

Prior Authorization Requirements for New York Medicaid

Effective July 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

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**

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	J9273	J9359	
		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. 			
		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 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	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 condition to improve or	21184	21230	21235	21256
		21275	21280	21282	21295

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
restore physiologic function		21740	21742	21743	28344
		30620	67900	67901	67902
Cosmetic and reconstructive (cont.)		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
Durable medical equipment (DME)	Prior authorization is required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500.	A4575	A9279	A9280	A9900
		E0194	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
	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
		B4102	B4103	B4104	B4149

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		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		
81283	81284	81285	81286		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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 :			
		F64.0	F64.1	F64.2	F64.8

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		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			
		Beriner®			
		J0597			
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura™					
J0567					
Cabenuva™					
J0741					
Cerezyme®					

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

J1786
Cimzia®*
J0717
Cinqair®
J2786
Cinryze®
J0598
Crysvita®
J0584
Elaprase®
J1743
ElELYso®
J3060
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
Ilumya™
J3245
Inflectra®
Q5103
Injectafer®

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

J1439			
IVIG			
90283	90284	J1459	J1554
J1555	J1556	J1557	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1599	
Kalbitor®			
J1290			
Kanuma®			
J2840			
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®			
J2182			
Ocrevus™			
J2350			
Octreotide Acetate			
J2354			
Onpattro™			
J0222			

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

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
J2502

Simponi Aria®
J1602

Soliris®
J1300

Somatuline® Depot
J1930

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

Spinraza™

J2326

Spravato™

S0013

Stelara®

J3358

Supprelin® LA

J9226

Synagis®

90378

Tepezza®

J3241

Therapeutic radiopharmaceuticals****

A9513

A9590

A9606

A9699

Trelstar®

J3315

Triptodur®

J3316

Trogarzo™

J1746

Truxima®

Q5115

Ultomiris™

J1303

Unclassified and temporary codes**

C9090

C9399

J3490

J3590

Uplizna®

J1823

Vantas™

J9225

Viltepso™

J1427

Vimizim®

J1322

Vyepti™

J3032

Vyondys 53®

J1429

Vyvgart™

J9332

**White blood cell colony-
stimulating factors*****

J1442

J1447

J2506

Q5101

Q5108

Q5110

Q5111

Q5120

Procedures and Services Additional Information

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

**Injectable medications
(continued)**

Q5122

Xembify®

J1558

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 Cutaquig®, Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel, Saphnelo™

***Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, White blood cell colony-stimulating factors will require prior authorization for both oncology and non-oncology DX.

- For oncology DX, please see Cancer supportive care section above.
- For non-oncology DX, submit online at **UHCprovider.com** > UnitedHealthcare Provider Portal > Prior Authorization and Notification tool on your Provider Portal dashboard or call **877-842-3210**.

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

*****For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
Orthognathic surgery (cont.)		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
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580

Procedures and Services Additional Information

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

**Orthotics and
prosthetics (continued)**

L5585	L5590	L5595	L5600
L5610	L5613	L5614	L5616
L5639	L5640	L5642	L5643
L5644	L5646	L5647	L5648
L5649	L5651	L5653	L5661
L5673	L5682	L5683	L5700
L5702	L5703	L5705	L5706
L5716	L5718	L5722	L5724
L5726	L5728	L5780	L5790
L5795	L5811	L5812	L5814
L5816	L5818	L5822	L5824
L5826	L5828	L5830	L5845
L5848	L5857	L5858	L5930
L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5973
L5976	L5979	L5980	L5981
L5982	L5984	L5986	L5987
L5988	L5990	L5999	L6000
L6010	L6020	L6050	L6055
L6100	L6110	L6120	L6130
L6200	L6205	L6250	L6300
L6310	L6320	L6350	L6360
L6370	L6380	L6382	L6384
L6400	L6450	L6500	L6550
L6570	L6580	L6582	L6584
L6586	L6588	L6590	L6621
L6623	L6624	L6646	L6648
L6686	L6687	L6689	L6690
L6692	L6693	L6694	L6695
L6696	L6697	L6704	L6707
L6708	L6709	L6711	L6712
L6713	L6714	L6715	L6880
L6881	L6882	L6883	L6884
L6885	L6895	L6900	L6905
L6910	L6915	L6920	L6925
L6930	L6935	L6940	L6945
L6950	L6955	L6960	L6965
L6970	L6975	L7007	L7008
L7009	L7040	L7045	L7170
L7180	L7181	L7185	L7186
L7190	L7191	L7405	L8040
L8042	L8043	L8044	L8045

Procedures and Services Additional Information		CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 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: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	0697T 0712T	0698T 0713T	0710T	0711T
		<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 Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
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			
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	69205			
		Cardiovascular System			
		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

Procedures and Services Additional Information

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

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

43237	43238	43242	43245
43246	43247	43248	43251
43254	43255	43259	44360
44361	45171	45334	45335
45381	45390	45990	46020
46040	46050	46200	46220
46221	46250	46255	46261
46270	46275	46288	46505
46750	46910	46946	

Ear, Nose and Throat (ENT) Procedures

21320	30140	30520	69436
69631			

Eye and Ocular Adnexa

65710	65820	66250	66710
66711	66825	66986	66987
66988	67010	67041	67042
67105	67108	67113	67840
68110	68115	68320	68720
68815			

Female Genital System

57240	57250	57461	57520
58561	58562		

Gynecologic Procedures

57522	58353	58558	58563
58565			

Hemic and Lymphatic Systems

38500	38510	38525	
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Hernia Repair

49505	49585	49587	49650
49651	49652	49653	49654
49655			

Integumentary System

10121	11440	11450	11624
11770	13121	15100	15120
15240	19020	19120	19125

Liver Biopsy

47000			
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Male Genital System

54840			
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Miscellaneous

20680			
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Musculoskeletal System

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	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	
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue					

Procedures and Services Additional Information

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

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
Spinal surgery (cont.)		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22586	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
	63101	63102	63170	63172	
	63173	63185	63190	63191	
	63200	63250	63251	63252	
	63265	63267	63268	63270	
	63271	63272	63286	63300	
	63301	63302	63303	63304	
	63305	63306	63307	63308	
	0095T	0098T	0164T		

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	E0747	E0748	E0749	E0760
		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			
			Bone Growth-Stimulator		
			Neurostimulator		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), (Lisocabtagene Maralucecel), 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
Transplants (continued)		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	50380	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 .			
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			