

# Prior authorization requirements for UnitedHealthcare Community Plan of New York

Effective March 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](https://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](https://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   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required   | 43644  | 43645 | 43659 | 43770 |
|  |  | 43775  | 43842 | 43845 | 43846 |
|  |  | 43847  | 43848 | 43860 |       |
| <b>Behavioral health services</b>  | 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 fax or Provider Express |       |       |       |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required   | 20975  | 20979 |       |       |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required   | 11971  | 19316 | 19318 | 19325 |
|  |  | 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  |
|-------------------------------|--|---|
| <b>Cancer supportive care</b> | <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 diagnosis (DX). See injectable medications section.</p> | <p>Anti-emetics that require prior authorization:</p> <p>Akynzeo® (palonosetron/fosnetupitant)<br/>J1454<br/>Cinvanti™ (aprepitant)<br/>J0185<br/>Emend® (fosaprepitant)<br/>J1453<br/>Sustol® (granisetron extended release)<br/>J1627</p> <p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®)<br/>J1442*<br/>Filgrastim-aafi (Nivestym™)<br/>Q5110*<br/>Filgrastim-sndz (Zarxio®)<br/>Q5101*<br/>Pegfilgrastim (Neulasta®)<br/>J2506*<br/>Pegfilgrastim-apgf (Nyvepria™)<br/>Q5122*<br/>Pegfilgrastim-bmez (Ziextenzo®)<br/>Q5120*<br/>Pegfilgrastim-cbqv (UDENYCA™)<br/>Q5111*<br/>Pegfilgrastim-jmdb (Fulphila™)<br/>Q5108*<br/>Sargramostim (Leukine®)<br/>J2820<br/>Tbo-filgrastim (Granix®)<br/>J1447*<br/>Trilaciclib (Cosela™)<br/>J1448<br/>Filgrastim-ayow (Releuko®)<br/>Q5125</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®)<br/>J0897<br/>J1434<br/>J2468</p> <p>Antiemetic Drugs:<br/>J1456</p> <p>Colony Stimulating Factors<br/>Q5148</p> <p>Erythropoiesis Stimulating Agents<br/>J0885</p> |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

|                                       |  |   |
|---------------------------------------|--|---|
| <b>Cancer supportive care (cont.)</b> |  | 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. |
|---------------------------------------|--|---|

|                   |  |   |
|-------------------|--|---|
| <b>Cardiology</b> | 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><br>For more details and the CPT codes that require prior authorization, please see our Cardiology Prior Authorization and Notification. |
|-------------------|--|---|

|                       |                              |   |
|-----------------------|------------------------------|---|
| <b>Cardiovascular</b> | Prior authorization required | 93580   |
|                       |                              | Prior authorization NOT 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                       |
|                       |                              | 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                      |



| Procedures and services   | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |          |          |  |
|---------------------------|------------------------|--|----------|----------|--|
| Cardiovascular<br>(cont.) | 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  |  |
|                           | 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  |          |  |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |          |          |          |
|--|--|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>  |  | 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   |   |          |          |          |
| <b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>  | Prior authorization is required for inpatient services.  | 95700   | 95711    | 95712    | 95713    |
|  |  | 95714   | 95715    | 95716    | 95718    |
|  | Prior authorization is not required for outpatient hospital or ambulatory surgical center (ASC).   | 95720   | 95722    | 95724    | 95726    |
| <b>Chemotherapy</b>  | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis. | <p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that haven't yet received an assigned code and will be billed under a miscellaneous HCPCS code will require prior authorization.</li> </ul> <p>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 <b>888-397-8129</b>.</p> |          |          |          |
| <b>Cochlear implants and other auditory implants</b>   | 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 |  |   |          |          |          |
| <b>Continuous glucose monitor</b>  | Prior authorization required   | A4238   | A4239    | E2102    | E2103    |
| <b>Cosmetic and reconstructive</b>   | Prior authorization required   | 11960   | 14020*   | 14021*   | 14061*   |
|  |  | 15820   | 15821    | 15822    | 15823    |
|  |  | 15830   | 15847    | 15877    | 15878    |
|  |  | 15879   | 17106    | 17107    | 17108    |
|  |  | 17999   | 21137    | 21138    | 21139    |
|  |  | 21172   | 21175    | 21179    | 21180    |
|  |  | 21181   | 21182    | 21183    | 21184    |
|  |  | 21230   | 21235    | 21256    | 21275    |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring  |  | 21280   | 21282    | 21295    | 21740    |

| Procedures and services   | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| physiological function.   |                        | 21742  | 21743 | 28344 | 30620 |
|   |                        | 67900  | 67901 | 67902 | 67903 |
|   |                        | 67904  | 67906 | 67908 | 67909 |
| Reconstructive procedures that treat a medical condition to improve or restore physiologic function |                        | 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)  | Additional information   | A4575 | A9279 | A9280 | A9900 |       |
|--|--|-------|-------|-------|-------|-------|
| Prior authorization is required only for the DME codes listed with a retail purchase or cumulative rental cost of more than \$500. |  | E0194 | E0265 | E0266 | E0270 |       |
|  |  | E0277 | E0300 | E0328 | E0329 |       |
|  |  | E0445 | E0457 | E0465 | E0466 |       |
|  |  | E0470 | E0471 | E0483 | E0486 |       |
|  |  | E0620 | E0636 | E0637 | E0638 |       |
|  | Prosthetics are not DME – see orthotics and prosthetics  |       | E0641 | E0642 | E0652 | E0656 |
|  |  |       | E0669 | E0670 | E0675 | E0693 |
|  |  |       | E0694 | E0700 | E0710 | E0745 |
|  | Some home health care services may qualify but are not subject to the cost threshold – see Home health services. |       | 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 |       |       |
|  | 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 |       |       |

| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|---|--|-------|-------|-------|
|  |   | V5286  | V5287 | V5288 | V5290 |
| <b>Enteral services</b><br>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 |       |       |
| <b>Erectile dysfunction</b>  | Prior authorization required  | 37788  | 37790 | 54400 | 54401 |
|  |   | 54405  | 54408 | 54410 | 54411 |
|  |   | 54416  | 54417 | 55870 | J0270 |
|  |   | J0275  | J0775 | J2440 | J2760 |
|  |   | L7900  | L7902 |       |       |
| <b>Experimental and investigational (and or linked services)</b>                                     | Prior authorization required  | 33477  | 36514 | 64722 | 65765 |
|  |   | 65767  | 66180 | A4226 | A4638 |
|  |   | A6000  | A9274 | E0231 | E1831 |
|  |   | S0810  | S1030 | S1031 | S2102 |
|  |   | S9988  | S9990 | S9991 |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required  | 29914  | 29915 | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required  | 31240  | 31253 | 31254 | 31255 |
|  |   | 31256  | 31257 | 31259 | 31267 |
|  |   | 31276  | 31287 | 31288 |       |
| <b>Genetic and molecular testing to include breast cancer (BRCA)</b>                                 | 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 program for each specified genetic test. | 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  | 81595 | 81599 | 87505 |
|  |   | 87506  | 87507 | 0006M | 0007M |
|  |   | 0018U  | 0022U | 0023U | 0026U |
|  |   | 0037U  | 0047U | 0048U | 0050U |
|  | Notification/prior authorization is required for BRCA testing before  | 0055U  | 0060U | 0087U | 0088U |
|  | 0094U   | 0101U  | 0102U | 0103U |       |
|  | 0111U   | 0114U  | 0118U | 0129U |       |

| Procedures and services           | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |   |  |  |
|-----------------------------------|--|---|---|--|--|
|                                   | DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 0154U<br>0209U<br>0214U<br>0218U<br>0239U<br>0250U<br>0269U<br>0273U<br>0278U<br>0288U<br>0292U<br>0307U<br>0326U<br>0378U<br>0391U<br>0417U<br>0444U<br>0473U<br>S3865 | 0170U<br>0211U<br>0215U<br>0233U<br>0242U<br>0258U<br>0270U<br>0274U<br>0282U<br>0289U<br>0293U<br>0318U<br>0334U<br>0379U<br>0395U<br>0425U<br>0449U<br>0474U<br>S3870 | 0171U<br>0212U<br>0216U<br>0237U<br>0244U<br>0265U<br>0271U<br>0276U<br>0285U<br>0290U<br>0294U<br>0319U<br>0355U<br>0388U<br>0398U<br>0426U<br>0465U<br>0475U | 0179U<br>0213U<br>0217U<br>0238U<br>0245U<br>0268U<br>0272U<br>0277U<br>0286U<br>0291U<br>0306U<br>0320U<br>0364U<br>0389U<br>0409U<br>0437U<br>0471U<br>S3854 |
| <b>Gender dysphoria treatment</b> | Prior authorization required   | 55970   | 55980   | These surgical codes with the following DX codes:  |  |
|                                   |  | <b>F64.0</b>  | <b>F64.1</b>  | <b>F64.2</b>   | <b>F64.8</b>   |
|                                   |  | <b>F64.9</b>  | <b>Z87.890</b>  |  |  |
|                                   |  | 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  |
| <b>Home health care</b>           | Prior authorization is required only in outpatient settings, to include member's home.   | G0156<br>G0493<br>S5170<br>S9474  | G0162<br>G0494<br>S9122   | G0299<br>G0495<br>S9123  | G0300<br>G0496<br>S9124  |
| <b>Hysterectomy</b>               | Prior authorization required   | 58150<br>58262<br>58275<br>58541<br>58550<br>58570  | 58152<br>58263<br>58290<br>58542<br>58552<br>58571  | 58180<br>58267<br>58291<br>58543<br>58553<br>58572   | 58260<br>58270<br>58292<br>58544<br>58554<br>58573   |
| <b>Injectable medications</b>     | Prior authorization required   | Actemra<br>J3262<br>Acthar<br>J0801   |   |  |  |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |
|-------------------------|------------------------|--|-------|-------|
|                         | Adakveo                |  |       |       |
|                         | J0791                  |  |       |       |
|                         | Adzynma                |  |       |       |
|                         | J7171                  |  |       |       |
|                         | Aldurazym              |  |       |       |
|                         | J1931                  |  |       |       |
|                         | Alhemo                 |  |       |       |
|                         | J7173                  |  |       |       |
|                         | Alyglo                 |  |       |       |
|                         | J1552                  |  |       |       |
|                         | Amondys 45             |  |       |       |
|                         | J1426                  |  |       |       |
|                         | Amvuttra               |  |       |       |
|                         | J0225                  |  |       |       |
|                         | Aralast NP             |  |       |       |
|                         | J0256                  |  |       |       |
|                         | Avtozma                |  |       |       |
|                         | Q5156                  |  |       |       |
|                         | Avsola                 |  |       |       |
|                         | Q5121                  |  |       |       |
|                         | Azmiro                 |  |       |       |
|                         | J1072                  |  |       |       |
|                         | Benlysta               |  |       |       |
|                         | J0490                  |  |       |       |
|                         | Beqvez                 |  |       |       |
|                         | J1414                  |  |       |       |
|                         | Berinert               |  |       |       |
|                         | J0597                  |  |       |       |
|                         | Bkemv                  |  |       |       |
|                         | Q5152                  |  |       |       |
|                         | Botulinum toxins       |  |       |       |
|                         | J0585                  | J0586  | J0587 | J0588 |
|                         | Brineura               |  |       |       |
|                         | J0567                  |  |       |       |
|                         | Briumvi                |  |       |       |
|                         | J2329                  |  |       |       |
|                         | Cerezyme               |  |       |       |
|                         | J1786                  |  |       |       |
|                         | Cimerli                |  |       |       |
|                         | Q5128                  |  |       |       |
|                         | Cimzia*                |  |       |       |
|                         | J0717                  |  |       |       |
|                         | Cinqair                |  |       |       |
|                         | J2786                  |  |       |       |

| Procedures and services               | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---------------------------------------|--|--|
| <b>Injectable medications (cont.)</b> | Cinryze<br>J0598<br>Conexence<br>Q5158<br>Cosentyx IV<br>J3247<br>Cortrophin Gel<br>J0802<br>Crysvida<br>J0584<br>Cutaquig<br>J1551<br>Daxxify<br>J0589<br>Elaprase<br>J1743<br>Elelyso<br>J3060<br>Elevidys<br>J1413<br>Elfabrio<br>J2508<br>Encelto<br>J3403<br>Enjaymo<br>J1302<br>Entyvio<br>J3380<br>Epysqli<br>Q5151<br>Evenity<br>J3111<br>Evkeeza<br>J1305<br>Exondys 51<br>J1428<br>Eylea HD<br>J0177<br>Fabrazyme<br>J0180<br>Fasentra<br>J0517<br>Fensolvi<br>J1951 |  |

| Procedures and services        | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|--------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (cont.) | Feraheme               |  |       |       |  |
|                                | Q0138                  |  |       |       |  |
|                                | Firmagon               |  |       |       |  |
|                                | J9155                  |  |       |       |  |
|                                | Fynetra                |  |       |       |  |
|                                | Q5130                  |  |       |       |  |
|                                | Gamifant               |  |       |       |  |
|                                | J9210                  |  |       |       |  |
|                                | Givlaari               |  |       |       |  |
|                                | J0223                  |  |       |       |  |
|                                | Glassia                |  |       |       |  |
|                                | J0257                  |  |       |       |  |
|                                | Hemgenix               |  |       |       |  |
|                                | J1411                  |  |       |       |  |
|                                | Hemlibra               |  |       |       |  |
|                                | J7170                  |  |       |       |  |
|                                | Hyaluronic acid        |  |       |       |  |
|                                | J7318                  | J7320  | J7321 | J7322 |  |
|                                | J7323                  | J7324  | J7325 | J7326 |  |
|                                | J7327                  | J7328  | J7329 | J7331 |  |
|                                | J7332                  |  |       |       |  |
|                                | Hypavzi                |  |       |       |  |
|                                | J7172                  |  |       |       |  |
|                                | Ilaris                 |  |       |       |  |
|                                | J0638                  |  |       |       |  |
|                                | Ilumya                 |  |       |       |  |
|                                | J3245                  |  |       |       |  |
|                                | Imuldosa IV            |  |       |       |  |
|                                | Q5098                  |  |       |       |  |
|                                | Inflectra              |  |       |       |  |
|                                | Q5103                  |  |       |       |  |
|                                | Injectafer             |  |       |       |  |
| J1439                          |                        |  |       |       |  |
| IVIG                           |                        |  |       |       |  |
| 90283                          |                        | 90284  | J1459 | J1554 |  |
| J1555                          |                        | J1556  | J1557 | J1559 |  |
| J1561                          |                        | J1566  | J1568 | J1569 |  |
| J1572                          |                        | J1575  | J1599 |       |  |
| Izervay                        |                        |  |       |       |  |
| J2782                          |                        |  |       |       |  |
| Jubbonti                       |                        |  |       |       |  |
| Q5136                          |                        |  |       |       |  |
| Kalbitor                       |                        |  |       |       |  |
| J1290                          |                        |  |       |       |  |

| Procedures and services        | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) | Kanuma                 | J2840  |
|                                | Kisunla                | J0175  |
|                                | Korsuva                | J0879  |
|                                | Krystexxa              | J2507  |
|                                | Lamzede                | J0217  |
|                                | Lanreotide             | J1932  |
|                                | Lemtrada               | J0202  |
|                                | Leqembi                | J0174  |
|                                | Leqvio                 | J1306  |
|                                | Lumizyme               | J0221  |
|                                | Lupron Depot           | J1950  |
|                                | Lupron Depot, Eligard  | J9217  |
|                                | Lutrate Depot          | J1954  |
|                                | Luxturna               | J3398  |
|                                | Mepsevii               | J3397  |
|                                | Monoferric             | J1437  |
|                                | Naglazyme              | J1458  |
|                                | Nexviazyme             | J0219  |
|                                | Niktimvo               | J9038  |
|                                | Nplate                 | J2802  |
|                                | Nucala                 | J2182  |
|                                | Nulibry                | J1809  |

| Procedures and services        | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |
|--------------------------------|--|--|
| Injectable medications (cont.) | Nyprozi<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>Otulfi IV<br>Q9999<br>Oxlumo<br>J0224<br>Panzyga<br>J1576<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 |  |

| Procedures and services               | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---------------------------------------|------------------------|--|
| <b>Injectable medications (cont.)</b> | Remicade               |  |
|                                       | J1745                  |  |
|                                       | Renflexis              |  |
|                                       | Q5104                  |  |
|                                       | Revcov                 |  |
|                                       | J3590                  |  |
|                                       | Riabni                 |  |
|                                       | Q5123                  |  |
|                                       | Rituxan                |  |
|                                       | J9312                  |  |
|                                       | Rituxan Hycela         |  |
|                                       | J9311                  |  |
|                                       | Roctavian              |  |
|                                       | J1412                  |  |
|                                       | Rolvedon               |  |
|                                       | J1449                  |  |
|                                       | Ruconest               |  |
|                                       | J0596                  |  |
|                                       | Ruxience               |  |
|                                       | Q5119                  |  |
|                                       | Ryplazim               |  |
|                                       | J2998                  |  |
|                                       | Rystiggo               |  |
|                                       | J9333                  |  |
|                                       | Sandostatin LAR        |  |
|                                       | J2353                  |  |
|                                       | Saphnelo               |  |
|                                       | J0491                  |  |
|                                       | Scenesse               |  |
|                                       | J7352                  |  |
|                                       | Selarsdi               |  |
|                                       | Q9998                  |  |
|                                       | Signifor LAR           |  |
|                                       | J2502                  |  |
|                                       | Simponi Aria           |  |
|                                       | J1602                  |  |
|                                       | Skyrizi                |  |
|                                       | J2327                  |  |
|                                       | Soliris                |  |
|                                       | J1299                  |  |
|                                       | Somatuline Depot       |  |
|                                       | J1930                  |  |
|                                       | Spevigo                |  |
|                                       | J1747                  |  |

| Procedures and services            | Additional information                | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|------------------------------------|---------------------------------------|--|-------|-------|--|
| Injectable medications (cont.)     | Spinraza                              |  |       |       |  |
|                                    | J2326                                 |  |       |       |  |
|                                    | Stelara                               |  |       |       |  |
|                                    | J3358                                 |  |       |       |  |
|                                    | Steqeyma IV                           |  |       |       |  |
|                                    | Q5099                                 |  |       |       |  |
|                                    | Stimufend                             |  |       |       |  |
|                                    | Q5127                                 |  |       |       |  |
|                                    | Stoboclo                              |  |       |       |  |
|                                    | Q5157                                 |  |       |       |  |
|                                    | Supprelin LA                          |  |       |       |  |
|                                    | J9226                                 |  |       |       |  |
|                                    | Syfovre                               |  |       |       |  |
|                                    | J2781                                 |  |       |       |  |
|                                    | Synagis                               |  |       |       |  |
|                                    | 90378                                 |  |       |       |  |
|                                    | Tepezza                               |  |       |       |  |
|                                    | J3241                                 |  |       |       |  |
|                                    | Tezspire                              |  |       |       |  |
|                                    | J2356                                 |  |       |       |  |
|                                    | Therapeutic radiopharmaceuticals***** |  |       |       |  |
|                                    | A9513                                 | A9590  | A9606 | A9607 |  |
|                                    | A9615                                 | A9699  |       |       |  |
|                                    | Tofidence                             |  |       |       |  |
|                                    | Q5133                                 |  |       |       |  |
|                                    | Trelstar                              |  |       |       |  |
|                                    | J3315                                 |  |       |       |  |
|                                    | Tremfya IV                            |  |       |       |  |
|                                    | J1628                                 |  |       |       |  |
|                                    | Triptodur                             |  |       |       |  |
|                                    | J3316                                 |  |       |       |  |
|                                    | Truxima                               |  |       |       |  |
|                                    | Q5115                                 |  |       |       |  |
|                                    | Tyenne                                |  |       |       |  |
|                                    | Q5135                                 |  |       |       |  |
| Tzield                             |                                       |  |       |       |  |
| J9381                              |                                       |  |       |       |  |
| Ultomiris                          |                                       |  |       |       |  |
| J1303                              |                                       |  |       |       |  |
| Unclassified and temporary codes** |                                       |  |       |       |  |
| C9090                              | C9094                                 | C9151  | C9166 |       |  |
| C9399                              | J3490                                 | J3590  |       |       |  |
| Uplizna                            |                                       |  |       |       |  |
| J1823                              |                                       |  |       |       |  |

| Procedures and services  | Additional information                         | CPT® or HCPCS codes and/or how to obtain prior authorization |       |             |
|--|--|--|-------|-------------|
| Injectable medications (cont.)   | VEGF   |  |       |             |
|  | J0178  |  | J0179 | J2777 J2778 |
|  | J2779  |  | Q5124 | Q5128       |
|  | Veopoz   |  |       |             |
|  | J9376  |  |       |             |
|  | Viltepso                                       |  |       |             |
|  | J1427  |  |       |             |
|  | Vimizim  |  |       |             |
|  | J1322  |  |       |             |
|  | Vyepiti  |  |       |             |
|  | 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  |  |       |             |
|  | 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 |  |  |       |             |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

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, Starjemza

\*\*\*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. Select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

\*\*\*\*\*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.

|   |   |       |       |       |       |
|---|---|-------|-------|-------|-------|
| <b>Joint replacement</b><br>Joint, total hip and knee replacement procedures        | Prior authorization required  | 24360 | 24361 | 24362 | 24363 |
|   |   | 24370 | 24371 | 27120 | 27125 |
|   |   | 27130 | 27132 | 27134 | 27137 |
|   |   | 27138 | 27412 | 27446 | 27447 |
|   |   | 27486 | 27487 | 29866 | 29867 |
|   |   | 29868 | J7330 | S2112 |       |
| <b>Musculoskeletal</b>  | Prior authorization required  | 23470 | 23472 | 23473 | 23474 |
| <b>Non-emergent air ambulance transport</b>   | Prior authorization required  | A0430 | A0431 | A0435 | A0436 |
|   |   | S9960 | S9961 |       |       |
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial/jaw functional impairment | Prior authorization required  | 21121 | 21123 | 21125 | 21127 |
|   |   | 21141 | 21142 | 21143 | 21145 |
|   |   | 21146 | 21147 | 21150 | 21151 |
|   |   | 21154 | 21155 | 21159 | 21160 |
|   |   | 21188 | 21193 | 21194 | 21195 |
|   |   | 21196 | 21198 | 21199 | 21206 |
|   |   | 21208 | 21209 | 21210 | 21215 |
|   |   | 21240 | 21242 | 21244 | 21245 |
|   |   | 21246 | 21247 | 21248 | 21249 |
| 21255   | 21296   | 21299 |       |       |       |
| <b>Orthotics and prosthetics</b>  | 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 |       |

| Procedures and services           | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |
|-----------------------------------|------------------------|--|-------|-------|
| Orthotics and prosthetics (cont.) | 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 |
|                                   | 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 |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|---|------------------------------|--|-------|-------|-------|
|   |                              | 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 |
|   |                              | L8046  | L8047 | L8499 | L8609 |
|   |                              | L8610  | L8612 | L8631 | L8659 |
| <b>Outpatient therapy</b>   | Prior authorization required | 97530  | 92507 | 97542 | S9152 |
| <b>Potentially unproven services</b>  | Prior authorization required | 33289  | C2624 |       |       |
| <b>Private duty nursing</b>   | Prior authorization required | T1000  | T1002 | T1003 |       |
| <b>Prostate procedures</b>  | Prior authorization required | 37243  | 52441 | 52442 | 53850 |
|   |                              | 53852  | 55873 | 55874 |       |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520  | 77522 | 77523 | 77525 |
| <b>Radiation therapy</b>  | Prior authorization required | IGRT<br>77387  |       |       |       |

Proton Beam Therapy (PBT)

**Procedures and services**

**Additional information**

**CPT® or HCPCS codes and/or how to obtain prior authorization**

77520  
77522  
77523  
77525

**Radiation Treatment Delivery**

77402\*  
77407  
77412

**SRS/SBRT**

77371  
77372  
77373  
G0339  
G0340

**Special/Associated Services**

77331  
77370  
77399  
77470

Y90  
S2095  
79445

\*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |                         |                         |                         |
|---|--|---|-------------------------|-------------------------|-------------------------|
| <b>Radiology</b>  | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> Nuclear medicine and nuclear cardiology procedures | 0697T<br>0712T  | 0698T<br>0713T          | 0710T                   | 0711T                   |
|   |  | Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.<br>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.                            |                         |                         |                         |
| <b>Rhinoplasty and septoplasty</b><br>Treatment of nasal functional impairment and septal deviation | Prior authorization required   | 30400<br>30435<br>30465   | 30410<br>30450          | 30420<br>30460          | 30430<br>30462          |
| <b>Shoulder surgery</b>   | Prior authorization required   | 29805<br>29820<br>29825   | 29806<br>29822<br>29826 | 29807<br>29823<br>29827 | 29819<br>29824<br>29828 |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295   | 31296                   | 31297                   | 31298                   |
| <b>Site of service (SOS) – Outpatient hospital</b>  | Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC.   | <b>Auditory system</b><br>69205<br><b>Cardiovascular system</b><br>36590 36832<br><b>Carpal tunnel surgery</b><br>64721<br><b>Cataract surgery</b><br>66821 66982 66984<br><b>Colonoscopy</b><br>45378 45380 45384 45385<br><b>Cosmetic and reconstructive</b><br>13101 13132 14040 14060<br>14301 21552 21931<br><b>Digestive system</b><br>42415 42440 43200 43236<br>43237 43238 43242 43245<br>43246 43247 43248 43251<br>43254 43255 43259 44360<br>44361 45171 45334 45335<br>45381 45390 45990 46020<br>46040 46050 46200 46220<br>46221 46250 46255 46261<br>46270 46275 46288 46505<br>46750 46910 46946 |                         |                         |                         |

| Procedures and services                                   | Additional information                       | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|---|--|--|-------|-------|--|
| Site of service (SOS) –<br>Outpatient hospital<br>(cont.) | <b>Ear, nose and throat (ENT) procedures</b> |  |       |       |  |
|   | 21320  | 30140  | 30520 | 69436 |  |
|   | 69631  |  |       |       |  |
|   | <b>Eye and ocular adnexa</b>                 |  |       |       |  |
|   | 65710  | 65820  | 66250 | 66710 |  |
|   | 66711  | 66825  | 66986 | 66987 |  |
|   | 66988  | 67010  | 67041 | 67042 |  |
|   | 67105  | 67108  | 67113 | 67840 |  |
|   | 68110  | 68115  | 68320 | 68720 |  |
|   | 68815  |  |       |       |  |
|   | <b>Female genital system</b>                 |  |       |       |  |
|   | 57240  | 57250  | 57461 | 57520 |  |
|   | 58561  | 58562  |       |       |  |
|   | <b>Gynecologic procedures</b>                |  |       |       |  |
|   | 57522  | 58353  | 58558 | 58563 |  |
|   | 58565  |  |       |       |  |
|   | <b>Hemic and lymphatic systems</b>           |  |       |       |  |
|   | 38500  | 38510  | 38525 |       |  |
|   | <b>Hernia repair</b>                         |  |       |       |  |
|   | 49505  | 49650  | 49651 |       |  |
|   | <b>Integumentary system</b>                  |  |       |       |  |
|   | 10121  | 11440  | 11450 | 11624 |  |
|   | 11770  | 13121  | 15100 | 15120 |  |
|   | 15240  | 19020  | 19120 | 19125 |  |
|   | <b>Liver biopsy</b>                          |  |       |       |  |
|   | 47000  |  |       |       |  |
|   | <b>Male genital system</b>                   |  |       |       |  |
|   | 54840  |  |       |       |  |
|   | <b>Miscellaneous</b>                         |  |       |       |  |
|   | 20680  |  |       |       |  |
|   | <b>Musculoskeletal system</b>                |  |       |       |  |
|   | 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 |       |  |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Site of service (SOS) – Outpatient hospital (cont.)</b>  |  | 29877  | 29879 | 29880 | 29881 |
|   |  | 29882  | 29888 | 29893 | G0260 |
|   |  | <b>Nervous system</b>  |       |       |       |
|   |  | 64561  | 64640 |       |       |
|   |  | <b>Ophthalmologic</b>  |       |       |       |
|   |  | 65426  | 65730 | 65855 | 66170 |
|   |  | 66761  | 67028 | 67036 | 67040 |
|   |  | 67228  | 67311 | 67312 |       |
|   |  | <b>Respiratory system</b>                                    |       |       |       |
|   |  | 30802  | 30930 | 31525 | 31535 |
|   |  | 31536  | 31541 | 31624 |       |
|   |  | <b>Tonsillectomy and adenoidectomy</b>                       |       |       |       |
|   |  | 42820  | 42821 | 42825 | 42826 |
|   |  | 42830  |       |       |       |
|   |  | <b>Upper and lower gastrointestinal endoscopy</b>            |       |       |       |
|   |  | 43235  | 43239 | 43249 |       |
|   |  | <b>Urinary system</b>  |       |       |       |
|   |  | 52276  | 52287 | 52320 | 52344 |
|   |  | <b>Urologic procedures</b>                                   |       |       |       |
|   |  | 50590  | 52000 | 52005 | 52204 |
|   |  | 52224  | 52234 | 52235 | 52260 |
|   |  | 52281  | 52310 | 52332 | 52351 |
|   |  | 52352  | 52353 | 52356 | 54161 |
|   |  | 55040  | 57288 |       |       |
| <b>Sleep apnea procedures and surgeries</b>   | Prior authorization required   | 21685  | 41599 | 42145 |       |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea |  |  |       |       |       |
| <b>Sleep studies</b>  | Prior authorization required   | 95805  | 95807 | 95808 | 95810 |
|   | Prior authorization is not required for New York long-term services and supports (LTSS). | 95811  |       |       |       |
| <b>Spinal surgery</b>   | Prior authorization required   | 22100  | 22101 | 22102 | 22110 |
|   |  | 22112  | 22114 | 22206 | 22207 |
|   |  | 22210  | 22212 | 22214 | 22220 |
|   |  | 22224  | 22510 | 22511 | 22512 |
|   |  | 22513  | 22515 | 22532 | 22533 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
|  |  | 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 |
|   |                              | 64553                  | 64555           | 64568 | 64570 |
|   |                              | 64590                  | L8680           | L8682 | L8685 |
|   |                              | L8686                  | L8687           | L8688 |       |

| Transplants | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma Auczatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, 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 |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization   |        |       |       |
|---|------------------------------|--|--------|-------|-------|
|   |                              | 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* | J3387 | J3389 |
|   |                              | J3391  | J3392  | J3393 | J3394 |
|   |                              | J3402  | S2060  | S2061 | S2152 |
| <b>CAR-T cell therapy</b>   |                              |  |        |       |       |
|   |                              | J999   | Q2041  | Q2042 | Q2053 |
|   |                              | Q2054  | Q2055  | Q2056 | Q2057 |
|   |                              | Q2058  |        |       |       |
| *Code 38232 will only require prior authorization for an oncology diagnosis.  |                              |  |        |       |       |
| <b>Unclassified codes**</b>   |                              |  |        |       |       |
|   |                              | C9399  | J3490  | J3590 |       |
| **Amtagvi, Lantidra   |                              |  |        |       |       |
| <b>Vein procedures</b>  | Prior authorization required | 36473  | 36475  | 36478 | 37700 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |                              | 37718  | 37722  | 37765 | 37766 |
|   |                              | 37780  |        |       |       |
| <b>Ventricular assist devices (VAD)</b>   | 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 |
| <b>Wound vac</b>  | Prior authorization required | E2402  |        |       |       |