

Prior authorization requirements for UnitedHealthcare Community Plan of New Jersey

Effective October 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of New Jersey health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization required	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			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
mastectomy) Reconstruction of the breast except when following mastectomy		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 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Q5136	Q5157	Q5158	Q5159
		<u>Injectable colony-stimulating factor drugs that require prior authorization –</u>			
		Q5148			
		Eflapegrastim-xnst (Rolvedon®)			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
		Filgrastim-ayow (Releuko®)			
		Q5125*			
		Pegfilgrastim (Neulasta®)			
		J2506*			
		Pegfilgrastim-apgf (Nyvepria™)			
		Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®)			
		Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111*			
		Pegfilgrastim-jmdb (Fulphila™)			
		Q5108*			
		Sargramostim (Leukine®)			
		J2820			
		Tbo-filgrastim (Granix®)			
		J1447*			
		Trilaciclib (Cosela™)			
		J1448			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Xgeva®)			
		J0897			
		<u>Anti-emetic drugs that require prior authorization:</u>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cancer supportive care (cont.)		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		fosaprepitant			
		J1456			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Erythropoiesis-Stimulating Agents			
		J0885			
		Sustol® (granisetron extended release)			
		J1627			
		J1434	J2468		
		Therapeutic Radiopharmaceuticals			
		A9615			
		Prior authorization requests:			
		Please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . To get started, click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, , electrophysiology implants, and stress echoes prior to performance	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com . Or, you can call 866 889 8054 .			
		For more details and the CPT codes that require prior authorization, please see UHCprovider.com/NJcommunityplan >Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization required	93580			
		* Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.268	I70.269	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	I70.421	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	I70.521	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	I70.621	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	I70.721	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	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
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: - Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950), Leuprolide (J1952) 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 For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 888-397-8129.			
Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion to help persons with profound					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
sensorineural deafness achieve conversational speech					
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14061*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	97597
		Q2026			
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
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	A9900	E0194	E0265
		E0266	E0270	E0277	E0328
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0637	E0652
		E0669	E0745	E0762	E0766
		E0784	E0787	E0984	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
	Prosthetics are not DME – See orthotics and prosthetics	E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2607	E2626	E2627	E2628
		E2629	E2630	E8000	E8001

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E8002	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786		
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
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
	Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B9998			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	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 is required for genetic and molecular testing performed in an outpatient setting.	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81425
	Health care professionals requesting laboratory	81426	81427	81431	81432
		81435	81437	81439	81440

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	testing will be required	81441	81443	81445	81448
	to complete the prior	81449	81450	81451	81455
	authorization/notifications	81460	81465	81471	81479
	on process, which	81518	81519	81520	81521
	includes indicating the	81522	81523	81541	81542
	laboratory and test	81546	81552	81558	81595
	name. Payment will be	81599	87506	0018U	0478U
	authorized for those	0480U	0481U	0483U	0484U
	CPT codes registered	0485U	0487U	0493U	0499U
	with the Genetic and molecular testing	0500U	0502U	0504U	0505U
	prior	0506U	0508U	0509U	0523U
	authorization/notifications	0529U	0530U	0536U	0538U
	program for each	0539U	0540U	0543U	0544U
	specified genetic test.	0552U	0554U	0562U	0567U
		0571U	S3870		
	Notification/prior				
	authorization required				
	for BRCA testing before				
	DNA sequencing is				
	performed. The				
	ordering health care				
	professional must notify				
	the laboratory				
	conducting the test and				
	the laboratory will				
	notify				
	UnitedHealthcare.				
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	64856
		64892	64896		
Home and community based services	All Home and Community Based Services (HCBS) and				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
	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 G0494 S9123 T1031	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122 T1030
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar® J0801 Adakveo® J0791 Adzynma J7171 Alhemo J7173 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Aralast NP, Prolastin-C, Zemaira® J0256 Avlayah J1757 Avsola™ Q5121 Avtozma Q5156 Azmiro J1072 Benlysta			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Berinert®			
		J0597			
		Bildyos			
		Q5162			
		Bkemv			
		Q5152			
		Bosaya			
		Q5161			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Byooviz™			
		Q5124			
		Cerezyme®			
		J1786			
		Cimerli®			
		Q5128			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Conexxence			
		Q5158			
		Cortrophin™ Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Cryvista®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify			
		J0589			
		Elaprase®			
		J1743			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Elelyso
		J3060
		Elfabrio
		J2508
		Elevidys®
		J1413
		Encelto
		J3403
		Enjaymo
		J1302
		Entyvio®
		J3380
		Epysqli
		Q5151
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exdensur
		J2361
		Exondys 51™
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Feraheme®
		Q0138
		Fasenra™
		J0517
		Fensolvi®
		J1951
		Firmagon®
		J9155
		Fynetra®
		Q5130
		Gamifant®
		J9210
		Gazyva
		J9301
		Givlaari®
		J0223

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Glassia®			
		J0257			
		Hemgenix®			
		J1411			
		Hemlibra			
		J7170			
		Hyalgan, Supartz, Visco-3			
		J7321			
		Hymovis, Hymovis One			
		J7322			
		Hypavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imaavy			
		J9256			
		Imuldosa IV			
		Q5098			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		Itvisma			
		J3405			
		IVIG			
		90283	90284	J1459	J1552
		J1553	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Izervay			
		J2782			
		Jubbonti -Wyost			
		Q5136			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa®			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J2507 Lamzedex® J0217 Lanreotide J1932 Lemtrada® J0202 Leqembi® J0174 Leqvio® J1306 Loargys J1818 Lucentis J2778 Lumizyme® J0221 Lupron Depot®* J1950 Lupron Depot, Eligard®* J9217 Lutrate Depot J1954 Luxturna™ J3398 Mepsevii® J3397 Monoferric® J1437 Naglazyme® J1458 Nexviazyme® J0219 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus™ J2350

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		Omivoh IV
		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Ospomyv™
		Q5159
		Otufi IV
		Q9999
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Papzimeos
		J3404
		Parsabiv™
		J0606
		Pavblu
		Q5147
		PiaSky
		J1307
		Prolia
		J0897
		Pombiliti
		J1203
		Pyzchiva IV
		Q9997
		Qalsody®
		J1304
		Qfitlia
		J7174
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Roctavian			
		J1412			
		Rolvedon™			
		J1449			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin® LAR			
		J2353			
		Saphnello™			
		J0491			
		Scenesse®			
		J7352			
		Selarsdi			
		Q9998			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Soliris®			
		J1299			
		Somatuline® Depot			
		J1930			
		Spevigo®			
		J1747			
		Spinraza™			
		J2326			
		Starjemza			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Q5164 Stelara® J3358 Steqeyma IV Q5099 Stimufend® Q5127 Stoboclo Q5157 Supprelin® LA J9226 Susvimo™ J2779 Syfovre™ J2781 Synagis® 90378 Tepezza® J3241 Tezspire™ J2356 Tofidence Q5133 Trelstar® J3315 Tremfya IV J1628 Triptodur® J3316 Truxima® Q5115 Tyenne Q5135 Tysabri® J2323 Tzield™ J9381 Ultomiris™ J1303 Unclassified and temporary codes** C9399 J3490 J3590 Uplizna® J1823 Vabysmo J2777 Veopoz J9376

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Waskyra™			
		J3386			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xenpozyme™			
		J0218			
		Xolair®			
		J2357			
		Yesintek IV			
		Q5100			
		Yartemlea®			
		J1289			
		Zoladex®			
		J9202			
		Zolgensma®			
		J3399			

* For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at **UHCprovider.com**. Or, you can call **888 397 8129**.

**For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Rivfloza and Recovi®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		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 and Drug Administration (FDA) and included on our Review at Launch Medication List . Pre-determination is highly recommended for the drugs on the list.			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
		S2112			
Non-emergent air ambulance transport	Prior authorization required	A0430 S9961	A0431	A0436	S9960
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L6055	L6100
		L6110	L6050	L6130	L6200
		L6205	L6120	L6300	L6310
		L6320	L6250	L6360	L6370
		L6380	L6350	L6384	L6400
		L6450	L6382	L6550	L6570
		L6580	L6500	L6584	L6586
		L6588	L6582	L6621	L6623
		L6624	L6590	L6648	L6686
		L6687	L6646	L6690	L6692
		L6693	L6689	L6695	L6696
		L6697	L6694	L6707	L6708
		L6709	L6704	L6712	L6713
		L6714	L6711	L6880	L6881

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6882	L6715	L6884	L6885
		L6895	L6883	L6905	L6910
		L6915	L6900	L6925	L6930
		L6935	L6920	L6945	L6950
		L6955	L6940	L6965	L6970
		L6975	L6960	L7008	L7009
		L7040	L7007	L7170	L7180
		L7181	L7045	L7186	L7190
		L7191	L7185	L8040	L8042
		L8043	L7405	L8045	L8046
		L8047	L8044	L8609	L8610
		L8612	L8499	L8659	L1820
		L8631			
Outpatient therapy	Prior authorization required	70371	92507	92508	92521
		92522	92523	92524	92526
		92626	92627	92630	92633
		96105	96156	96158	96159
		96164	96165	96167	96168
		96170	96171	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	S9128
		S9129	S9131		
Pain injections and management	Prior authorization required	64490	64493*		
Palliative Care	Prior authorization required	S0311			
Pediatric day services (PDMC)	Prior authorization required	T1024			
Personal care	Prior authorization	T1019			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
service	required				
Private duty nursing	Prior authorization required	99601 T1002	99602 T1003	S9127	T1000
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate Procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
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
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT) 77387 Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/associated services 77331 77370 77399 77470 Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373 Radiation Treatment Delivery 77402* 77407 77412 G0339 G0340 S2095			

*Prior Auth only required to manage fractionation when requested for the following diagnosis codes:

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519,

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation therapy (cont.)		C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 To submit an online request for prior authorization, sign in to the UHCprovider.com to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology and Radiation Therapy” box. After selecting “Commercial” as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please see Prior%20Authorization%20and%20Notification%20Resources>Radiology%20Prior%20Authorization%20and%20Notification%20Program">UHCprovider.com/NJcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program			
Rhinoplasty Treating nasal functional impairment and septal	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
deviation					
Sinuplasty		31295	31296	31297	31298
Shoulder Surgery	• Prior authorization required	Musculoskeletal System*			
		29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	
		*SOS also applies			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory system			
		69205			
		Carpal tunnel surgery			
	64721				
	Cataract surgery				
	66821 66982 66984				
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cosmetic and reconstructive			
		13101 13132 14040 14060			
		14301			
	Digestive Systems				
	Sleep Study Lab Preferred	42440 46220 46221 46250			
		46255 46261 46270 46505			
		46946			
	Ear, nose and throat (ENT) procedures				
	30140 30520				
	Eye and Ocular Adnexa				
	65710 66710 66711 66988				
	67010 67041 67042 67840				
	68110 68115 68720 68815				
	Female Genital System				
	57461 58561				
	Gynecologic procedures				
	58565				
	Integumentary System				
	10121 11440				
	Male Genital System				
	54840				
Miscellaneous					
20680					
Musculoskeletal System					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		21012	21013	24071	27327
		27632	28035	28041	28060
		28090	28104	28110	28118
		28119	28124	28285	28289
		28292	28296	28297	28298
		28299	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67036	67040	67228
		67311			
		Respiratory System			
		30802	30930		31535
		31536	31541		
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urinary System			
		52276	52287		
		Urologic procedures			
		52000	52005	52204	52234
		52235	52260	52281	52310
		52332	52352	52356	54161
		55040	55700		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies- Attended	Prior authorization required	95805	95807	95808	95810
		95811			
	Site of Service review also required.				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
	Prior authorization not required for Long-Term Services and Supports (LTSS) members				
	Sleep Study Lab Preferred				
Spinal surgery	Prior authorization required	22206	22207	22210	22212
		22214	22220	22224	22510
		22511	22512	22513	22514
		22515	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22836	22837	22838
		22849	22852	22856	22861
		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
		63185	63190	63191	63267
		63268	63270	63271	63272
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idelaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel),			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplants (cont.)		Kresladi(marnetegrane autotemcel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Yartemlea® (narsoplimab-wuug) 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	50547	J3387	J3389
		S2060	S2061	S2152	
		Car-T Cell Therapy			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Gene Therapy			
		C9399**	J3391	J3392	J3393
		J3394	J3490**	J3590**	Q2058
		J3402			
	*Code 38232 will only require prior authorization for an oncology diagnosis				
	**: For codes C9399, J3490 and J3590 Amtagvi, Lantidra will require prior authorization through Optum Transplant.				
Vein procedures	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
varicose veins of the extremities					
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			