

# Prior Authorization Requirements for New Jersey Medicaid

Effective Oct. 1, 2021

## 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](http://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](http://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			
<b>Acupuncture</b>	Prior authorization required	97811	97814		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	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. • For ABA Therapy, submit via fax or Provider Express			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®)</u></b> J1442*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued)	*Codes J1442, J1447 J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122also require prior authorization for non-oncology DX. See Injectable medications section below.	<p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-appgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Anti-emetic drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454</p> <p><b>Aloxi® (palonosetron)</b> J2469</p> <p><b>Cinvanti™ (aprepitant)</b> J0185</p> <p><b>Emend® (fosaprepitant)</b> J1453</p> <p><b>Sustol® (granisetron extended release)</b> J1627</p> <p><b>Prior authorization requests:</b> Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portalbutton in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portaldashboard. Or, call <b>888-397-8129</b></p>
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<b>Cardiology</b>	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 tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiology (continued)</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance	<p>Notification tool on your UnitedHealthcare Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/NJcommunityplan</b> &gt;Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>			
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<b>Cardiovascular</b>	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*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			
<b>Cardiovascular (continued)</b>		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
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642). Lupron Depot (J1950) will also require prior authorization</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul> <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required  A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Cosmetic and reconstructive</b>	Prior authorization required  Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	11960	11971	14020	14021
		14061	15820	15821	15822
		15823	15830	15847	15877
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (continued)</b>		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<b>Durable medical equipment (DME)</b>	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
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0465	E0466	E0470	E0471
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
	Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B4102	B4103	B4149	B4150
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
		B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4226	A4638	A6000	A9274
		E0231	E1831	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 BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
	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.	81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
	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.	81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
	81243	81244	81245	81246	
	81247	81248	81249	81250	
	81251	81252	81253	81254	
	81255	81256	81257	81258	
	81259	81260	81261	81262	
	81263	81264	81265	81266	
	81267	81268	81269	81271	
	81272	81273	81274	81276	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	81283	81284	81285	81286	
	81287	81288	81289	81290	
	81291	81292	81294	81295	
	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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>		0074U	0075U	0076U	0084U
		0087U	0088U	0097U	0111U
		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	S3870	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
<b>Gender dysphoria treatment (continued)</b>	*For dates of service on or after Nov. 1, 2021 code 58573 will be recategorized to Hysterectomy, and will require prior authorization for all DX	<b>These surgical codes with the following DX codes:</b>			
		<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	58541	58554
		58573*	58661	58720	58940
		64856	64892	64896	
<b>Home and Community based services</b>	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				
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9474	
<b>Hospice</b>	Prior authorization required for inpatient admissions only	T2044	T2045		
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J1426	<b>Aralast NP, Prolastin-C, Zemaira®</b>			
	J0256	<b>Avsola™</b>			
	Q5121	<b>Benlysta</b>			
	J0490	<b>Beriner®</b>			
	J0597	<b>Botulinum toxins</b>			
	J0585	J0586	J0587	J0588	
	J0567	<b>Brineura™</b>			
	J0741	<b>Cabenuva™</b>			
	J1786	<b>Cerezyme®</b>			
	J0717	<b>Cimzia®*</b>			
	J2786	<b>Cinqair®</b>			
	J0598	<b>Cinryze®</b>			
	J0584	<b>Cryvista®</b>			
	J1743	<b>Elaprase®</b>			
	J3060	<b>Elelyso</b>			
	J3380	<b>Entyvio®</b>			
	J0885	<b>Erythropoiesis Stimulating Agents****</b>			
	J3111	<b>Evenity™</b>			
	J1305	<b>Evkeeza™</b>			
	J1428	<b>Exondys 51™</b>			
	J0180	<b>Fabrazyme®</b>			
	Q0138	<b>Feraheme®</b>			
	J0517	<b>Fasenra™</b>			
		<b>Fensolvi®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J1951				
	<b>Firmagon®</b>				
	J9155				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®*</b>				
	J1950				
	<b>Lupron Depot, Eligard®*</b>				
	J9217				
	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
<b>Mepsevii®</b>					
J3397					
<b>Monoferric®</b>					
J1437					
<b>Naglazyme®</b>					
J1458					
<b>Nplate®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J2796				
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Octreotide Acetate</b>				
	J2354				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia®</b>				
	J0129				
	Oxlumo™				
	J0224				
	<b>Parsabiv™</b>				
	J0606				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	Riabni™				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
J1602					
<b>Sodium Hyaluronate</b>					
J7320	J7321	J7322	J7324	J7324	
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Somatuline® Depot</b>			
		J1930			
		<b>Spinraza™</b>			
		J2326			
		<b>Spravato™</b>			
		S0013			
		<b>Stelara®</b>			
		J3358			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Synagis®*</b>			
		90378			
		<b>Tepezza®</b>			
		J3241			
		<b>Trelstar®</b>			
		J3315			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		J1746			
		<b>Truxima®</b>			
		Q5115			
		<b>Tysabri®</b>			
		J2323			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified and temporary codes**</b>			
		C9399	J3490	J3590	
		<b>Uplizna®</b>			
		J1823			
		<b>Vantas™</b>			
		J9225			
		<b>Viltepso™</b>			
		J1427			
		<b>Vimizim®</b>			
		J1322			
		<b>VPRIV®</b>			
		J3385			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyondys 53®</b>			
		J1429			
		<b>White blood cell colony stimulating factors***</b>			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		<b>Xolair®*</b>				
		J2357				
		<b>Zoladex®</b>				
		J9202				
		<b>Zolgensma®</b>				
		J3399				
		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 <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.				
		* Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at <b>800-310-6826</b> .				
		**For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for, , and Lupaneta Pack™, and Recovi®				
		***Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 Q5111, Q5120 and Q5122, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at <b>UHCProvider.com&gt;UnitedHealthcare Provider Portal&gt;Prior Authorization and Notification tool</b> on your Provider Portal dashboard or call <b>877-842-3210</b>				
	**** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis					

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112

<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0436	S9960
		S9961			

<b>Orthognathic surgery</b> 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (continued)</b>		21255	21296	21299	
<b>Orthotics and prosthetics</b>	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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	
<b>Outpatient Therapy</b>	Prior authorization required	70371	92507	92508	92521
		92522	92523	92524	92526
		92626	92627	92630	92633
		96105	97010	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient Therapy (continued)</b>		97799	G0129	G0151	G0152
		G0153	G0157	G0158	G0159
		G0160	G0161	G0281	G0282
		G0283	G2168	G2169	S9128
		S9129	S9131	S9152	
<b>Pain Injections and Management</b>	Prior authorization required for dates of service on or after Nov. 1, 2021	64490	64491	64492	64493
		64494	64495		
<b>Pediatric day services (PDMC)</b>	Prior authorization required	T1024			
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/NJcommunityplan</b> &gt;Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>		31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	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)	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
21320	30140	30520	69436		
69631					
<b>Gynecologic procedures</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies- Attended</b>	Prior authorization required	95805	95807	95808	95810
	<b>Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members</b>	95811			
<b>Spinal surgery</b>	Prior authorization required	22100	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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	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
	0095T	0098T	0164T		
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel) Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		S2061	S2152		
		<b>Car-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9081**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		Q2054			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®			
<b>Vein procedures</b>	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		
<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 <b>855-282-8929</b> .			
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			