

Prior authorization requirements for UnitedHealthcare Community of New Jersey

Effective Dec. 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of New Jersey health care professionals providing inpatient and outpatient services. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **877-842-3210**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must submit prior authorization request for all procedures and services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandates at nj.gov/humanservices/coronavirus.

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. • 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	<p>Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*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>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></p> <p>Eflapegrastim-xnst (Rolvedon®) J1449</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>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Cancer supportive care (cont.)		Erythropoiesis-Stimulating Agents J0885 Sustol® (granisetron extended release) J1627
		Prior authorization requests: Please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . To get started, click Sign In at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, , electrophysiology implants, and stress echoes prior to performance	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com . Or, you can call 866 889 8054 . For more details and the CPT codes that require prior authorization, please see Cardiology Prior Authorization and Notification .
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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 |



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726

Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950), Leuprolide (J1952) will also require prior authorization • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 			

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

Cochlear implants and other auditory implants	Prior authorization required	69710	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

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	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	E0460	
		E0465	E0466	E0470	E0471	
		Prosthetics are not DME – See orthotics and prosthetics	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	E2298
	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 Enteral services (cont.)	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 linked services)	Prior authorization required	33477	36514	64722	65765	
		65767	66180	A4226	A4638	
		A6000	A9274	E0231	E1831	
		S1030	S1031	S2102	S9988	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Experimental and investigational (and/or linked services) (cont.)		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Health care professionals 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 health care professional must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81162	81163	81164	81228
		81229	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81431
		81432	81433	81435	81436
		81437	81438	81439	81440
		81445	81448	81460	81465
		81479	81507	81518	81519
		81520	81521	81522	81546
		81595	81599	87505	87506
		87507	0006M	0007M	0018U
0022U	0023U	0026U	0055U		
0060U	0087U	0088U	0111U		
0129U	0154U	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
		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 All Home and Community

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
based services	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 G0494 S9123 T1031	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122 T1030
Hospice	Prior authorization required for inpatient admissions only	T2044	T2045		
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar® J0801 Adakveo® J0791 Aduhelm® J0172 Adzyna J7171 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Aralast NP, Prolastin-C, Zemaira® J0256 Avsola™ Q5121 Benlysta J0490 Beovu J0179 Beriner® J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)		J0567
		Briumvi®
		J2329
		Byooviz™
		Q5124
		Cerezyme®
		J1786
		Cimerli®
		Q5128
		Cimzia®
		J0717
		Cinqair®
		J2786
		Cinryze®
		J0598
		Cortrophin™ Gel
		J0802
		Cosentyx IV
		J3247
		Cryvista®
		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Elaprase®
		J1743
		ElELYso
		J3060
		Elfabrio
	J2508	
	Elevidys®	
	J1413	
	Enjaymo	
	J1302	
	Entyvio®	
	J3380	
	Evenity™	
	J3111	
	Evkeeza™	
	J1305	
	Exondys 51™	
	J1428	
	Eylea	

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

	J0178				
	Eylea HD				
	J0177				
	Fabrazyme®				
	J0180				
	Feraheme®				
	Q0138				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Firmagon®				
	J9155				
	Fynetra®				
	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	
	Izervay				
	J2782				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva				
	J0879				
	Krystexxa®				
	J2507				

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

Lamzede®
 J0217
Lanreotide
 J1932
Lemtrada®
 J0202
Leqembi®
 J0174
Leqvio®
 J1306
Lucentis
 J2778
Lumizyme®
 J0221
Lupron Depot®*
 J1950
Lupron Depot, Eligard®*
 J9217
Luxturna™
 J3398
Mepsevii®
 J3397
Monoferric®
 J1437
Naglazyme®
 J1458
Nexviazyme®
 J0219
Nplate®
 J2796
Nucala®
 J2182
Ocrevus™
 J2350
Octreotide Acetate
 J2354
Omvoh IV
 J2267
Onpattro™
 J0222
Orencia®
 J0129
Oxlumo™
 J0224
Panzyga®
 J1576

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

Parsabiv™
 J0606
Prolia***
 J0897
Pombiliti
 J1203
Qalsody®
 J1304
Radicava®
 J1301
Reblozyl®
 J0896
Releuko®
 Q5125
Remicade®
 J1745
Renflexis®
 Q5104
 RiabniΣ
 Q5123
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Roctavian
 J1412
Rolvedon™
 J1449
Ruconest®
 J0596
Ruxience®
 Q5119
Ryplazim®
 J2998
Rystiggo
 J9333
Sandostatin® LAR
 J2353
Saphnello™
 J0491
Scenesse®
 J7352
Signifor® LAR
 J2502
Simponi Aria®
 J1602
Skyrizi®
 J2327
Sodium Hyaluronate

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1300			
		Somatuline® Depot			
		J1930			
		Spevigo®			
		J1747			
		Spinraza™			
		J2326			
		Stelara®			
		J3358			
		Stimufend®			
		Q5127			
		Supprelin® LA			
		J9226			
		Susvimo™			
		J2779			
		Syfovre™			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Tofidence			
		Q5133			
		Trelstar®			
		J3315			
		Triptodur®			
		J3316			
		Truxima®			
		Q5115			
		Tysabri®			
		J2323			
		Tzield™			
		J9381			
		Ultomiris™			
		J1303			
		Unclassified and temporary codes**			
		C9172	C9399	J3490	J3590
		Uplizna®			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		J9376			
		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		White blood cell colony stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xenpozyme™			
		J0218			
	Xolair®				
	J2357				
	Zoladex®				
	J9202				
	Zolgensma®				
	J3399				
	Zymfentra				
	J1748				

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

**For Unclassified and temporary codes C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez, Eylea HD, Leqembi™ Nulibry™, Rivfloza and Recovi®

***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 and Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on the list.

Joint replacement Joint, total hip and knee	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
Joint replacement (cont.)		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430 S9961	A0431	A0436	S9960
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		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

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	L1820
Outpatient Therapy	Prior authorization required	70371	92507	92508	92521
		92522	92523	92524	92526
		92626	92627	92630	92633
		96105	96156	96158	96159
		96164	96165	96167	96168
		96170	96171	97010	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97129	97130
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97169
		97530	97533	97535	97537
		97542	97750	97760	97761
		97763	97799	G0129	G0151
		G0152	G0153	G0157	G0158
		G0159	G0160	G0161	G0281
		G0282	G0283	G2168	S9128
		S9129	S9131		
Pain Injections and Management	Prior authorization required	64490	64493*		
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 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation Therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation Therapy (cont.)		77014	77387	G6001	G6002
		Intensity-modulated radiation therapy (IMRT)			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)			
		77371	77372	77373	
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
	G6007	G6008	G6009	G6010	
	G6011	G6012	G6013	G6014	
	Y90				
	Implantable Beta-Emitting Microspheres for treatment of malignant tumors				
	79445				
	To submit an online request for prior authorization, sign in to the UHCprovider.com to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology and Radiation Therapy” box. After selecting “Commercial” as the product type, you will be directed to another website to process the authorization requests				
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification .			
Rhinoplasty Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		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
		*SOS also applies			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory system			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
	Sleep Study Lab Preferred	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
		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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies-Attended	Prior authorization required	95805	95807	95808	95810

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Sleep studies- Attended (cont.)	Site of Service review also required. Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members Sleep Study Lab Preferred	95811			
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747 Neurostimulator 43648 61864 61886 64553 64590 L8686	E0748 43881 61867 63650 64555 L8680 L8687	E0760 43882 61868 63655 64568 L8682 L8688	61863 61885 63685 64570 L8685
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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplants (cont.)		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**	J3393
		J3394			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**. For codes C9399, J3490 and J3590 Amtagvi, Casgevy, Lantidra, Lenmeldy, Skysona™ and will require prior authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	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 .			
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
Wound vac	Prior authorization required	E2402			