

Prior Authorization Requirements for New Jersey Medicaid

Effective Sept. 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 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. • For ABA Therapy, submit via fax or Provider Express | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 19330 19357 19368 19380 | 19318 19340 19361 19369 19396 | 19325 19342 19364 19370 L8600 | 19328 19350 19367 19371 |
| Cancer supportive care | Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447 J2505, | <u>Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®)</u> J1442* | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|---|--|
| Cancer supportive care (continued) | <p>Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p> | <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</p> <p>Pegfilgrastim-appgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Anti-emetic drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Aloxi® (palonosetron) J2469</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p>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> |
| Cardiology | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for</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</p> |

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

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|-------------------------------|---|---|--|--|--|
| Cardiology (continued) | participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance | 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 |
| 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 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--|----------|----------|--|
| Cardiovascular (continued) | I70.533 | I70.534 | I70.535 | I70.538 | |
| | I70.539 | I70.541 | I70.542 | I70.543 | |
| | I70.544 | I70.545 | I70.548 | I70.549 | |
| | I70.561 | I70.562 | I70.563 | I70.568 | |
| | I70.569 | I70.591 | I70.592 | I70.593 | |
| | I70.598 | I70.599 | I70.601 | I70.602 | |
| | I70.603 | I70.608 | I70.609 | I70.611 | |
| | I70.612 | I70.613 | I70.618 | I70.619 | |
| | I70.621 | I70.622 | I70.623 | I70.628 | |
| | I70.629 | I70.631 | I70.632 | I70.633 | |
| | I70.634 | I70.635 | I70.638 | I70.639 | |
| | I70.641 | I70.642 | I70.643 | I70.644 | |
| | I70.645 | I70.648 | I70.649 | I70.661 | |
| | I70.662 | I70.663 | I70.668 | I70.669 | |
| | I70.691 | I70.692 | I70.693 | I70.698 | |
| | I70.699 | I70.701 | I70.702 | I70.703 | |
| | I70.708 | I70.709 | I70.711 | I70.712 | |
| | I70.713 | I70.718 | I70.719 | I70.721 | |
| | I70.722 | I70.723 | I70.728 | I70.729 | |
| | I70.731 | I70.732 | I70.733 | I70.734 | |
| | I70.735 | I70.738 | I70.739 | I70.741 | |
| | I70.742 | I70.743 | I70.744 | I70.745 | |
| | I70.748 | I70.749 | I70.761 | I70.762 | |
| | I70.763 | I70.768 | I70.769 | I70.791 | |
| | I70.792 | I70.793 | I70.798 | I70.799 | |
| | I70.8 | I70.90 | I70.91 | I70.92 | |
| | I72.3 | I72.4 | I72.8 | I72.9 | |
| | I73.89 | I73.9 | I74.3 | I74.4 | |
| | I74.5 | I74.8 | I74.9 | I75.021 | |
| | I75.022 | I75.023 | I75.029 | I75.89 | |
| | I77.1 | I77.2 | I77.70 | I77.72 | |
| | I77.77 | I77.79 | I96 | L03.115 | |
| | L03.116 | L97.319 | L97.329 | L97.419 | |
| | L97.429 | L97.511 | L97.512 | L97.513 | |
| | L97.519 | L97.521 | L97.522 | L97.529 | |
| | L97.819 | L97.828 | L97.829 | L97.909 | |
| | L97.919 | L97.929 | L98.491 | L98.499 | |
| | M79.604 | M79.605 | M79.606 | M79.609 | |
| | M79.651 | M79.652 | M79.659 | M79.661 | |
| | M79.662 | M79.669 | M79.671 | M79.672 | |
| | M79.673 | M79.674 | M79.675 | M79.676 | |
| | M86.661 | M86.662 | M86.669 | M86.671 | |
| | M86.672 | M86.679 | M86.8X7 | Q27.30 | |
| | Q27.32 | Q27.39 | Q27.8 | Q27.9 | |
| | Q87.2 | R93.6 | S35.511A | S35.512A | |
| S81.801A | S81.802A | S81.809A | S91.301A | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950) 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 | 69714 | 69715 | 69718 |
| | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| 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 | 11971 | 14020 | 14021 |
| | | 14061 | 15820 | 15821 | 15822 |
| | | 15823 | 15830 | 15847 | 15877 |
| | | 17106 | 17107 | 17108 | 17999 |
| | | 21137 | 21138 | 21139 | 21172 |
| | | 21175 | 21179 | 21180 | 21181 |
| | | 21182 | 21183 | 21184 | 21230 |
| | | 21235 | 21256 | 21275 | 21280 |
| | | 21282 | 21295 | 21740 | 21742 |
| | | 21743 | 28344 | 30620 | 67900 |
| | | 67901 | 67902 | 67903 | 67904 |
| | | 67906 | 67908 | 67909 | 67911 |
| | | 67912 | 67914 | 67915 | 67916 |
| 67917 | 67921 | 67922 | 67923 | | |
| 67924 | 67950 | 67961 | 67966 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|--|--|---|
| Cosmetic and reconstructive (continued) | | Q2026 | | | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279 E0265 E0328 E0465 E0483 E0652 E0745 E0787 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301 E2325 E2351 E2512 E2628 E8001 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5270 V5281 V5287 | A9280 E0266 E0445 E0466 E0486 E0669 E0762 E0984 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310 E2327 E2373 E2599 E2629 E8002 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5271 V5282 V5289 | A9900 E0270 E0457 E0470 E0620 E0700 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825 E2230 E2311 E2329 E2510 E2626 E2630 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5272 V5283 V5290 | E0194 E0277 E0460 E0471 E0637 E0710 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2300 E2322 E2331 E2511 E2627 E8000 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5269 V5274 V5286 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | | | | |
| Enteral services | Prior authorization required for members ages 5 and older | B4034 B4102 B4152 B4159 B9998 | B4035 B4103 B4153 B4160 | B4036 B4149 B4155 B4161 | B4100 B4150 B4158 B9002 |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request. | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| 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 Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. 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. | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81171 | 81172 | 81173 |
| | | 81174 | 81175 | 81176 | 81177 |
| | | 81178 | 81179 | 81180 | 81181 |
| | | 81182 | 81183 | 81184 | 81185 |
| | | 81186 | 81187 | 81188 | 81189 |
| | | 81190 | 81200 | 81201 | 81203 |
| | | 81204 | 81205 | 81208 | 81209 |
| | | 81212 | 81216 | 81218 | 81220 |
| | | 81222 | 81223 | 81224 | 81225 |
| | | 81226 | 81227 | 81228 | 81229 |
| | | 81230 | 81231 | 81232 | 81233 |
| | | 81234 | 81236 | 81237 | 81238 |
| | | 81239 | 81240 | 81241 | 81242 |
| | | 81243 | 81244 | 81245 | 81246 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| 81255 | 81256 | 81257 | 81258 | | |
| 81259 | 81260 | 81261 | 81262 | | |
| 81263 | 81264 | 81265 | 81266 | | |
| 81267 | 81268 | 81269 | 81271 | | |
| 81272 | 81273 | 81274 | 81276 | | |
| 81283 | 81284 | 81285 | 81286 | | |
| 81287 | 81288 | 81289 | 81290 | | |
| 81291 | 81292 | 81294 | 81295 | | |
| 81297 | 81298 | 81300 | 81302 | | |
| 81303 | 81304 | 81305 | 81306 | | |
| 81307 | 81309 | 81310 | 81312 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 81313 | 81314 | 81315 | 81316 |
| | | 81317 | 81318 | 81319 | 81320 |
| | | 81321 | 81322 | 81323 | 81324 |
| | | 81325 | 81326 | 81327 | 81328 |
| | | 81329 | 81330 | 81331 | 81332 |
| | | 81333 | 81334 | 81335 | 81336 |
| | | 81337 | 81340 | 81341 | 81342 |
| | | 81343 | 81344 | 81345 | 81346 |
| | | 81350 | 81355 | 81361 | 81362 |
| | | 81363 | 81364 | 81370 | 81371 |
| | | 81372 | 81373 | 81375 | 81376 |
| | | 81377 | 81378 | 81379 | 81380 |
| | | 81381 | 81382 | 81383 | 81400 |
| | | 81401 | 81402 | 81403 | 81404 |
| | | 81405 | 81406 | 81407 | 81408 |
| | | 81410 | 81411 | 81412 | 81413 |
| | | 81414 | 81415 | 81416 | 81417 |
| | | 81420 | 81430 | 81431 | 81432 |
| | | 81433 | 81434 | 81435 | 81436 |
| | | 81437 | 81438 | 81439 | 81440 |
| | | 81442 | 81445 | 81448 | 81460 |
| | | 81465 | 81470 | 81471 | 81479 |
| | | 81507 | 81518 | 81519 | 81520 |
| | | 81521 | 81522 | 81546 | 81595 |
| | | 81599 | 87481 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87623 | 87797 | 87798 |
| | | 87799 | 87800 | 87801 | 0001U |
| | | 0004M | 0006M | 0007M | 0012U |
| | | 0013U | 0014U | 0016U | 0017U |
| | | 0018U | 0022U | 0023U | 0026U |
| | | 0027U | 0030U | 0031U | 0032U |
| | | 0033U | 0034U | 0040U | 0046U |
| | | 0049U | 0055U | 0060U | 0068U |
| | | 0070U | 0071U | 0072U | 0073U |
| | 0074U | 0075U | 0076U | 0084U | |
| | 0087U | 0088U | 0097U | 0111U | |
| | 0129U | 0136U | 0137U | 0154U | |
| | 0155U | 0157U | 0158U | 0159U | |
| | 0160U | 0161U | S3870 | | |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|----------------|--------------|--------------|
| Gender dysphoria treatment (continued) | | These surgical codes with the following DX codes: | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 14000 | 14001 | 14041 | 15734 |
| | | 15738 | 15750 | 15757 | 15758 |
| | | 19303 | 53410 | 53430 | 54125 |
| | | 54520 | 54660 | 54690 | 55175 |
| | | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58541 | 58554 |
| | | 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 | | |
| Hysterectomy | Prior authorization require | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58570 | 58571 |
| | | 58572 | | | |
| 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 | | | | | |

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

| | | | | | |
|------------------------------------|--|-------|-------|-------|-------|
| Injectable medications (continued) | 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™ | | | | |
| | J1428 | | | | |
| | Fabrazyme® | | | | |
| | J0180 | | | | |
| | Feraheme® | | | | |
| | Q0138 | | | | |
| | Fasenra™ | | | | |
| | J0517 | | | | |
| | Firmagon® | | | | |
| | J9155 | | | | |
| | Gamifant® | | | | |
| | J9210 | | | | |
| Givlaari® | | | | | |
| J0223 | | | | | |
| Glassia® | | | | | |
| J0257 | | | | | |
| Ilaris® | | | | | |
| J0638 | | | | | |
| Ilumya™ | | | | | |
| J3245 | | | | | |
| Inflectra® | | | | | |
| Q5103 | | | | | |

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

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|---------------------------------------|--------------------------------|-------|-------|-------|--|
| Injectable medications (continued) | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | 90283 | 90284 | J1459 | J1554 | |
| | J1555 | J1556 | J1557 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | J1599 | | |
| | Kalbitor® | | | | |
| | J1290 | | | | |
| | Kanuma® | | | | |
| | J2840 | | | | |
| | Krystexxa® | | | | |
| | J2507 | | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Lumizyme® | | | | |
| | J0221 | | | | |
| | Lupron Depot®* | | | | |
| | J1950 | | | | |
| | Lupron Depot, Eligard®* | | | | |
| J9217 | | | | | |
| Luxturna™ | | | | | |
| J3398 | | | | | |
| Makena® | | | | | |
| J1726 | J1729 | J2675 | | | |
| Mepsevii® | | | | | |
| J3397 | | | | | |
| Monoferric® | | | | | |
| J1437 | | | | | |
| Naglazyme® | | | | | |
| J1458 | | | | | |
| Nplate® | | | | | |
| J2796 | | | | | |
| Nucala® | | | | | |
| J2182 | | | | | |
| Ocrevus™ | | | | | |
| J2350 | | | | | |
| Octreotide Acetate | | | | | |
| J2354 | | | | | |
| Onpattro™ | | | | | |
| J0222 | | | | | |
| Orencia® | | | | | |
| J0129 | | | | | |
| Oxlumo™ | | | | | |
| J0224 | | | | | |
| Parsabiv™ | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
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|------------------------------------|---------------------------|-------|-------|-------|
| Injectable medications (continued) | J0606 | | | |
| | Radicava® | | | |
| | J1301 | | | |
| | Reblozyl® | | | |
| | J0896 | | | |
| | Remicade® | | | |
| | J1745 | | | |
| | Renflexis® | | | |
| | Q5104 | | | |
| | Riabni™ | | | |
| | Q5123 | | | |
| | Rituxan® | | | |
| | J9312 | | | |
| | Rituxan Hycela® | | | |
| | J9311 | | | |
| | Ruconest® | | | |
| | J0596 | | | |
| | Ruxience® | | | |
| | Q5119 | | | |
| | Sandostatin® LAR | | | |
| | J2353 | | | |
| | Scenesse® | | | |
| | J7352 | | | |
| | Signifor® LAR | | | |
| | J2502 | | | |
| | Simponi Aria® | | | |
| | J1602 | | | |
| | Sodium Hyaluronate | | | |
| | J7320 | J7321 | J7322 | J7324 |
| | J7325 | J7326 | J7327 | J7329 |
| | J7331 | J7332 | | |
| | Soliris® | | | |
| | J1300 | | | |
| | Somatuline® Depot | | | |
| | J1930 | | | |
| | Spinraza™ | | | |
| | J2326 | | | |
| | Spravato™ | | | |
| S0013 | | | | |
| Stelara® | | | | |
| J3358 | | | | |
| Supprelin® LA | | | | |
| J9226 | | | | |
| Synagis®* | | | | |
| 90378 | | | | |
| Tepezza® | | | | |
| J3241 | | | | |



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

| | | | | |
|---|-------|-------|--|-------|
| 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® | | | | |
| 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 | | | | |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

Injectable medications (continued)

* Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at **800-310-6826**.

**For Unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, and Lupaneta Pack™, and Recovi®

***Codes J1442, J1447 J2505, Q5101, Q5108, Q5110 Q5111, Q5120 and Q5122, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at **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 oncology and non-oncology DX.
Prior authorization is not required for ESRD diagnosis

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| 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 |

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|---|------------------------------|----------------|-------|-------|-------|
| Non-emergent air ambulance transport | Prior authorization required | A0430 S9961 | A0431 | A0436 | S9960 |
|---|------------------------------|----------------|-------|-------|-------|

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|---|------------------------------|-------|-------|-------|-------|
| 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 | |

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|----------------------------------|---|-------|-------|-------|-------|
| 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 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|------------------------|--|-------|-------|--|
| Orthotics and prosthetics (continued) | L2060 | L2106 | L2108 | L2126 | |
| | L2136 | L2350 | L2510 | L2526 | |
| | L2627 | L2628 | L3230 | L3265 | |
| | L3649 | L3671 | L3674 | L3720 | |
| | L3730 | L3740 | L3763 | L3764 | |
| | L3900 | L3901 | L3904 | L3905 | |
| | L3961 | L3971 | L3975 | L3976 | |
| | L3977 | L3999 | L4000 | L4010 | |
| | L4020 | L4631 | L5010 | L5020 | |
| | L5050 | L5060 | L5100 | L5105 | |
| | L5150 | L5160 | L5200 | L5210 | |
| | L5220 | L5230 | L5250 | L5270 | |
| | L5280 | L5301 | L5312 | L5321 | |
| | L5331 | L5341 | L5400 | L5420 | |
| | L5460 | L5500 | L5505 | L5510 | |
| | L5520 | L5530 | L5535 | L5540 | |
| | L5560 | L5570 | L5580 | L5585 | |
| | L5590 | L5595 | L5600 | L5610 | |
| | L5613 | L5614 | L5616 | L5639 | |
| | L5640 | L5642 | L5643 | L5644 | |
| | L5646 | L5647 | L5648 | L5649 | |
| | L5651 | L5653 | L5661 | L5673 | |
| | L5682 | L5683 | L5700 | L5702 | |
| | L5703 | L5705 | L5706 | L5716 | |
| | L5718 | L5722 | L5724 | L5726 | |
| | L5728 | L5780 | L5790 | L5795 | |
| | L5811 | L5812 | L5814 | L5816 | |
| | L5818 | L5822 | L5824 | L5826 | |
| | L5828 | L5830 | L5845 | L5848 | |
| | L5857 | L5858 | L5930 | L5950 | |
| | 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L6697 | L6704 | L6707 | L6708 |
| | | L6709 | L6711 | L6712 | L6713 |
| | | L6714 | L6715 | L6880 | L6881 |
| | | L6882 | L6883 | L6884 | L6885 |
| | | L6895 | L6900 | L6905 | L6910 |
| | | L6915 | L6920 | L6925 | L6930 |
| | | L6935 | L6940 | L6945 | L6950 |
| | | L6955 | L6960 | L6965 | L6970 |
| | | L6975 | L7007 | L7008 | L7009 |
| | | L7040 | L7045 | L7170 | L7180 |
| | | L7181 | L7185 | L7186 | L7190 |
| | | L7191 | L7405 | L8040 | L8042 |
| | | L8043 | L8044 | L8045 | L8046 |
| | | L8047 | L8499 | L8609 | L8610 |
| | | L8612 | L8631 | L8659 | L1820 |
| | Outpatient Therapy | Prior authorization required | 92507 | 92508 | |
| For dates of service on or after Oct. 1, 2021 prior authorization will be required for the following codes: | | | | | |
| | | 70371 | 92521 | 92522 | 92523 |
| | | 92524 | 92526 | 92626 | 92627 |
| | | 92630 | 92633 | 96105 | 97010 |
| | | 97012 | 97014 | 97016 | 97018 |
| | | 97022 | 97024 | 97026 | 97028 |
| | | 97032 | 97033 | 97034 | 97035 |
| | | 97036 | 97039 | 97110 | 97112 |
| | | 97113 | 97116 | 97124 | 97129 |
| | | 97130 | 97139 | 97140 | 97150 |
| | | 97161 | 97162 | 97163 | 97164 |
| | | 97165 | 97166 | 97167 | 97168 |
| | | 97169 | 97530 | 97533 | 97535 |
| | | 97537 | 97542 | 97750 | 97760 |
| | | 97761 | 97763 | 97799 | G0129 |
| | | G0151 | G0152 | G0153 | G0157 |
| | | G0158 | G0159 | G0160 | G0161 |
| | | G0281 | G0282 | G0283 | G2168 |
| | | G2169 | S9128 | S9129 | S9131 |
| | | S9152 | | | |
| Revenue Codes | | | | | |
| | | 420 | 421 | 422 | 423 |
| | | 424 | 430 | 431 | 432 |
| | | 433 | 434 | 440 | 441 |
| | | 442 | 443 | 444 | |
| 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 65426 65730 65855 66170 66761 67028 67036 67040</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 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 |
| 63195 | 63196 | 63198 | 63199 | | |
| | 63200 | 63250 | 63251 | 63252 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|---------|---------|---------|
| Spinal surgery (continued) | | 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 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 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 37700 37766 | 36473 37718 37780 | 36475 37722 | 36478 37765 |
| 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 33976 33983 | 33928 33979 Q0507 | 33929 33981 Q0508 | 33975 33982 Q0509 |
| Wound vac | Prior authorization required | E2402 | | | |