

Prior authorization requirements for New Jersey Medicaid

Effective Aug. 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.

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 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 how to obtain prior authorization			
Acupuncture	Prior authorization required	97811	97814		
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600

Procedures and services	Additional information	CPT® or HCPCS Codes and 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 *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 .	<p><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Anti-emetic drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>fosaprepitant J1456</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p>Prior authorization requests:</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Cancer supportive care (cont.)		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 Portaldashboard. Or, call 888-397-8129			
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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			
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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



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
Cardiovascular (cont.)		I70.639	I70.641	I70.642	I70.643	
		I70.644	I70.645	I70.648	I70.649	
		I70.661	I70.662	I70.663	I70.668	
		I70.669	I70.721	I70.722	I70.723	
		I70.728	I70.729	I70.731	I70.732	
		I70.733	I70.734	I70.735	I70.738	
		I70.739	I70.741	I70.742	I70.743	
		I70.744	I70.745	I70.748	I70.749	
		I70.761	I70.762	I70.763	I70.768	
		I70.769	I72.3	I72.4	I72.8	
		I72.9	I77.2	I77.70	I77.72	
		I77.77	I77.79	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		T82.818A	T82.868A	S81.801A	S81.802A	
		S81.809A	S91.301A	S91.302A	S91.309A	
		M86.051	M86.052	M86.059	M86.061	
		M86.062	M86.069	M86.071	M86.072	
		M86.079	M86.08	M86.09	M86.1	
		M86.10	M86.151	M86.152	M86.159	
		M86.161	M86.162	M86.169	M86.171	
		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		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				
	Cerebral seizure	Prior authorization required for	95700	95711	95712	95713

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
monitoring – Inpatient video Electroencephalogram (EEG)	inpatient services	95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950), Leuprolide (J1952) will also require prior authorization • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For 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 Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	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	67961		
67966	97597	Q2026			
*Prior authorization not required when billed with the following diagnosis codes:					
	C43.0	C43.10	C43.111	C43.112	
	C43.121	C43.122	C43.20	C43.21	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0328	E0445	E0457	
	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			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
		B4102	B4103	B4149	B4150
	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			
Experimental and investigational (and/or	Prior authorization required	33477	36514	55866	64722

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
linked services)		65765	65767	66180	A4226
		A4638	A6000	A9274	E0231
		E1831	S1030	S1031	S2102
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
81255	81256	81257	81258		
81259	81260	81261	81262		
81263	81264	81265	81266		
81267	81268	81269	81271		
81272	81273	81274	81276		
81283	81284	81285	81286		
81287	81288	81289	81290		
81291	81292	81294	81295		
81297	81298	81300	81302		
81303	81304	81305	81306		
81307	81309	81310	81312		
81313	81314	81315	81316		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (continued)		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	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	0111U	
	0129U	0136U	0137U	0154U	
	0155U	0157U	0158U	0159U	
	0160U	0161U	S3870		
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Gender dysphoria treatment (continued)		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	64856
	64892	64896			
Home and community based services	All Home and Community Based Services (HCBS) and Long-Term Care Services (LTSS) require authorization for those members on the Managed Long-Term Services and Supports (MLTSS) benefit program				
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9474	T1030
		T1031			
Hospice	Prior authorization required for inpatient admissions only	T2044	T2045		
Hysterectomy	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		
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP, Prolastin-C, Zemaira®			
J0256					
Avsola™					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications
(cont.)

		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beriner[®]			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura[™]			
		J0567			
		Byooviz[™]			
		Q5124			
		Cerezyme[®]			
		J1786			
		Cimerli[®]			
		Q5128			
		Cimzia[®]			
		J0717			
		Cinqair[®]			
		J2786			
		Cinryze[®]			
		J0598			
		Cryvista[®]			
		J0584			
		Cutaquig[®]			
		J1551			
		Elaprase[®]			
		J1743			
		Elelyso			
		J3060			
		Enjaymo			
		J1302			
		Entyvio[®]			
		J3380			
		Erythropoiesis Stimulating Agents			
		J0885			
		Evenity[™]			
		J3111			
		Evkeeza[™]			
		J1305			
		Exondys 51[™]			
		J1428			
		Eylea			
		J0178			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	Fabrazyme®				
	J0180				
	Feraheme®				
	Q0138				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Firmagon®				
	J9155				
	Fylnetra®				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Korsuva			
	J0879				
	Krystexxa®				
	J2507				
	Lanreotide				
	J1932				
	Lemtrada®				
	J0202				
	Leqembi®				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization	
Injectable medications (cont.)		J0174 Leqvio®	
		J1306	
		Lucentis	
		J2778	
		Lumizyme®	
		J0221	
		Lupron Depot®*	
		J1950	
		Lupron Depot, Eligard®*	
		J9217	
		Luxturna™	
		J3398	
		Makena®	
		J1726	J1729 J2675
		Mepsevii®	
		J3397	
		Monoferric®	
		J1437	
		Naglazyme®	
		J1458	
		Nexviazyme®	
		J0219	
		Nplate®	
		J2796	
		Nucala®	
		J2182	
		Ocrevus™	
		J2350	
		Octreotide Acetate	
		J2354	
		Onpattro™	
		J0222	
		Orencia®	
		J0129	
		Oxlumo™	
		J0224	
		Panzyga®	
		J1576	
		Parsabiv™	
		J0606	
		Prolia***	
		J0897	
		Radicava®	
		J1301	
		Reblozyl®	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	J0896				
	Releuko®				
	Q5125				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Rolvedon™				
	J1449				
	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	Ryplazim®				
	J2998				
	Sandostatin® LAR				
	J2353				
	Saphnello™				
	J0491				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
J1930					
Spevigo®					
J1747					
Spinraza™					
J2326					
Spravato™					
S0013					
Stelara®					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	J3358				
	Stimufend®				
	Q5127				
	Sunlenca®				
	J1961				
	Supprelin® LA				
	J9226				
	Susvimo™				
	J2779				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Truxima®				
	Q5115				
	Tysabri®				
	J2323				
	Tzield™				
	J9381				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes				
	C9151	C9399	J3490	J3590	
	Uplizna®				
	J1823				
	Vabysmo				
	J2777				
	Viltepsa™				
	J1427				
	Vimizim®				
	J1322				
	Vyepti™				
	J3032				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
	White blood cell colony stimulating factors				
	J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120		
Q5122					
Xembify®					
J1558					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		Xenpozyme™			
		J0218			
		Xolair®			
		J2357			
		Zoladex®			
		J9202			
		Zolgensma®			
		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 Leqembi™ Nulibry™, Purified Cortrophin™ Gel ,Recovi® and Syfovre™

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

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

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
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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		
L5828	L5830	L5845	L5848		
L5857	L5858	L5930	L5950		
L5960	L5961	L5962	L5964		
L5966	L5968	L5973	L5976		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
	Outpatient Therapy	Prior authorization required	70371	92507	92508
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 how to obtain prior authorization			
Outpatient Therapy (cont.)		97166	97167	97168	97169
		97530	97533	97535	97537
		97542	97750	97760	97761
		97763	97799	G0129	G0151
		G0152	G0153	G0157	G0158
		G0159	G0160	G0161	G0281
		G0282	G0283	G2168	S9128
		S9129	S9131		
Pain Injections and Management	Prior authorization required	64490	64493*		
Pediatric day services (PDMC)	Prior authorization required	T1024			
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	99601 T1002	99602 T1003	S9127	T1000
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate Procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation Therapy	Prior authorization required	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		
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NJcommunityplan >Prior			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Authorization and Notification Resources > Radiology Prior Authorization and Notification Program					
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treating nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty		31295	31296	31297	31298
Shoulder Surgery	Prior authorization required	Musculoskeletal System			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory system			
		69205			
		Cardiovascular System			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive Systems			
		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	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		Female Genital System			
		57240	57250	57461	57520

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and Lymphatic Systems			
		38500	38510	38525	
		Hernia repair			
		49505	49650	49651	
		Integumentary System			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male Genital System			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		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	
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory System				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy and adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235	43239	43249		
	Urinary System				
	52276	52287	52320	52344	
	Urologic procedures				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies- Attended	Prior authorization required	95805	95807	95808	95810
	Site of Service review also required.	95811			
	Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members				
	Sleep Study Lab Preferred				
Spinal surgery	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spinal surgery (cont.)		63308	0095T	0098T	0164T
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene 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 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.			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the		37700	37718	37722	37765
		37766	37780		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			