

# Prior Authorization Requirements for New Jersey Medicaid

Effective July 1, 2022

## 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> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive care (continued)</b>	outpatient setting for a cancer diagnosis *Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications section below</a> .	J1442*
		<b>Filgrastim-aafi (Nivestym™)</b>
		Q5110*
		<b>Filgrastim-sndz (Zarxio®)</b>
		Q5101*
		<b>Pegfilgrastim (Neulasta®)</b>
		J2506*
		<b>Pegfilgrastim-apgf (Nyvepria™)</b>
		Q5122*
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108*
		<b>Sargramostim (Leukine®)</b>
		J2820
		<b>Tbo-filgrastim (Granix®)</b>
		J1447*
		<b>Trilaciclib (Cosela™)</b>
J1448		
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab (Xgeva®)</b>
		J0897
		<b><u>Anti-emetic drugs that require prior authorization:</u></b>
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>
		J1454
		<b>Cinvanti™ (aprepitant)</b>
		J0185
		<b>Emend® (fosaprepitant)</b>
		J1453
		<b>Sustol® (granisetron extended release)</b>
		J1627
		<b>Prior authorization requests:</b>
		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 Portaldashboard. Or, call <b>888-397-8129</b>

<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,	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.
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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echocardiograms, electrophysiology implants, and stress echoes prior to performance

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](https://UHCprovider.com/NJcommunityplan) >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program

**Cardiovascular**

Prior authorization required

37220	37221	37224	37225
37226	37227	37228	37229
75710*	75716*	93580**	

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431
I70.432	I70.433	I70.434	I70.435
I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448
I70.449	I70.461	I70.462	I70.463
I70.468	I70.469	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Cardiovascular (continued)	I70.519	I70.521	I70.522	I70.523
	I70.528	I70.529	I70.531	I70.532
	I70.533	I70.534	I70.535	I70.538
	I70.539	I70.541	I70.542	I70.543
	I70.544	I70.545	I70.548	I70.549
	I70.561	I70.562	I70.563	I70.568
	I70.569	I70.591	I70.592	I70.593
	I70.598	I70.599	I70.601	I70.602
	I70.603	I70.608	I70.609	I70.611
	I70.612	I70.613	I70.618	I70.619
	I70.621	I70.622	I70.623	I70.628
	I70.629	I70.631	I70.632	I70.633
	I70.634	I70.635	I70.638	I70.639
	I70.641	I70.642	I70.643	I70.644
	I70.645	I70.648	I70.649	I70.661
	I70.662	I70.663	I70.668	I70.669
	I70.691	I70.692	I70.693	I70.698
	I70.699	I70.701	I70.702	I70.703
	I70.708	I70.709	I70.711	I70.712
	I70.713	I70.718	I70.719	I70.721
	I70.722	I70.723	I70.728	I70.729
	I70.731	I70.732	I70.733	I70.734
	I70.735	I70.738	I70.739	I70.741
	I70.742	I70.743	I70.744	I70.745
	I70.748	I70.749	I70.761	I70.762
	I70.763	I70.768	I70.769	I70.791
	I70.792	I70.793	I70.798	I70.799
	I70.8	I70.90	I70.91	I70.92
	I72.3	I72.4	I72.8	I72.9
	I73.89	I73.9	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	I77.1	I77.2	I77.70	I77.72
	I77.77	I77.79	I96	L03.115
	L03.116	L97.319	L97.329	L97.419
	L97.429	L97.511	L97.512	L97.513
	L97.519	L97.521	L97.522	L97.529
	L97.819	L97.828	L97.829	L97.909
	L97.919	L97.929	L98.491	L98.499
	M79.604	M79.605	M79.606	M79.609
	M79.651	M79.652	M79.659	M79.661
	M79.662	M79.669	M79.671	M79.672
	M79.673	M79.674	M79.675	M79.676
	M86.661	M86.662	M86.669	M86.671
	M86.672	M86.679	M86.8X7	Q27.30
	Q27.32	Q27.39	Q27.8	Q27.9

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>**For code 93580 prior authorization required effective 8/1/22</b>					
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not 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> 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> .			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	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	11971	14020	14021
		14061	15820	15821	15822
		15823	15830	15847	15877
		15878*	15879*	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
67922	67923	67924	67950		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cosmetic and reconstructive (continued)</b>		67961	67966	Q2026	
		*For codes 15878 & 15879 prior authorization required effective 8/1/22			

<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
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0465	E0466	E0470	E0471
		E0483	E0486	E0620	E0637
		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> In-home nutritional therapy, either enteral	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
		B4102	B4103	B4149	B4150
	Prior authorization required for				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
or through a gastrostomy tube	members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
		B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4226	A4638	A6000	A9274
		E0231	E1831	S1030	S1031
		S2102	S9988	S9990	S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting  Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.  Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
81251	81252	81253	81254		
81255	81256	81257	81258		
81259	81260	81261	81262		
81263	81264	81265	81266		
81267	81268	81269	81271		
81272	81273	81274	81276		
81283	81284	81285	81286		
81287	81288	81289	81290		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Genetic and molecular testing to include BRCA (continued)	81291	81292	81294	81295
	81297	81298	81300	81302
	81303	81304	81305	81306
	81307	81309	81310	81312
	81313	81314	81315	81316
	81317	81318	81319	81320
	81321	81322	81323	81324
	81325	81326	81327	81328
	81329	81330	81331	81332
	81333	81334	81335	81336
	81337	81340	81341	81342
	81343	81344	81345	81346
	81350	81355	81361	81362
	81363	81364	81370	81371
	81372	81373	81375	81376
	81377	81378	81379	81380
	81381	81382	81383	81400
	81401	81402	81403	81404
	81405	81406	81407	81408
	81410	81411	81412	81413
	81414	81415	81416	81417
	81420	81430	81431	81432
	81433	81434	81435	81436
	81437	81438	81439	81440
	81442	81445	81448	81460
	81465	81470	81471	81479
	81507	81518	81519	81520
	81521	81522	81546	81595
	81599	87481	87482	87505
	87506	87507	87510	87511
	87512	87623	87797	87798
	87799	87800	87801	0001U
	0004M	0006M	0007M	0012U
	0013U	0014U	0016U	0017U
	0018U	0022U	0023U	0026U
	0027U	0030U	0031U	0032U
	0033U	0034U	0040U	0046U
	0049U	0055U	0060U	0068U
	0070U	0071U	0072U	0073U
	0074U	0075U	0076U	0084U
0087U	0088U	0097U	0111U	



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>		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	S3870	
<b>Gender dysphoria treatment Gender dysphoria treatment (continued)</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>
		<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>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	<b>Aralast NP, Prolastin-C, Zemaira®</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beriner®</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Cryvista®</b>				
	J0584				
	<b>Elaprase®</b>				
	J1743				
	<b>ElELYso</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents****</b>				
	J0885				
	<b>Evenity™</b>				
	J3111				
	<b>Evkeeza™</b>				
	J1305				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fabrazyme®</b>				
	J0180				
<b>Feraheme®</b>					
Q0138					
<b>Fasenra™</b>					
J0517					
<b>Fensolvi®</b>					
J1951					
<b>Firmagon®</b>					
J9155					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®*</b>				
	J1950				
	<b>Lupron Depot, Eligard®*</b>				
	J9217				
	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Mepsevii®</b>				
J3397					
<b>Monoferric®</b>					
J1437					
<b>Naglazyme®</b>					
J1458					
<b>Nexviazyme®</b>					
J0219					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<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>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Remicade®</b> J1745
		<b>Renflexis®</b> Q5104
		Riabni™ Q5123
		<b>Rituxan®</b> J9312
		<b>Rituxan Hycela®</b> J9311
		<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>Sodium Hyaluronate</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
	Q5115				
	<b>Tysabri®</b>				
	J2323				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes**</b>				
	C9090	C9399	J3490	J3590	
	<b>Uplizna®</b>				
	J1823				
	<b>Vantas™</b>				
	J9225				
	<b>Viltepso™</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>VPRIV®</b>				
	J3385				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
	J9332				
	<b>White blood cell colony stimulating factors***</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			
		<b>Xolair®*</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
	J3399				
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Lupaneta Pack™, Nulibry™, Purified Cortrophin™ Gel and Recovi®</p> <p>***Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120 and Q5122, White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a>&gt;UnitedHealthcare Provider Portal&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call <b>877-842-3210</b></p> <p>**** For code J0885 prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis</p>					
Joint replacement 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	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0436	S9960
		S9961			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)		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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Orthotics and prosthetics (continued)</b>		L5828	L5830	L5845	L5848	
		L5857	L5858	L5930	L5950	
		L5960	L5961	L5962	L5964	
		L5966	L5968	L5973	L5976	
		L5979	L5980	L5981	L5982	
		L5984	L5986	L5987	L5988	
		L5990	L5999	L6000	L6010	
		L6020	L6050	L6055	L6100	
		L6110	L6120	L6130	L6200	
		L6205	L6250	L6300	L6310	
		L6320	L6350	L6360	L6370	
		L6380	L6382	L6384	L6400	
		L6450	L6500	L6550	L6570	
		L6580	L6582	L6584	L6586	
		L6588	L6590	L6621	L6623	
		L6624	L6646	L6648	L6686	
		L6687	L6689	L6690	L6692	
		L6693	L6694	L6695	L6696	
		L6697	L6704	L6707	L6708	
		L6709	L6711	L6712	L6713	
		L6714	L6715	L6880	L6881	
		L6882	L6883	L6884	L6885	
		L6895	L6900	L6905	L6910	
		L6915	L6920	L6925	L6930	
		L6935	L6940	L6945	L6950	
		L6955	L6960	L6965	L6970	
		L6975	L7007	L7008	L7009	
		L7040	L7045	L7170	L7180	
		L7181	L7185	L7186	L7190	
		L7191	L7405	L8040	L8042	
		L8043	L8044	L8045	L8046	
		L8047	L8499	L8609	L8610	
		L8612	L8631	L8659	L1820	
	<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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient Therapy (continued)</b>		97166	97167	97168	97169
		97530	97533	97535	97537
		97542	97750	97760	97761
		97763	97799	G0281	G0282
		G0283	G2169	S9152	
<b>Pain Injections and Management</b>	Prior authorization required	64490	64493*		
<b>Pediatric day services (PDMC)</b>	Prior authorization required	T1024			
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	97597	99601	99602	S9127
		T1000	T1002	T1003	
<b>Prostate Procedures</b>	Prior authorization required effective 8/1/22	37243	52441	52442	53850
		53852	55866	55874	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiation Therapy</b>	Prior authorization required	S2095	77014	77331	77370
		77371	77372	77373	77385
		77386	77387	77399	77401
		77402	77407	77412	77470
		79445	G0339	G0340	G6001
		G6002	G6003	G6004	G6005
		G6006	G6007	G6008	G6009
		G6010	G6011	G6012	G6013
		G6014	G6015	G6016	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</b> &gt;Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sinuplasty</b>		31295	31296	31297	31298
<b>Shoulder Surgery</b>	Prior authorization required effective 8/1/22	Musculoskeletal System			
		23470	23472	23473	23474
		29806	29807	29818	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 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory system</b>			
		69205			
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

<b>Sleep studies-Attended</b>	Prior authorization required	95805	95807	95808	95810
	<b>Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members</b>	95811			

<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		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> 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L8686	L8687	L8688	
<b>Transplants</b>	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 Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>Car-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<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			