3590<br>**Amtagvi, Kresladi, Lantidra |
| **Vein procedures**<br>Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization required | 36473 36475 36478 37700<br>37718 37722 37765 37766<br>37780 |
| **Ventricular assist devices (VAD)**<br>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required | Please call the notification number on the back of the member's health plan ID card.<br>33927 33928 33929 33975<br>33976 33979 33981 33982<br>33983 Q0507 Q0508 Q0509 |
| **Wound vac** | Prior authorization required | E2402 |

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