

# Prior Authorization Requirements for New Jersey Medicaid

Effective Aug. 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](https://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](https://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			
<b>Acupuncture</b>	Prior authorization required	97811	97814		
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<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. <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	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	
<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>*Codes J1442, J1447 J2505, Q5101,</b>	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b> J1442*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
-------------------------	------------------------	--

<b>Cancer supportive care (continued)</b>	Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	<b>Filgrastim-aafi (Nivestym™)</b>		
		Q5110*		
		<b>Filgrastim-sndz (Zarxio®)</b>		
		Q5101*		
		<b>Pegfilgrastim (Neulasta®)</b>		
		J2505*		
		<b>Pegfilgrastim-apgf (Nyvepria™)</b>		
		Q5122*		
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>		
		Q5120*		
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>		
		Q5111*		
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>		
		Q5108*		
		<b>Sargramostim (Leukine®)</b>		
J2820				
<b>Tbo-filgrastim (Granix®)</b>				
J1447*				
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>		
		<b>Denosumab (Xgeva®)</b>		
		J0897		
		<b><u>Anti-emetic drugs that require prior authorization:</u></b>		
	J0185	J1453	J1454	J1627
	J2469	J8501	J8670	J8655
		<b>Prior authorization requests:</b>		
		Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>		

<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 Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .
	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 <b>UHCprovider.com/NJcommunityplan</b> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program

<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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	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		
I70.621	I70.622	I70.623	I70.628		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

<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, J6042). 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 Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>			

<b>Cochlear implants and other auditory implants</b> 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	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

<b>Cosmetic and reconstructive</b> 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	11971	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	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
67966	Q2026				

<b>Durable medical equipment (DME)</b>  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0328	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
		E0483	E0486	E0620	E0637
		E0652	E0669	E0700	E0710
		E0745	E0762	E0766	E0784
		E0787	E0984	E1002	E1003



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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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.	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			
			<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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		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		
<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>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Aralast NP, Prolastin-C, Zemaira®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
<b>Cerezyme®</b>					
J1786					
<b>Cimzia®*</b>					
J0717					
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J2786					

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	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>		
	J2796		
	<b>Nucala®</b>		
	J2182		
	<b>Ocrevus™</b>		
	J2350		
	<b>Octreotide Acetate</b>		
	J2354		
	<b>Onpattro™</b>		
	J0222		
	<b>Orencia®</b>		
J0129			
<b>Oxlumo™</b>			
J0224			
<b>Parsabiv™</b>			
J0606			
<b>Radicava®</b>			
J1301			
<b>Reblozyl®</b>			
J0896			
<b>Remicade®</b>			
J1745			
<b>Renflexis®</b>			
Q5104			
<b>Riabni™</b>			
Q5123			
<b>Rituxan®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<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>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	C9075	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				
	<b>Xolair®*</b>				
	J2357				
	<b>Zoladex®</b>				
	J9202				
<b>Zolgensma®</b>					
J3399					
<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 &amp; 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> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; 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 <b>800-310-6826</b>.</p>					
<p>**For Unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, and Lupaneta Pack™, and Recovi®</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 <b>UHCProvider.com</b>&gt;Link&gt;Prior Authorization and Notification tool on your link dashboard or call <b>877-842-3210</b></p>					
<p>**** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 S9961	A0431	A0436	S9960
<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
		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
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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		
L7040	L7045	L7170	L7180		
L7181	L7185	L7186	L7190		
L7191	L7405	L8040	L8042		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	L1820
<b>Outpatient Therapy - Speech</b>	Prior authorization required	92507	92508		
<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 Link. Go to <b>UHCprovider.com</b> 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 <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>	<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><b>Carpal tunnel surgery</b> 64721</p> <p><b>Cataract surgery</b> 66821 66982 66984</p> <p><b>Colonoscopy</b> 45378 45380 45384 45385</p> <p><b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931</p> <p><b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631</p> <p><b>Gynecologic procedures</b> 57522 58353 58558 58563 58565</p> <p><b>Hernia repair</b></p>			



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>		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>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<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
		63005	63011	63012	63015
		63016	63017	63020	63030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	<b>Bone growth stimulator</b>		
		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	
Transplants		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
		S2061	S2152		
		<b>Car-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
<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	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			