

Prior authorization requirements for New Jersey Medicaid

Effective May 1, 2024

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.

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:** 877-842-3210

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 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| 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 | 19316 | 19318 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19367 | 19368 | 19369 | 19370 |
| | | 19371 | 19380 | 19396 | L8600 |
| Cancer supportive care | Prior authorization required for colony- stimulating factor drugs and bone- modifying | <u>Injectable colony-stimulating factor drugs that require prior authorization –</u> | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

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.

Eflapegrastim-xnst (Rolvedon®)

J1449

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101*

Filgrastim-ayow (Releuko®)

Q5125*

Pegfilgrastim (Neulasta®)

J2506*

Pegfilgrastim-aggf (Nyvepria™)

Q5122*

Pegfilgrastim-bmez (Ziextenzo®)

Q5120*

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

Anti-emetic drugs that require prior authorization:

Akynzeo® (palonosetron/fosnetupitant)

J1454

fosaprepitant

J1456

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453

Erythropoiesis-Stimulating Agents

J0885

Cancer supportive care (cont.)

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

Sustol® (granisetron extended release)
J1627

Prior authorization requests:
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| | | |
|-------------------|---|---|
| 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 by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your UnitedHealthcare Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NJcommunityplan >Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program |
|-------------------|---|---|

| | | | | | |
|-------------------------------|------------------------------|---|---------|---------|---------|
| Cardiovascular | Prior authorization required | 37220* | 37221* | 37224* | 37225* |
| | | 37226* | 37227* | 37228* | 37229* |
| | | 37230 | 37231 | 93580 | |
| | | * Prior authorization not required for the following diagnosis codes: | | | |
| | | E08.52 | E09.52 | E10.52 | E11.52 |
| | | E13.52 | I70.221 | I70.222 | I70.223 |
| | | I70.228 | I70.229 | I70.231 | I70.232 |
| | | I70.233 | I70.234 | I70.235 | I70.238 |
| | | I70.239 | I70.241 | I70.242 | I70.243 |
| | | I70.244 | I70.245 | I70.248 | I70.249 |
| | | I70.25 | I70.261 | I70.262 | I70.263 |
| | | I70.268 | I70.269 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.421 | I70.422 | I70.423 |
| | | I70.428 | I70.429 | I70.431 | I70.432 |
| | | I70.433 | I70.434 | I70.435 | I70.438 |
| | | I70.439 | I70.441 | I70.442 | I70.443 |
| | | I70.444 | I70.445 | I70.448 | I70.449 |
| | | I70.461 | I70.462 | I70.463 | I70.468 |
| | | I70.469 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| Cardiovascular (cont.) | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|----------|----------|----------|
| | | I70.569 | I70.621 | I70.622 | I70.623 |
| | | I70.628 | I70.629 | I70.631 | I70.632 |
| | | I70.633 | I70.634 | I70.635 | I70.638 |
| | | I70.639 | I70.641 | I70.642 | I70.643 |
| | | I70.644 | I70.645 | I70.648 | I70.649 |
| | | I70.661 | I70.662 | I70.663 | I70.668 |
| | | I70.669 | I70.721 | I70.722 | I70.723 |
| | | I70.728 | I70.729 | I70.731 | I70.732 |
| | | I70.733 | I70.734 | I70.735 | I70.738 |
| | | I70.739 | I70.741 | I70.742 | I70.743 |
| | | I70.744 | I70.745 | I70.748 | I70.749 |
| | | I70.761 | I70.762 | I70.763 | I70.768 |
| | | I70.769 | I72.3 | I72.4 | I72.8 |
| | | I72.9 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | 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 |

Cardiovascular (cont.)

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|---|----------------|----------------|----------------|
| | | T82.898A I73.81 | I73.00 | I73.01 | I73.1 |
| 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 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 . | | | |
| Cochlear implants and other auditory implants | Prior authorization required | 69710 L8619 | 69714 L8690 | 69930 L8691 | L8614 L8692 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | | | | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14020* | 14021* | 14061* |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15820 | 15821 | 15822 | 15823 |
| | | 15830 | 15847 | 15877 | 17106 |
| | | 17107 | 17108 | 17999 | 21137 |
| | | 21138 | 21139 | 21172 | 21175 |
| | | 21179 | 21180 | 21181 | 21182 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 |
| Cosmetic and reconstructive (cont.) | | Q2026 | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

*Prior authorization not required when billed with the following diagnosis codes:

| | | | |
|----------|----------|----------|----------|
| C43.0 | C43.10 | C43.111 | C43.112 |
| C43.121 | C43.122 | C43.20 | C43.21 |
| C43.22 | C43.30 | C43.31 | C43.39 |
| C43.4 | C43.51 | C43.52 | C43.59 |
| C43.60 | C43.61 | C43.62 | C43.70 |
| C43.71 | C43.72 | C43.8 | C43.9 |
| C44.01 | C44.02 | C44.09 | C44.101 |
| C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| C44.111 | C44.1121 | C44.1122 | C44.1191 |
| C44.1192 | C44.121 | C44.1221 | C44.1222 |
| C44.1291 | C44.1292 | C44.131 | C44.1321 |
| C44.1322 | C44.1391 | C44.1392 | C44.191 |
| C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| C44.201 | C44.202 | C44.209 | C44.211 |
| C44.212 | C44.219 | C44.221 | C44.222 |
| C44.229 | C44.291 | C44.292 | C44.299 |
| C44.300 | C44.301 | C44.309 | C44.310 |
| C44.311 | C44.319 | C44.320 | C44.321 |
| C44.329 | C44.390 | C44.391 | C44.399 |
| 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 |

Cosmetic and reconstructive (cont.)



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|--------|--------|--------|
| | | D04.39 | D04.4 | D04.5 | D04.60 |
| | | D04.61 | D04.62 | D04.70 | D04.71 |
| | | D04.72 | D04.8 | D04.9 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279 | 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 | B4152 | B4153 | B4155 | B4158 |
| | | B4159 | B4160 | B4161 | B9002 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|----------------|--------------|--------------|
| | submit the WIC denial along with your prior authorization request. | B9998 | | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 64722 | 65765 |
| | | 65767 | 66180 | A4226 | A4638 |
| | | A6000 | A9274 | E0231 | E1831 |
| | | S1030 | S1031 | S2102 | S9988 |
| | | S9990 | S9991 | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Genetic and molecular testing to include BRCA | Prior authorization 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. | 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 |
| Gender dysphoria treatment (cont.) | Prior authorization required | 55180 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58541 | 58554 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|---|---|---|---|
| | | 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 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 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Aralast NP, Prolastin-C, Zemaira® J0256 Avsola™ Q5121 Benlysta J0490 Beovu J0179 Beriner® J0597 Botulinum toxins | | | |
| Injectable medications (cont.) | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

| J0585 | J0586 | J0587 | J0588 |
|-------|-------|-------|-------|
|-------|-------|-------|-------|

Brineura™

J0567

Briumvi®

J2329

Byooviz™

Q5124

Cerezyme®

J1786

Cimerli®

Q5128

Cimzia®

J0717

Cinqair®

J2786

Cinryze®

J0598

Cortrophin™ Gel

J0802

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

**Injectable medications
(cont.)**

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

| | | | | | |
|--|--|--------------------|-------|-------|-------|
| | | 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 | | | |

Injectable medications
(cont.)

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | |
|-------------------------|------------------------|---|--|
|-------------------------|------------------------|---|--|

| | | | |
|--|--|--------------------------------|-------------|
| | | Lamzede® | |
| | | J0217 | |
| | | Lanreotide | |
| | | J1932 | |
| | | Lemtrada® | |
| | | J0202 | |
| | | Leqembi® | |
| | | 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 | |

Injectable medications
(cont.)

Procedures and services

Additional information

CPT® or HCPCS Codes and how to obtain prior authorization

**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 | | | |
|---------------------------------------|------------------------|---|-------|-------|-------|
| | | 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 | | | |
| | | Trelstar® | | | |
| | | J3315 | | | |
| | | Triptodur® | | | |
| | | J3316 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Tysabri® | | | |
| | | J2323 | | | |
| | | Tzield™ | | | |
| | | J9381 | | | |
| | | Ultomiris™ | | | |
| | | J1303 | | | |
| | | Unclassified and temporary codes | | | |
| | | C9160 | C9162 | C9167 | C9168 |
| | | J3490 | J3590 | | |
| | | Uplizna® | | | |
| | | J1823 | | | |
| | | Vabysmo | | | |
| | | J2777 | | | |
| | | Veopoz | | | |
| | | J9376 | | | |
| Injectable medications (cont.) | | | | | |

Procedures and services

Additional information

CPT® or HCPCS Codes and how to obtain prior authorization

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

*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, C9160, C9162, C9167, C9168, J3490 and J3590, prior authorization is only required for Adzynma, Eylea HD, Leqembi™ Nulibry™, Omvoh IV, Purified Cortrophin™ Gel 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 & 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

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

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 S9961 | A0431 | A0436 | S9960 |
| 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 | |
| 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 | | |
| Orthotics and prosthetics (cont.) | | L5050 | L5060 | L5100 | L5105 |
| | | L5150 | L5160 | L5200 | L5210 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|-------|-------|-------|
| | | L5220 | L5230 | L5250 | L5270 |
| | | L5280 | L5301 | L5312 | L5321 |
| | | L5331 | L5341 | L5400 | L5420 |
| | | L5460 | L5500 | L5505 | L5510 |
| | | L5520 | L5530 | L5535 | L5540 |
| | | L5560 | L5570 | L5580 | L5585 |
| | | L5590 | L5595 | L5600 | L5610 |
| | | L5613 | L5614 | L5616 | L5639 |
| | | L5640 | L5642 | L5643 | L5644 |
| | | L5646 | L5647 | L5648 | L5649 |
| | | L5651 | L5653 | L5661 | L5673 |
| | | L5682 | L5683 | L5700 | L5702 |
| | | L5703 | L5705 | L5706 | L5716 |
| | | L5718 | L5722 | L5724 | L5726 |
| | | L5728 | L5780 | L5790 | L5795 |
| | | L5811 | L5812 | L5814 | L5816 |
| | | L5818 | L5822 | L5824 | L5826 |
| | | L5828 | L5830 | L5845 | L5848 |
| | | L5857 | L5858 | L5930 | L5950 |
| | | L5960 | L5961 | L5962 | L5964 |
| | | L5966 | L5968 | L5973 | L5976 |
| | | L5979 | L5980 | L5981 | L5982 |
| | | L5984 | L5986 | L5987 | L5988 |
| | | L5990 | L5999 | L6000 | L6010 |
| | | L6020 | L6050 | L6055 | L6100 |
| | | L6110 | L6120 | L6130 | L6200 |
| | | L6205 | L6250 | L6300 | L6310 |
| | | L6320 | L6350 | L6360 | L6370 |
| | | L6380 | L6382 | L6384 | L6400 |
| | | L6450 | L6500 | L6550 | L6570 |
| | | L6580 | L6582 | L6584 | L6586 |
| | | L6588 | L6590 | L6621 | L6623 |
| | | L6624 | L6646 | L6648 | L6686 |
| | | L6687 | L6689 | L6690 | L6692 |
| | | L6693 | L6694 | L6695 | L6696 |
| | | L6697 | L6704 | L6707 | L6708 |
| | | L6709 | L6711 | L6712 | L6713 |
| | | 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 |

Orthotics and prosthetics (cont.)

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|------------------------------|---|----------------|----------------|-------|
| | | L7191 | L7405 | L8040 | L8042 |
| | | L8043 | L8044 | L8045 | L8046 |
| | | 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 | Prior authorization required | 77520 | 77522 | 77523 | 77525 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|--|-------|-------|-------|
| particles with a positive charge | | | | | |
| 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 | <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 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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/NJcommunityplan >Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p> | | | |
| 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 |
| 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 |
| Site of service (SOS) – outpatient hospital | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|------------------------|---|-------|-------|-------|
| (cont.) | | 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 | | | |
| | | 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 |
| Site of service (SOS) – outpatient hospital | | 28297 | 28298 | 28299 | 29835 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| (cont.) | | 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 |
| | 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 |
| Spinal surgery (cont.) | | 22533 | 22548 | 22551 | 22554 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| | | 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 | 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 | 0098T |
| 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 |
| Transplants (cont.) | | 47146 | 47147 | 48551 | 48552 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|--|---------|---------|-------|
| | | 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 Casgevy, Lantidra, Lyfgenia, Skysona™ and Zynteglo™ 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 | | | |