

Prior Authorization Requirements for New Jersey Medicaid

Effective Feb. 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.

To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
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	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	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> Filgrastim (Neupogen®) 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 Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	Filgrastim-aafi (Nivestym™)
		Q5110*
		Filgrastim-sndz (Zarxio®)
		Q5101*
		Pegfilgrastim (Neulasta®)
		J2505*
		Pegfilgrastim-apgf (Nyvepria™)
		Q5122*
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120*
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108*
		Sargramostim (Leukine®)
J2820		
Tbo-filgrastim (Granix®)		
J1447*		
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®)
		J0897
		Prior authorization requests:
		Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129

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 tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .
	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 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*		
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
	E09.51	E09.52	E09.59	E09.621	

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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) • 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 <p>For prior authorization requests, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>			
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 Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279 E0265 E0328 E0465 E0483 E0652 E0745 E0787 E1004 E1008 E1035 E1229 E1234	A9280 E0266 E0445 E0466 E0486 E0669 E0762 E0984 E1005 E1009 E1036 E1231 E1235	A9900 E0270 E0457 E0470 E0620 E0700 E0766 E1002 E1006 E1010 E1130 E1232 E1236	E0194 E0277 E0460 E0471 E0637 E0710 E0784 E1003 E1007 E1030 E1161 E1233 E1237

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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
		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 In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
		B4102	B4103	B4149	B4150
	Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
		B9998			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4226	A4638	A6000	A9274
		E0231	E1831	S1030	S1031
		S2102	S9988	S9990	S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the	81164	81165	81166	81167
		81170	81171	81172	81173

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	prior	81174	81175	81176	81177
	authorization/notification	81178	81179	81180	81181
	process, which includes	81182	81183	81184	81185
	indicating the laboratory and	81186	81187	81188	81189
	test name. Payment will be	81190	81200	81201	81202
	authorized for those CPT	81203	81204	81205	81206
	codes registered with the	81207	81208	81209	81210
	Genetic and Molecular	81212	81215	81216	81217
	Testing Prior	81218	81219	81220	81221
	Authorization/Notification	81222	81223	81224	81225
	Program for each specified	81226	81227	81228	81229
	genetic test.	81230	81231	81232	81233
	Notification/prior	81234	81235	81236	81237
	authorization required for	81238	81239	81240	81241
	BRCA testing before DNA	81242	81243	81244	81245
	sequencing is performed.	81246	81247	81248	81249
	The ordering care provider	81250	81251	81252	81253
	must notify the laboratory	81254	81255	81256	81257
	conducting the test and the	81258	81259	81260	81261
	laboratory will notify	81262	81263	81264	81265
	UnitedHealthcare.	81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81307
		81308	81309	81310	81311
		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	81374	
	81375	81376	81377	81378	
	81379	81380	81381	81382	
	81383	81400	81401	81402	
	81403	81404	81405	81406	
	81407	81408	81410	81411	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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	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	0111U	0129U	0136U
	0137U	0154U	0155U	0157U	
	0158U	0159U	0160U	0161U	
	S3870				
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		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	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 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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®*****			
		J1931			
		Aralast NP, Prolastin-C, Zemaira®*****			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
		J1786			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cryvista®			
		J0584			
		Elaprase®*****			
J1743					
Elelyso					
J3060					
Entyvio®					
J3380					
Erythropoiesis Stimulating Agents****					
J0885					
Evenity™					
J3111					
Exondys 51™					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1428				
	Fabrazyme®*****				
	J0180				
	Feraheme®				
	Q0138				
	Fasenra™				
	J0517				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®*****				
	J0257				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	C9072	J1459	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Kanuma®*****				
	J2840				
	Krystexxa®*****				
	J2507				
	Lemtrada®				
	J0202				
	Lumizyme®*****				
	J0221				
	Luxturna™				
	J3398				
	Makena®				
	J1726	J1729	J2675		
Mepsevii®*****					
J3397					
Monoferric®					
J1437					
Naglazyme®*****					
J1458					
Nucala®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J2182			
		Ocrevus™			
		J2350			
		Onpattro™			
		J0222			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Radicava®			
		J1301			
		Reblozyl®			
		J0896			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Scenesse®			
		J7352			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7333	
	Soliris®				
	J1300				
	Spinraza™				
	J2326				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Synagis®*				
	90378				
	Tepezza®				
	J3241				
	Trogarzo™				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1746			
		Truxima®			
		Q5115			
		Tysabri®*****			
		J2323			
		Ultomiris™			
		J1303			
		Unclassified and temporary codes**			
		C9071	C9399	J3490	J3590
		Uplizna®			
		J1823			
		Vimizim®*****			
		J1322			
		VPRIV®*****			
		J3385			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		White blood cell colony stimulating factors***			
		J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xolair®*			
		J2357			
		Zolgensma®			
		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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.			
		**For Unclassified and temporary codes C9071, C9399, J3490 and J3590, prior authorization is only required for Viltepso™ For dates of service on or after March 1, 2021 Recovi® will also require prior authorization			
		***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 UHCProvider.com>Link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210			
		**** For code J0885 prior authorization is required for both			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis ***** For dates of service on or after March 1, 2021, these codes will also require prior authorization</p>			
Joint replacement 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
Non-emergent air ambulance transport	Prior authorization required	A0430 S9961	A0431	A0436	S9960
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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 - Speech	Prior authorization required	92507	92508		
Pediatric day services (PDMC)	Prior authorization required	T1024			
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1000	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	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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 Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty		31295	31296	31297	31298
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)	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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 adenoidectomy			
		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- Attended	Prior authorization required	95805	95807	95808	95810
	Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members	95811			
Spinal surgery	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
		63005	63011	63012	63015

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	
	Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator 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 Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) 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 Car-T Cell Therapy 0537T 0538T 0539T 0540T			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		C9073**	J3490**	J3590**	J9999**
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9073, J3490, J3590 and J9999 prior authorization is only required for Tecartus™			
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 (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			