

# Prior Authorization Requirements for New Jersey Medicaid

Effective Apr. 1, 2023

## 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required  | 43644<br>43775<br>43847   | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                            |
| <b>Behavioral health services</b>  | Prior authorization required<br>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><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20975   | 20979                                     |   |   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 11971<br>19328<br>19350<br>19367<br>19371   | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |

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

|                        |  |   |
|------------------------|--|---|
| Cancer supportive care | Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis<br><br>*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. | <b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> |
|                        |  | <b>Filgrastim (Neupogen®)</b><br>J1442*   |
|                        |  | <b>Filgrastim-aafi (Nivestym™)</b><br>Q5110*  |
|                        |  | <b>Filgrastim-sndz (Zarxio®)</b><br>Q5101*  |
|                        |  | <b>Filgrastim-ayow (Releuko®)</b><br><b>Q5125*</b>  |
|                        |  | <b>Pegfilgrastim (Neulasta®)</b><br>J2506*  |
|                        |  | <b>Pegfilgrastim-apgf (Nyvepria™)</b><br>Q5122*   |
|                        |  | <b>Pegfilgrastim-bmez (Ziextenzo®)</b><br>Q5120*  |
|                        |  | <b>Pegfilgrastim-cbqv (UDENYCA™)</b><br>Q5111*  |
|                        |  | <b>Pegfilgrastim-jmdb (Fulphila™)</b><br>Q5108*   |
|                        |  | <b>Sargramostim (Leukine®)</b><br>J2820   |
|                        |  | <b>Tbo-filgrastim (Granix®)</b><br>J1447*   |
|                        |  | <b>Trilaciclib (Cosela™)</b><br>J1448   |
|                        |  | <b><u>Bone-modifying agent that requires prior authorization:</u></b>                       |
|                        |  | <b>Denosumab (Xgeva®)</b><br>J0897  |
|                        |  | <b><u>Anti-emetic drugs that require prior authorization:</u></b>                           |
|                        |  | <b>Akynzeo® (palonosetron/fosnetupitant)</b><br>J1454                                       |
|                        |  | <b>Cinvanti™ (aprepitant)</b><br>J0185  |
|                        |  | <b>Emend® (fosaprepitant)</b><br>J1453  |
|                        |  | <b>Sustol® (granisetron extended release)</b><br>J1627                                      |

**Prior authorization requests:**

Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or How to Obtain Prior Authorization**

Authorization and Notification tool on your Provider Portaldashboard. Or, call **888-397-8129**

**Cardiology**

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your UnitedHealthcare Provider Portal dashboard. Or, call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/NJcommunityplan >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program**

**Cardiovascular**

Prior authorization required

|        |        |        |        |
|--------|--------|--------|--------|
| 37220* | 37221* | 37224* | 37225* |
| 37226* | 37227* | 37228* | 37229* |
| 37230  | 37231  | 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 |
| 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 |

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

|                                   |  |          |          |          |          |
|-----------------------------------|--|----------|----------|----------|----------|
| <b>Cardiovascular (continued)</b> |  | 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   |
|                                   |  | 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   |          |          |          |

|  |   |       |       |       |       |
|--|---|-------|-------|-------|-------|
| <b>Cerebral seizure monitoring – Inpatient video</b> | Prior authorization required for inpatient services | 95700 | 95711 | 95712 | 95713 |
|  | Prior authorization is not                          | 95714 | 95715 | 95716 | 95718 |



| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |                |                |
|---|---|--|----------------|----------------|----------------|
| <b>Electroencephalogram (EEG)</b>   | required for outpatient hospital or ambulatory surgical center  | 95720  | 95722          | 95724          | 95726          |
| <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), Leuprolide (J1952) 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 UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |                |                |                |
| <b>Cochlear implants and other auditory implants</b>  | Prior authorization required  | 69710<br>L8619   | 69714<br>L8690 | 69930<br>L8691 | L8614<br>L8692 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech |   |  |                |                |                |
| <b>Cosmetic and reconstructive</b>  | 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          | 15878          |
|   |   | 15879  | 17106          | 17107          | 17108          |
|   |   | 17999  | 21137          | 21138          | 21139          |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function   |   | 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  | 97597          | Q2026          |                |
| <b>Durable medical equipment (DME)</b>  | 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          |
| Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  |   | E0483  | E0486          | E0620          | E0637          |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Durable medical equipment (DME) (continued)</b>   |   | E0652  | E0669 | E0700 | E0710 |
|  |   | E0745  | E0762 | E0766 | E0784 |
|  |   | E0787  | E0984 | E1002 | E1003 |
|  |   | E1004  | E1005 | E1006 | E1007 |
|  |   | E1008  | E1009 | E1010 | E1030 |
|  |   | E1035  | E1036 | E1130 | E1161 |
|  |   | E1229  | E1231 | E1232 | E1233 |
|  |   | E1234  | E1235 | E1236 | E1237 |
|  |   | E1238  | E1239 | E1825 | E2100 |
|  |   | E2227  | E2228 | E2230 | E2300 |
|  |   | E2301  | E2310 | E2311 | E2322 |
|  |   | E2325  | E2327 | E2329 | E2331 |
|  |   | E2351  | E2373 | E2510 | E2511 |
|  |   | E2512  | E2599 | E2626 | E2627 |
|  |   | E2628  | E2629 | E2630 | E8000 |
|  |   | E8001  | 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 | V5269 |
|  |   | V5270  | V5271 | V5272 | V5274 |
|  | V5281   | V5282  | V5283 | V5286 |       |
|  | V5287   | V5289  | V5290 |       |       |
| <b>Enteral services</b><br>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 |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| Experimental and investigational (and/or linked services) (continued) |  | 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<br><br>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.<br><br>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 |       |       |
| 81313   | 81314  | 81315  | 81316 |       |       |
| 81317   | 81318  | 81319  | 81320 |       |       |

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



| Procedures and Services                  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |       |       |
|--|--|--|----------------|-------|-------|
| Gender dysphoria treatment (continued)   |  | <b>F64.9</b>   | <b>Z87.890</b> |       |       |
|  |  | 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  |                |       |       |
| <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>Hysterectomy</b>                      | Prior authorization required   | 58150  | 58152          | 58180 | 58260 |
|  |  | 58262  | 58263          | 58267 | 58270 |
|  |  | 58275  | 58290          | 58291 | 58292 |
|  |  | 58542  | 58543          | 58544 | 58550 |
|  |  | 58552  | 58553          | 58570 | 58571 |
|  |  | 58572  | 58573          |       |       |
| <b>Injectable medications</b>            | Prior authorization required*  | <b>Actemra®</b><br>J3262<br><b>Acthar®</b><br>J0800<br><b>Adakveo®</b><br>J0791<br><b>Aldurazyme®</b><br>J1931<br><b>Amondys 45</b><br>J1426<br><b>Amvuttra™</b> J0225<br><b>Aralast NP, Prolastin-C, Zemaira®</b><br>J0256<br><b>Avsola™</b><br>Q5121<br><b>Benlysta</b><br>J0490 |                |       |       |

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

Injectable medications  
(continued)

|  |       |       |       |  |
|--|-------|-------|-------|--|
| <b>Beriner<sup>®</sup></b>               |       |       |       |  |
| J0597                                    |       |       |       |  |
| <b>Botulinum toxins</b>                  |       |       |       |  |
| J0585                                    | J0586 | J0587 | J0588 |  |
| <b>Brineura<sup>™</sup></b>              |       |       |       |  |
| J0567                                    |       |       |       |  |
| <b>Byooviz<sup>™</sup> - Eff 5/1/23</b>  |       |       |       |  |
| Q5124                                    |       |       |       |  |
| <b>Cerezyme<sup>®</sup></b>              |       |       |       |  |
| J1786                                    |       |       |       |  |
| <b>Cimerli<sup>®</sup></b>               |       |       |       |  |
| Q5128                                    |       |       |       |  |
| <b>Cimzia<sup>®</sup></b>                |       |       |       |  |
| J0717                                    |       |       |       |  |
| <b>Cinqair<sup>®</sup></b>               |       |       |       |  |
| J2786                                    |       |       |       |  |
| <b>Cinryze<sup>®</sup></b>               |       |       |       |  |
| J0598                                    |       |       |       |  |
| <b>Cryvista<sup>®</sup></b>              |       |       |       |  |
| J0584                                    |       |       |       |  |
| <b>Cutaquig<sup>®</sup></b>              |       |       |       |  |
| J1551                                    |       |       |       |  |
| <b>Elaprase<sup>®</sup></b>              |       |       |       |  |
| J1743                                    |       |       |       |  |
| <b>Elelyso</b>                           |       |       |       |  |
| J3060                                    |       |       |       |  |
| <b>Enjaymo</b>                           |       |       |       |  |
| J1302                                    |       |       |       |  |
| <b>Entyvio<sup>®</sup></b>               |       |       |       |  |
| J3380                                    |       |       |       |  |
| <b>Erythropoiesis Stimulating Agents</b> |       |       |       |  |
| J0885                                    |       |       |       |  |
| <b>Evenity<sup>™</sup></b>               |       |       |       |  |
| J3111                                    |       |       |       |  |
| <b>Evkeeza<sup>™</sup></b>               |       |       |       |  |
| J1305                                    |       |       |       |  |
| <b>Exondys 51<sup>™</sup></b>            |       |       |       |  |
| J1428                                    |       |       |       |  |
| <b>Fabrazyme<sup>®</sup></b>             |       |       |       |  |
| J0180                                    |       |       |       |  |
| <b>Feraheme<sup>®</sup></b>              |       |       |       |  |
| Q0138                                    |       |       |       |  |
| <b>Fasenra<sup>™</sup></b>               |       |       |       |  |
| J0517                                    |       |       |       |  |
| <b>Fensolvi<sup>®</sup></b>              |       |       |       |  |

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

Injectable medications  
(continued)

|                                |       |       |       |  |
|--------------------------------|-------|-------|-------|--|
| J1951                          |       |       |       |  |
| <b>Firmagon®</b>               |       |       |       |  |
| J9155                          |       |       |       |  |
| <b>Fynetra®</b>                |       |       |       |  |
| Q5130                          |       |       |       |  |
| <b>Gamifant®</b>               |       |       |       |  |
| J9210                          |       |       |       |  |
| <b>Givlaari®</b>               |       |       |       |  |
| J0223                          |       |       |       |  |
| <b>Glassia®</b>                |       |       |       |  |
| J0257                          |       |       |       |  |
| <b>Hemgenix®</b>               |       |       |       |  |
| J1411                          |       |       |       |  |
| <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>Korsuva</b>                 |       |       |       |  |
| J0879                          |       |       |       |  |
| <b>Krystexxa®</b>              |       |       |       |  |
| J2507                          |       |       |       |  |
| <b>Lanreotide</b>              |       |       |       |  |
| J1932                          |       |       |       |  |
| <b>Lemtrada®</b>               |       |       |       |  |
| J0202                          |       |       |       |  |
| <b>Leqvio®</b>                 |       |       |       |  |
| J1306                          |       |       |       |  |
| <b>Lumizyme®</b>               |       |       |       |  |
| J0221                          |       |       |       |  |
| <b>Lupron Depot®*</b>          |       |       |       |  |
| J1950                          |       |       |       |  |
| <b>Lupron Depot, Eligard®*</b> |       |       |       |  |
| J9217                          |       |       |       |  |

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

Injectable medications  
(continued)

|                           |  |       |       |
|---------------------------|--|-------|-------|
| <b>Luxturna™</b>          |  |       |       |
| J3398                     |  |       |       |
| <b>Makena®</b>            |  |       |       |
| J1726                     |  | J1729 | J2675 |
| <b>Mepsevii®</b>          |  |       |       |
| J3397                     |  |       |       |
| <b>Monoferric®</b>        |  |       |       |
| J1437                     |  |       |       |
| <b>Naglazyme®</b>         |  |       |       |
| J1458                     |  |       |       |
| <b>Nexviazyme®</b>        |  |       |       |
| J0219                     |  |       |       |
| <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                     |  |       |       |
| Oxlumo™                   |  |       |       |
| J0224                     |  |       |       |
| <b>Parsabiv™</b>          |  |       |       |
| J0606                     |  |       |       |
| <b>Prolia***</b>          |  |       |       |
| J0897                     |  |       |       |
| <b>Radicava®</b>          |  |       |       |
| J1301                     |  |       |       |
| <b>Reblozyl®</b>          |  |       |       |
| J0896                     |  |       |       |
| <b>Releuko®</b>           |  |       |       |
| Q5125                     |  |       |       |
| <b>Remicade®</b>          |  |       |       |
| J1745                     |  |       |       |
| <b>Renflexis®</b>         |  |       |       |
| Q5104                     |  |       |       |
| Riabni™                   |  |       |       |
| Q5123                     |  |       |       |
| <b>Rituxan®</b>           |  |       |       |
| J9312                     |  |       |       |
| <b>Rituxan Hycela®</b>    |  |       |       |
| J9311                     |  |       |       |
| <b>Rolvedon™</b>          |  |       |       |

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

Injectable medications (continued)

|                              |       |       |       |  |
|------------------------------|-------|-------|-------|--|
| J1449                        |       |       |       |  |
| <b>Ruconest®</b>             |       |       |       |  |
| J0596                        |       |       |       |  |
| <b>Ruxience®</b>             |       |       |       |  |
| Q5119                        |       |       |       |  |
| <b>Ryplazim®</b>             |       |       |       |  |
| J2998                        |       |       |       |  |
| <b>Sandostatin® LAR</b>      |       |       |       |  |
| J2353                        |       |       |       |  |
| <b>Saphnello™</b>            |       |       |       |  |
| J0491                        |       |       |       |  |
| <b>Scenesse®</b>             |       |       |       |  |
| J7352                        |       |       |       |  |
| <b>Signifor® LAR</b>         |       |       |       |  |
| J2502                        |       |       |       |  |
| <b>Simponi Aria®</b>         |       |       |       |  |
| J1602                        |       |       |       |  |
| <b>Skyrizi® J2327</b>        |       |       |       |  |
| <b>Sodium Hyaluronate</b>    |       |       |       |  |
| J7320                        | J7321 | J7322 | J7324 |  |
| J7325                        | J7326 | J7327 | J7329 |  |
| J7331                        | J7332 |       |       |  |
| <b>Soliris®</b>              |       |       |       |  |
| J1300                        |       |       |       |  |
| <b>Somatuline® Depot</b>     |       |       |       |  |
| J1930                        |       |       |       |  |
| <b>Spevigo®</b>              |       |       |       |  |
| J1747                        |       |       |       |  |
| <b>Spinraza™</b>             |       |       |       |  |
| J2326                        |       |       |       |  |
| <b>Spravato™</b>             |       |       |       |  |
| S0013                        |       |       |       |  |
| <b>Stelara®</b>              |       |       |       |  |
| J3358                        |       |       |       |  |
| <b>Stimufend®</b>            |       |       |       |  |
| Q5127                        |       |       |       |  |
| <b>Supprelin® LA</b>         |       |       |       |  |
| J9226                        |       |       |       |  |
| <b>Susvimo™ - Eff 5/1/23</b> |       |       |       |  |
| J2779                        |       |       |       |  |
| <b>Synagis®</b>              |       |       |       |  |
| 90378                        |       |       |       |  |
| <b>Tepezza®</b>              |       |       |       |  |
| J3241                        |       |       |       |  |
| <b>Tezspire™</b>             |       |       |       |  |
| J2356                        |       |       |       |  |
| <b>Trelstar®</b>             |       |       |       |  |
| J3315                        |       |       |       |  |

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

Injectable medications (continued)

|  |  |       |       |       |
|--|--|-------|-------|-------|
| <b>Triptodur®</b>                                  |  |       |       |       |
| J3316  |  |       |       |       |
| <b>Truxima®</b>                                    |  |       |       |       |
| Q5115  |  |       |       |       |
| <b>Tysabri®</b>                                    |  |       |       |       |
| J2323  |  |       |       |       |
| <b>Tzield™</b>                                     |  |       |       |       |
| C9149  |  |       |       |       |
| <b>Ultomiris™</b>                                  |  |       |       |       |
| J1303  |  |       |       |       |
| <b>Unclassified and temporary codes</b>            |  |       |       |       |
| C9399  |  | J3490 | J3590 |       |
| <b>Uplizna®</b>                                    |  |       |       |       |
| J1823  |  |       |       |       |
| <b>Viltepso™</b>                                   |  |       |       |       |
| J1427  |  |       |       |       |
| <b>Vimizim®</b>                                    |  |       |       |       |
| J1322  |  |       |       |       |
| <b>Vyepti™</b>                                     |  |       |       |       |
| J3032  |  |       |       |       |
| <b>Vyondys 53®</b>                                 |  |       |       |       |
| J1429  |  |       |       |       |
| <b>Vyvgart™</b>                                    |  |       |       |       |
| J9332  |  |       |       |       |
| <b>White blood cell colony stimulating factors</b> |  |       |       |       |
| J1442  |  | J1447 | J2506 | Q5101 |
| Q5108  |  | Q5110 | Q5111 | Q5120 |
| Q5122  |  |       |       |       |
| <b>Xembify®</b>                                    |  |       |       |       |
| J1558  |  |       |       |       |
| <b>Xenpozyme™</b>                                  |  |       |       |       |
| J0218  |  |       |       |       |
| <b>Xolair®</b>                                     |  |       |       |       |
| J2357  |  |       |       |       |
| <b>Zoladex®</b>                                    |  |       |       |       |
| J9202  |  |       |       |       |
| <b>Zolgensma®</b>                                  |  |       |       |       |
| J3399  |  |       |       |       |

\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.

\*\*For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel and Recovi® ,

\*\*\*For Prolia (J0897) prior authorization is required for non

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

|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Injectable medications (continued) |  | oncology diagnosis   |  |  |  |
|                                    |  | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. |  |  |  |

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Joint replacement</b><br>Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
|  |                              | 24360 | 24361 | 24362 | 24363 |
|  |                              | 24370 | 24371 | 27120 | 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 | A0431 | A0436 | S9960 |
|   |                              | S9961 |       |       |       |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Orthognathic surgery</b><br>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 | 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 |

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
| <b>Orthotics and prosthetics (continued)</b> |  | 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/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
|  |  | 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 |
|  |  | L6697 | L6704 | L6707 | L6708 |
|  |  | L6709 | L6711 | L6712 | L6713 |

Orthotics and prosthetics (continued)



| Procedures and Services               | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |       |       |
|---------------------------------------|------------------------------|--|--------|-------|-------|
|                                       |                              | 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 |
| <b>Outpatient Therapy</b>             | 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  |       |       |
| <b>Pain Injections and Management</b> | Prior authorization required | 64490  | 64493* |       |       |
| <b>Pediatric day services (PDMC)</b>  | Prior authorization required | T1024  |        |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |   |
|---|--|---|---|---|---|
| <b>Personal care service</b>  | Prior authorization required   | T1019   |   |   |   |
| <b>Private duty nursing</b>   | Prior authorization required   | 99601<br>T1002  | 99602<br>T1003  | S9127   | T1000   |
| <b>Potentially Unproven Services</b>  | Prior authorization required   | 33289   | C2624   |   |   |
| <b>Prostate Procedures</b>  | Prior authorization required   | 37243<br>53852  | 52441<br>55866  | 52442<br>55873  | 53850<br>55874  |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required   | 77520   | 77522   | 77523   | 77525   |
| <b>Radiation Therapy</b>  | Prior authorization required   | S2095<br>77371<br>77386<br>77402<br>79445<br>G6002<br>G6006<br>G6010<br>G6014   | 77014<br>77372<br>77387<br>77407<br>G0339<br>G6003<br>G6007<br>G6011<br>G6015 | 77331<br>77373<br>77399<br>77412<br>G0340<br>G6004<br>G6008<br>G6012<br>G6016 | 77370<br>77385<br>77401<br>77470<br>G6001<br>G6005<br>G6009<br>G6013<br>G6017 |
| <b>Radiology</b>  | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <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 UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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 &gt;Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</b></p> |   |   |   |
| <b>Rhinoplasty</b><br>Treating nasal functional impairment and septal deviation   | Prior authorization required   | 30400<br>30435<br>30465   | 30410<br>30450  | 30420<br>30460  | 30430<br>30462  |
| <b>Sinuplasty</b>   |  | 31295   | 31296   | 31297   | 31298   |
| <b>Shoulder Surgery</b>   | Prior authorization required   | Musculoskeletal System  |   |   |   |
|   |  | 29805   | 29806   | 29807   | 29819   |
|   |  | 29820   | 29822   | 29823   | 29824   |
|   |  | 29825   | 29826   | 29827   | 29828   |
| <b>Site of service (SOS) – outpatient hospital</b>  | Prior authorization only required when requesting service in an outpatient hospital setting  | <b>Auditory system</b><br>69205<br><b>Cardiovascular System</b>   |   |   |   |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
|  | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | 36590  | 36832 |       |       |
|  |  | <b>Carpal tunnel surgery</b>                                 |       |       |       |
|  |  | 64721  |       |       |       |
|  |  | <b>Cataract surgery</b>                                      |       |       |       |
|  |  | 66821  | 66982 | 66984 |       |
|  | <b>Sleep Study Lab Preferred</b>   | <b>Colonoscopy</b>   |       |       |       |
|  |  | 45378  | 45380 | 45384 | 45385 |
|  |  | <b>Cosmetic and reconstructive</b>                           |       |       |       |
|  |  | 13101  | 13132 | 14040 | 14060 |
|  |  | 14301  | 21552 | 21931 |       |
|  |  | <b>Digestive Systems</b>                                     |       |       |       |
|  |  | 42415  | 42440 | 43200 | 43236 |
|  |  | 43237  | 43238 | 43242 | 43245 |
|  |  | 43246  | 43247 | 43248 | 43251 |
|  |  | 43254  | 43255 | 43259 | 44360 |
|  |  | 44361  | 45171 | 45334 | 45335 |
|  |  | 45381  | 45390 | 45990 | 46020 |
|  |  | 46040  | 46050 | 46200 | 46220 |
|  |  | 46221  | 46250 | 46255 | 46261 |
|  |  | 46270  | 46275 | 46288 | 46505 |
|  |  | 46750  | 46910 | 46946 |       |
|  |  | <b>Ear, nose and throat (ENT) procedures</b>                 |       |       |       |
|  |  | 21320  | 30140 | 30520 | 69436 |
|  |  | 69631  |       |       |       |
|  |  | <b>Eye and Ocular Adnexa</b>                                 |       |       |       |
|  |  | 65710  | 65820 | 66250 | 66710 |
|  |  | 66711  | 66825 | 66986 | 66987 |
|  |  | 66988  | 67010 | 67041 | 67042 |
|  |  | 67105  | 67108 | 67113 | 67840 |
|  |  | 68110  | 68115 | 68320 | 68720 |
|  |  | 68815  |       |       |       |
|  |  | <b>Female Genital System</b>                                 |       |       |       |
|  |  | 57240  | 57250 | 57461 | 57520 |
|  |  | 58561  | 58562 |       |       |
|  |  | <b>Gynecologic procedures</b>                                |       |       |       |
|  |  | 57522  | 58353 | 58558 | 58563 |
|  |  | 58565  |       |       |       |
|  |  | <b>Hemic and Lymphatic Systems</b>                           |       |       |       |
|  |  | 38500  | 38510 | 38525 |       |
|  |  | <b>Hernia repair</b>   |       |       |       |
|  |  | 49505  | 49650 | 49651 |       |
|  |  | <b>Integumentary System</b>                                  |       |       |       |
|  |  | 10121  | 11440 | 11450 | 11624 |
|  |  | 11770  | 13121 | 15100 | 15120 |
|  |  | 15240  | 19020 | 19120 | 19125 |
| <b>Site of service (SOS) – outpatient hospital (continued)</b> |  | <b>Liver biopsy</b>  |       |       |       |
|  |  | 47000  |       |       |       |
|  |  | <b>Male Genital System</b>                                   |       |       |       |
|  |  | 54840  |       |       |       |
|  |  | <b>Miscellaneous</b>   |       |       |       |

| Procedures and Services   | Additional Information                | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|---------------------------------------|--|-------|-------|-------|
|   |                                       | 20680  |       |       |       |
|   |                                       | <b>Musculoskeletal System</b>                                |       |       |       |
|   |                                       | 20552  | 20553 | 21012 | 21013 |
|   |                                       | 21336  | 21554 | 21555 | 21556 |
|   |                                       | 21930  | 22902 | 22903 | 23071 |
|   |                                       | 23075  | 24071 | 27327 | 27337 |
|   |                                       | 27632  | 28035 | 28039 | 28041 |
|   |                                       | 28060  | 28080 | 28090 | 28104 |
|   |                                       | 28110  | 28118 | 28119 | 28124 |
|   |                                       | 28285  | 28289 | 28292 | 28296 |
|   |                                       | 28297  | 28298 | 28299 | 29835 |
|   |                                       | 29840  | 29845 | 29846 | 29848 |
|   |                                       | 29861  | 29875 | 29876 | 29877 |
|   |                                       | 29879  | 29880 | 29881 | 29882 |
|   |                                       | 29888  | 29893 | G0260 |       |
|   |                                       | <b>Nervous System</b>  |       |       |       |
|   |                                       | 64561  | 64640 |       |       |
|   |                                       | <b>Ophthalmologic</b>  |       |       |       |
|   |                                       | 65426  | 65730 | 65855 | 66170 |
|   |                                       | 66761  | 67028 | 67036 | 67040 |
|   |                                       | 67228  | 67311 | 67312 |       |
|   |                                       | <b>Respiratory System</b>                                    |       |       |       |
|   |                                       | 30802  | 30930 | 31525 | 31535 |
|   |                                       | 31536  | 31541 | 31624 |       |
|   |                                       | <b>Tonsillectomy and adenoidectomy</b>                       |       |       |       |
|   |                                       | 42820  | 42821 | 42825 | 42826 |
|   |                                       | 42830  |       |       |       |
|   |                                       | <b>Upper and lower gastrointestinal endoscopy</b>            |       |       |       |
|   |                                       | 43235  | 43239 | 43249 |       |
|   |                                       | <b>Urinary System</b>  |       |       |       |
|   |                                       | 52276  | 52287 | 52320 | 52344 |
|   |                                       | <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 |
|   | Site of Service review also required. | 95811  |       |       |       |

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

Prior authorization not required for Long-Term Services and Supports (LTSS) members

**Sleep Study Lab Preferred**

|                       |                              |       |       |       |       |
|-----------------------|------------------------------|-------|-------|-------|-------|
| <b>Spinal surgery</b> | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
|                       |                              | 22112 | 22114 | 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 | 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 | 63200 | 63250 | 63251 |
|                       |                              | 63252 | 63265 | 63267 | 63268 |
|                       |                              | 63270 | 63271 | 63272 | 63286 |
|                       |                              | 63300 | 63301 | 63302 | 63303 |
| 63304                 | 63305                        | 63306 | 63307 |       |       |
| 63308                 | 0095T                        | 0098T | 0164T |       |       |

|   |                              |                               |       |       |       |
|---|------------------------------|-------------------------------|-------|-------|-------|
| <b>Stimulators</b><br>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), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and

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

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 | S2060 | S2061 |

S2152

**Car-T Cell Therapy**

|       |       |       |       |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| J9999 | Q2041 | Q2042 | Q2053 |
| Q2054 | Q2055 | Q2056 |       |

**Gene Therapy**

|         |         |         |  |
|---------|---------|---------|--|
| C9399** | J3490** | J3590** |  |
|---------|---------|---------|--|

\*Code 38232 will only require prior authorization for an oncology diagnosis

\*\* : For codes C9399, J3490 and J3590 Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.

|   |                              |  |       |       |       |
|---|------------------------------|--|-------|-------|-------|
| <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 | 37765 |
|   |                              | 37766  | 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  |       |       |       |