

Prior Authorization Requirements for New York

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in New York participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 866-950-4490;** fax form is available at UHCCommunityPlan.com > For Health Care Professionals > New York > Provider Forms > New York Prior Authorization Fax Form.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	0312T	0313T	0314T	0315T
		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
Behavioral health services	Prior authorization required	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
BRCA genetic testing	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Bio similar (Zarxio®) Q5101			

Cancer supportive care (cont'd)

Filgrastim (Neupogen®)

J1442

Pegfilgrastim (Neulasta®)

J2505

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447

Bone-modifying agent that requires prior authorization:

Denosumab

J0897

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Cardiology

Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance

For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **866-889-8054**.

Cardiology (cont'd)

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

For more details and the CPT codes that require prior authorization, please visit **UHCCommunityPlan.com** > For Health Care Professionals > New York > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.

Chemotherapy

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 .					
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 15877 17999 21172 21181	11971 15823 17106 21137 21175 21182	15820 15830 17107 21138 21179 21183	15821 15847 17108 21139 21180 21184
Cosmetic and reconstructive (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230 21280 21742 67900 67904 67911 67916 67923 67966	21235 21282 21743 67901 67906 67912 67917 67924 Q2026	21256 21295 28344 67902 67908 67914 67921 67950	21275 21740 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i> .	A4575 E0265 E0445 E0483 E0641 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0108 K0848 K0852 K0856 K0860 K0864 K0871	A9279 E0266 E0457 E0620 E0642 E0675 E0710 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2227 E2301 E2329 E2510 E2627 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877	A9280 E0270 E0460 E0636 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878	E0194 E0300 E0466 E0638 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0880	K0884	K0885	K0886	
		K0890	K0891	S1040	T1999	
		T5999	V2786	V5269	V5270	
		V5271	V5272	V5274	V5281	
		V5282	V5283	V5286	V5287	
		V5288	V5290			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100	
		B4102	B4103	B4104	B4149	
		B4150	B4152	B4153	B4155	
		B4158	B4159	B4160	B4161	
		B9002	B9998			
Erectile dysfunction	Prior authorization required	37788	37790	54400	54401	
		54405	54408	54410	54411	
		54416	54417	55870	J0270	
		J0275	J2440	J2760	L7900	
Experimental and investigational	Prior authorization required	0085T	0191T	33477	36514	
		55866	61863	61864	61867	
		61868	61886	64555	64722	
		65765	65767	66180	95978	
		A4638	A6000	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		
Gender dysphoria treatment	Prior authorization required	55970	55980			
			These surgical codes with the following DX codes :			
			F64.0	F64.1	F64.2	F64.8
			F64.9	Z87.890		
			14000	14001	14041	15734
			15738	15750	15757	15758
			19303	19304	20926	53410
			53430	54125	54520	54660
			54690	55175	55180	56625
			56800	56805	57110	57335
			58150	58180	58260	58262
			58290	58291	58541	58542
			58543	58544	58550	58552
			58553	58554	58570	58571
			58572	58573	58661	58720
			58940	64856	64892	64896
	Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9474		
Injectable medications	Prior authorization required	Acthar[®] J0800				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Botox[®]	J0585	J0586	J0587	J0588
	Brineura[™] C9014				
	Cerezyme[®] J1786				
	Cinqair[®] J2786				
	Elyso[®] J3060				
	Exondys 51[™] J1428				
	Fasenra[™] C9466				
	Ilaris[®] J0638				
	IVIG	90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
	Lemtrada[®] J0202				
	Makena[®] J1726		J1729	J2675	
	Nucala[®] J2182				
	Ocrevus[™] J2350				
	Probuphine[®] J0570				
	Radicava[®] C9493				
	Soliris[®] J1300				
	Spinraza[™] J2326				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Unclassified**			
		C9399	J3490	J3590	
		Xolair®*			
		J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
	**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra, Luxturna™, Radicava and Trogarzo™.				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics: more than \$500	Prior authorization required only in outpatient settings, to include patient's home	L0112	L0170	L0456	L0462
Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2128
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		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	L5648
		L5651	L5653	L5661	L5682
		L5702	L5703	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
	L5981	L5982	L5984	L5987	
	L5988	L5990	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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		
Private duty nursing	Prior authorization required	T1000	T1001	T1002	T1003
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 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 	<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 app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > New York > Radiology > CPT Code List.</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 only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cataract surgery 66821 66982 66984			
		Colonoscopy 45378 45380 45384 45385			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Tonsillectomy and adenectomy				
	42820	42821	42825	42826	
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235	43239	43249		
	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 reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805	95807	95808	95810
	Prior authorization not required for New York Long-Term Services and Supports (LTSS)	95811			
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	0095T	0098T	0164T	22100

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		22101	22102	22110	22112	
		22114	22206	22207	22210	
		22212	22214	22220	22224	
		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	63180	
		63182	63185	63190	63191	
		63194	63195	63196	63198	
		63199	63200	63250	63251	
		63252	63265	63267	63268	
		63270	63271	63272	63286	
		63300	63301	63302	63303	
		63304	63305	63306	63307	
		63308	64553	64570		
	Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
			32850	32851	32852	32853
			32854	32855	32856	33930
		33933	33935	33940	33944	
		33945	38208	38209	38210	
		38212	38213	38214	38215	
		38232	38240	38241	38242	
		44132	44133	44135	44136	
		44137	44715	44720	44721	
		47133	47135	47140	47141	
		47142	47143	47144	47145	
		47146	47147	48551	48552	
		48554	50300	50320	50323	
		50325	50340	50360	50365	
		50370	50380	50547	S2060	
		S2061	S2152			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes			
		38206	38999	J3490	J9999
		S2107	Q2040	Q2041	
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
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	37780
Ventricular assist devices	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		33927	33928	33929	33975
Ventricular assist devices (cont'd)		33976	33979	33981	37780
function of the damaged ventricle of the heart and restores normal blood flow		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			