

Prior Authorization Requirements for New Jersey Medicaid

Effective September 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in New Jersey for inpatient and outpatient services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandate from your state at nj.gov/humanservices/coronavirus.

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 tool on your Provider Portal dashboard.
- **Phone:** 866-604-3267

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

Important note: The Universal Referral Form (URF) isn't the same as the prior authorization request form. Please use the prior authorization form to submit your request.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Acupuncture	Prior authorization required	97811	97814		
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an	<u>Injectable colony-stimulating factor drugs that require prior authorization –</u> Filgrastim (Neupogen®)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	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 .	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		
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®)
		J0897
		<u>Anti-emetic drugs that require prior authorization:</u>
		Akynzeo® (palonosetron/fosnetupitant)
		J1454
		Cinvanti™ (aprepitant)
		J0185
		Emend® (fosaprepitant)
		J1453
		Sustol® (granisetron extended release)
		J1627
		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 tool on your Provider Portaldashboard. Or, call 888-397-8129

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,	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.
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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echocardiograms, electrophysiology implants, and stress echoes prior to performance

Then, select the Prior Authorization and Notification tool on your UnitedHealthcare Provider Portal dashboard. Or, call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NJcommunityplan >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
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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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 – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
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: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950), Leuprolide (J1952) will also require prior authorization • 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 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 tool 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 to help persons with profound sensorineural deafness achieve conversational speech					
Cosmetic and reconstructive	Prior authorization required	11960	11971	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	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
67922	67923	67924	67950		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		67961	67966	Q2026	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0328	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0483	E0486	E0620	E0637
		E0652	E0669	E0700	E0710
		E0745	E0762	E0766	E0784
		E0787	E0984	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	V5289	V5290	
Enteral services	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a		B4102	B4103	B4149	B4150
	Prior authorization required for members younger than age 5	B4152	B4153	B4155	B4158

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
gastrostomy tube	with a WIC denial – please submit the WIC denial along with your prior authorization request.	B4159 B9998	B4160	B4161	B9002
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65765 A4226 E0231 S2102	36514 65767 A4638 E1831 S9988	55866 66180 A6000 S1030 S9990	64722 0191T A9274 S1031 S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105 81109 81121	81106 81110 81161	81107 81111 81162	81108 81120 81163
	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.	81164 81170 81174 81178 81182 81186 81190 81204 81212	81165 81171 81175 81179 81183 81187 81200 81205 81216	81166 81172 81176 81180 81184 81188 81201 81208 81218	81167 81173 81177 81181 81185 81189 81203 81209 81220
	Notification/prior authorization 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.	81222 81226 81230 81234 81239 81243 81247 81251 81255 81259 81263 81267 81272 81283 81287 81291	81223 81227 81231 81236 81240 81244 81248 81252 81256 81260 81264 81268 81273 81284 81288 81292	81224 81228 81232 81237 81241 81245 81249 81253 81257 81261 81265 81269 81274 81285 81289 81294	81225 81229 81233 81238 81242 81246 81250 81254 81258 81262 81266 81271 81276 81286 81290 81295

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Genetic and molecular testing to include BRCA (continued)	81297	81298	81300	81302
	81303	81304	81305	81306
	81307	81309	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	81522	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	0154U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		0155U	0157U	0158U	0159U
		0160U	0161U	S3870	
Gender dysphoria treatment	Prior authorization required	55970	55980		
Gender dysphoria treatment (continued)		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	64856
		64892	64896		
Home and Community based services	All Home and Community Based Services (HCBS) and Long-Term Care Services (LTSS) require authorization for those members on the Managed Long-Term Services and Supports (MLTSS) benefit program				
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9474	
Hospice	Prior authorization required for inpatient admissions only	T2044	T2045		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Aralast NP, Prolastin-C, Zemaira®			

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

J0256				
Avsola™				
Q5121				
Benlysta				
J0490				
Beriner®				
J0597				
Botulinum toxins				
J0585	J0586	J0587	J0588	
Brineura™				
J0567				
Cerezyme®				
J1786				
Cimzia®				
J0717				
Cinqair®				
J2786				
Cinryze®				
J0598				
Cryvista®				
J0584				
Cutaquig®				
J1551				
Elaprase®				
J1743				
ElELYso				
J3060				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents				
J0885				
Evenity™				
J3111				
Evkeeza™				
J1305				
Exondys 51™				
J1428				
Fabrazyme®				
J0180				
Feraheme®				
Q0138				
Fasenra™				
J0517				
Fensolvi®				
J1951				
Firmagon®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J9155				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Lumizyme®				
	J0221				
	Lupron Depot®*				
	J1950				
	Lupron Depot, Eligard®*				
	J9217				
	Luxturna™				
	J3398				
	Makena®	J1729	J2675		
	J1726				
	Mepsevii®				
	J3397				
Monoferric®					
J1437					
Naglazyme®					
J1458					
Nexviazyme®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0219
		Nplate®
		J2796
		Nucala®
		J2182
		Ocrevus™
		J2350
		Octreotide Acetate
		J2354
		Onpattro™
		J0222
		Orencia®
		J0129
		Oxlumo™
		J0224
		Parsabiv™
		J0606
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko® - Eff 10/01/22
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Riabni™
		Q5123
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Ruconest®
		J0596
		Ruxience®
		Q5119
		Ryplazim®
		J2998
		Sandostatin® LAR
		J2353
		Saphnello™
		J0491
		Scenesse®
		J7352
		Signifor® LAR
		J2502

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

Simponi Aria®				
J1602				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				
Spinraza™				
J2326				
Spravato™				
S0013				
Stelara®				
J3358				
Supprelin® LA				
J9226				
Synagis®				
90378				
Tepezza®				
J3241				
Tezspire™ - Eff 10/01/22				
J2356				
Trelstar®				
J3315				
Triptodur®				
J3316				
Truxima®				
Q5115				
Tysabri®				
J2323				
Ultomiris™				
J1303				
Unclassified and temporary codes				
C9399	J3490	J3590		
Uplizna®				
J1823				
Vantas™				
J9225				
Viltepso™				
J1427				
Vimizim®				
J1322				
VPRIV®				
J3385				
Vyepti™				
J3032				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		White blood cell colony stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xolair®			
		J2357			
		Zoladex®			
		J9202			
		Zolgensma®			
	J3399				

*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.

**For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel and Recovi® Effective 10/01/22: For unclassified and temporary codes C9399, J3490, J3590 prior authorization is required for Flynetra®.

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.

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	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0436	S9960
		S9961			
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for 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	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (continued)		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	L8046	
		L8047	L8499	L8609	L8610	
		L8612	L8631	L8659	L1820	
	Outpatient Therapy	Prior authorization required	70371	92507	92508	92521
			92522	92523	92524	92526
92626			92627	92630	92633	
96105			96156	96158	96159	
96164			96165	96167	96168	
96170			96171	97010	97012	
97014			97016	97018	97022	
97024			97026	97028	97032	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient Therapy (continued)		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97129	97130
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97169
		97530	97533	97535	97537
		97542	97750	97760	97761
		97763	97799	G0281	G0282
	G0283	G2169	S9152		
Pain Injections and Management	Prior authorization required	64490	64493*		
Pediatric day services (PDMC)	Prior authorization required	T1024			
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	97597 T1000	99601 T1002	99602 T1003	S9127
Prostate Procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation Therapy	Prior authorization required	S2095 77371 77386 77402 79445 G6002 G6006 G6010 G6014	77014 77372 77387 77407 G0339 G6003 G6007 G6011 G6015	77331 77373 77399 77412 G0340 G6004 G6008 G6012 G6016	77370 77385 77401 77470 G6001 G6005 G6009 G6013 G6017
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 tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NJcommunityplan >Prior</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Authorization and Notification Resources > Radiology Prior Authorization and Notification Program					
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treating nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty		31295	31296	31297	31298
Shoulder Surgery	Prior authorization required	Musculoskeletal System			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory system 69205 Cardiovascular System – Eff 10/01/22 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 Systems – Eff 10/01/22 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Eye and Ocular Adnexa – Eff 10/01/22 65710 65820 66250 66710 66711 66825 66986 66987 66988 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815 Female Genital System – Eff 10/01/22 57240 57250 57461 57520			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – outpatient hospital (continued)	58561	58562		
	Gynecologic procedures			
	57522	58353	58558	58563
	58565			
	Hemic and Lymphatic Systems – Eff 10/01/22			
	38500	38510	38525	
	Hernia repair			
	49505	49585	49587	49650
	49651	49652	49653	49654
	49655			
	Integumentary System – Eff 10/01/22			
	10121	11440	11450	11624
	11770	13121	15100	15120
	15240	19020	19120	19125
	Liver biopsy			
	47000			
	Male Genital System – Eff 10/01/22			
	54840			
	Miscellaneous			
	20680			
	Musculoskeletal System – Eff 10/01/22			
	20553	21012	21013	21336
	21554	21555	21556	21930
	22902	22903	23071	23075
	24071	27327	27337	27632
	28035	28039	28041	28060
	28080	28090	28104	28110
	28118	28119	28124	28285
	28289	28292	28296	28297
	28298	28299	29835	29840
	29845	29846	29848	29861
	29875	29876	29877	29879
	29880	29881	29882	29888
	29893	G0260		
	Nervous System – Eff 10/01/22			
	64561	64640		
	Ophthalmologic			
	65426	65730	65855	66170
	66761	67028	67036	67040
	67228	67311	67312	
	Respiratory System – Eff 10/01/22			
30802	30930	31525	31535	
31536	31541	31624		
Tonsillectomy and adenoidectomy				
42820	42821	42825	42826	
42830				
Upper and lower gastrointestinal endoscopy				
43235	43239	43249		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		Urinary System – Eff 10/01/22			
		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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies-Attended	Prior authorization required Eff 10/01/22 Site of Service review also required.	95805	95807	95808	95810
		95811			
	Prior authorization not required for Long-Term Services and Supports (LTSS) members				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal surgery (continued)		63308	0095T	0098T	0164T
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Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	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® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370		50547	S2060
		S2061	S2152		
		Car-T Cell Therapy			
		0537T	0538T	0539T	0540T
		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	Prior authorization required	Please call the notification number on the back of the member's			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			