

Prior Authorization Requirements for New Jersey Medicaid

Effective June 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 | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services | | 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. • For ABA Therapy, submit via fax or Provider Express | | | |
| Bone growth stimulator | Prior authorization required | 20975 | 20979 | | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| Breast reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19325 | 19328 |
| Reconstruction of the breast except when following mastectomy | | 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 *Codes J1442, J1447 J2505, Q5101, | <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 |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

| | | | | |
|---|--|--|-------|-------|
| Cancer supportive care (continued) | 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 | | |
| | | <u>Anti-emetic drugs that require prior authorization for dates of service on or after 7/1/2021:</u> | | |
| | J0185 | J1453 | J1454 | J1627 |
| | J2469 | J8501 | J8670 | J8655 |
| | | 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:

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|-----------------------------------|---|---|----------|----------|----------|-------|
| Cardiovascular (continued) | | 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 | |
| | | 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 |
| | | Prior authorization is not required for outpatient hospital or ambulatory surgical center | 95714 | 95715 | 95716 | 95718 |
| | | | 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). For dates of service on or after 7/1/2021 Lupron Depot (J1950) 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 <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 | A9280 E0266 E0445 E0466 E0486 E0669 E0762 | A9900 E0270 E0457 E0470 E0620 E0700 E0766 | E0194 E0277 E0460 E0471 E0637 E0710 E0784 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Durable medical equipment (DME) (continued) | | 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 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| 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 |
| | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. | 81121 | 81161 | 81162 | 81163 |
| | | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81171 | 81172 | 81173 |
| | | 81174 | 81175 | 81176 | 81177 |
| | Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. | 81178 | 81179 | 81180 | 81181 |
| | | 81182 | 81183 | 81184 | 81185 |
| | | 81186 | 81187 | 81188 | 81189 |
| | | 81190 | 81200 | 81201 | 81202 |
| | 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. | 81203 | 81204 | 81205 | 81206 |
| | | 81207 | 81208 | 81209 | 81210 |
| | | 81212 | 81215 | 81216 | 81217 |
| | | 81218 | 81219 | 81220 | 81221 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | 81234 | 81235 | 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 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|----------------|--------------|--------------|
| Genetic and molecular testing to include BRCA (continued) | | 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 |
| | | 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 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Gender dysphoria treatment (continued) | | 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 | | | | |
| 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® | | | | | |
| J2786 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---|--|-------|-------|-------|
| Injectable medications (continued) | J0598 Cryvista® | | | | |
| | J0584 Elaprase® | | | | |
| | J1743 ElELYso | | | | |
| | J3060 Entyvio® | | | | |
| | J3380 Erythropoiesis Stimulating Agents**** | | | | |
| | J0885 Evenity™ | | | | |
| | J3111 Exondys 51™ | | | | |
| | J1428 Fabrazyme® | | | | |
| | J0180 Feraheme® | | | | |
| | Q0138 Fasenra™ | | | | |
| | J0517 Firmagon®***** | | | | |
| | 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 | |
| | | J1290 Kalbitor® | | | |
| | | J2840 Kanuma® | | | |
| | | J2840 Krystexxa® | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|------------------------------------|-----------------------------------|--|-------|--|
| Injectable medications (continued) | J2507 | | | |
| | Lemtrada® | | | |
| | J0202 | | | |
| | Lumizyme® | | | |
| | J0221 | | | |
| | Lupron Depot®**** | | | |
| | J1950 | | | |
| | Lupron Depot, Eligard®**** | | | |
| | J9217 | | | |
| | Luxturna™ | | | |
| | J3398 | | | |
| | Makena® | | | |
| | J1726 | J1729 | J2675 | |
| | Mepsevii® | | | |
| | J3397 | | | |
| | Monoferric® | | | |
| | J1437 | | | |
| | Naglazyme® | | | |
| | J1458 | | | |
| | Nucala® | | | |
| | J2182 | | | |
| | Ocrevus™ | | | |
| | J2350 | | | |
| | Onpattro™ | | | |
| | J0222 | | | |
| | Orencia® | | | |
| | J0129 | | | |
| | Oxlumo™***** | | | |
| | J0224 | | | |
| | Parsabiv™ | | | |
| | J0606 | | | |
| | Radicava® | | | |
| | J1301 | | | |
| | Reblozyl® | | | |
| | J0896 | | | |
| | Remicade® | | | |
| | J1745 | | | |
| | Renflexis® | | | |
| | Q5104 | | | |
| | Riabni™***** | | | |
| | Q5123 | | | |
| | Rituxan® | | | |
| | J9312 | | | |
| | Rituxan Hycela® | | | |
| | J9311 | | | |
| | Ruconest® | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|------------------------------------|---|--|-------|-------|-------|--|
| Injectable medications (continued) | J0596 | | | | | |
| | Ruxience® | | | | | |
| | Q5119 | | | | | |
| | | Scenesse® | | | | |
| | | J7352 | | | | |
| | | Simponi Aria® | | | | |
| | | J1602 | | | | |
| | | Sodium Hyaluronate | | | | |
| | | J7320 | J7321 | J7322 | J7324 | |
| | | J7325 | J7326 | J7327 | J7329 | |
| | | J7331 | J7332 | | | |
| | | Soliris® | | | | |
| | | J1300 | | | | |
| | | Spinraza™ | | | | |
| | | J2326 | | | | |
| | | Spravato™ | | | | |
| | | S0013 | | | | |
| | | Stelara® | | | | |
| | | J3358 | | | | |
| | | Supprelin® LA***** | | | | |
| | | J9226 | | | | |
| | | Synagis®* | | | | |
| | | 90378 | | | | |
| | | Tepezza® | | | | |
| | | J3241 | | | | |
| | | Trelstar®***** | | | | |
| | | J3315 | | | | |
| | | Triptodur®***** | | | | |
| | | J3316 | | | | |
| | | Trogarzo™ | | | | |
| | | J1746 | | | | |
| | | Truxima® | | | | |
| | Q5115 | | | | | |
| | Tysabri® | | | | | |
| | J2323 | | | | | |
| | Ultomiris™ | | | | | |
| | J1303 | | | | | |
| | Unclassified and temporary codes** | | | | | |
| | C9075 | C9399 | J3490 | J3590 | | |
| | Uplizna® | | | | | |
| | J1823 | | | | | |
| | Vantas™***** | | | | | |
| | J9225 | | | | | |
| | Viltepso™ | | | | | |
| | J1427 | | | | | |
| | Vimizim® | | | | | |
| | J1322 | | | | | |
| | VPRIV® | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---|---|---|
| Injectable medications (continued) | <p>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 Zoladex®***** J9202 Zolgensma® J3399</p> <p>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.</p> <p>* Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Recovi® and Riabni™. For dates of service on or after 7/1/2021, Amondys 45, and Lupaneta Pack™, will also require prior authorization.</p> <p>***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</p> <p>**** For code J0885 prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis</p> <p>***** Prior authorization is required for dates of service on or after 7/1/2021</p> | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 24360 24370 27125 27137 27447 29867 | 23472 24361 24371 27130 27138 27486 29868 | 23473 24362 27120 27132 27412 27487 J7330 | 23474 24363 27122 27134 27446 29866 S2112 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---|---|---|
| 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 21141 21146 21154 21188 21196 21208 21240 21246 21255 | 21123 21142 21147 21155 21193 21198 21209 21242 21247 21296 | 21125 21143 21150 21159 21194 21199 21210 21244 21248 21299 | 21127 21145 21151 21160 21195 21206 21215 21245 21249 |
| 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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 | L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 | L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 | L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------------|----------------|----------------|
| 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 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> | <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631</p> <p>Gynecologic procedures 57522 58353 58558 58563 58565</p> <p>Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655</p> <p>Liver biopsy 47000</p> <p>Miscellaneous 20680</p> <p>Ophthalmologic</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| 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 |
| | | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|---|--|------------------------------|--|---------|-------|
| Spinal surgery (continued) | | 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 | 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 Maralucel) 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 | 50380 | | 50547 | S2060 | |
| | S2061 | S2152 | | | | |
| | Car-T Cell Therapy | | | | | |
| | 0537T | 0538T | | 0539T | 0540T | |
| | C9076** | C9399** | | J3490** | J3590** | |
| | J9999** | Q2041 | | Q2042 | Q2053 | |
| | *Code 38232 will only require prior authorization for an oncology diagnosis | | | | | |
| | **For dates of service on or after 7/1/2021, unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi® | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization required | 36468 | 36473 | 36475 | 36478 |
| | | 37700 | 37718 | 37722 | 37780 |
| Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | 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 . | | | |
| | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required | E2402 | | | |