

# Prior authorization requirements for UnitedHealthcare Community Plan of New Jersey

Effective March 1, 2026

## 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 request 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](https://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](https://UHCprovider.com/access).
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Acupuncture</b>	Prior authorization required	97811	97814		
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. • For ABA Therapy, submit via fax or Provider Express			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction</b>	Prior authorization required	11971	19316	19318	19325

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>(non-mastectomy)</b> Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cancer supportive care</b>	<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><b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b></p> <p>Q5148</p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b> J1449</p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim-ayow (Releuko®)</b> <b>Q5125*</b></p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Anti-emetic drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b></p>			



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J6042). Lupron Depot (J1950), Leuprolide (J1952) will also require prior authorization</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on <a href="http://UnitedHealthcare Provider Portal at UHCprovider.com">UnitedHealthcare Provider Portal at UHCprovider.com</a> . Or, you can call <b>888-397-8129</b> .					
<b>Cochlear implants and other auditory</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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**implants**

A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	14020*	14021*	14061*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15820	15821	15822	15823
		15830	15847	15877	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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		
	<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
E0328			E0445	E0457	E0460	
E0465			E0466	E0470	E0471	
E0483			E0486	E0620	E0637	
E0652			E0669	E0700	E0710	
E0745			E0762	E0766	E0784	
Prosthetics are not DME – See orthotics and prosthetics			E0787	E0984	E1002	E1003
			E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030	
		E1035	E1036	E1130	E1161	
		E1229	E1231	E1232	E1233	
		E1234	E1235	E1236	E1237	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2298
		E2301	E2310	E2311	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2607	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
	S1040	T1999	T5999	V2786	
	V5269	V5270	V5271	V5272	
	V5274	V5281	V5282	V5283	
	V5286	V5287	V5289	V5290	
<b>Enteral services</b>	Prior authorization required for members ages 5 and older	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4149	B4150
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
	Prior authorization required for members younger than age 5 with a WIC denial – please submit the WIC denial along with your prior authorization request.	B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S1030	S1031	S2102	S9988
		S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and</b>	Prior authorization is	81162	81163	81164	81228

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
<b>molecular testing to include BRCA</b>	required for genetic and molecular testing performed in an outpatient setting.	81229	81277	81400	81401	
		81402	81403	81404	81405	
		81406	81407	81408	81410	
		81411	81412	81413	81414	
		81415	81416	81417	81425	
		Health care professionals	81426	81427	81431	81432
		requesting laboratory	81435	81437	81439	81440
		testing will be required to	81441	81443	81445	81448
		complete the prior	81449	81450	81451	81455
		authorization/notification	81460	81465	81471	81479
	process, which includes	81518	81519	81520	81521	
	indicating the laboratory	81522	81523	81541	81542	
	and test name. Payment	81546	81552	81595	81599	
	will be authorized for	87506	87507	0006M	0007M	
	those CPT codes	0018U	0060U	S3870		
	registered with the					
	<b>Genetic and molecular</b>					
	<b>testing prior</b>					
	<b>authorization/notify</b>					
	<b>on</b> 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.					
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	<b>These surgical codes with the following DX codes:</b>		
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>	
		<b>F64.9</b>	<b>Z87.890</b>			
		14000	14001	14041	15734	
		15738	15750	15757	15758	
		19303	53410	53430	54125	
		54520	54660	54690	55175	
		55180	56625	56800	56805	
		57110	57335	58541	58554	
		58661	58720	58940	64856	
		64892	64896			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Home and community based services</b>	All Home and Community Based Services (HCBS) and Long-Term Care Services (LTSS) require authorization for those members on the Managed Long-Term Services and Supports (MLTSS) benefit program				
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0156 G0494 S9123 T1031	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122 T1030
<b>Hospice</b>	Prior authorization required for inpatient admissions only	T2044	T2045		
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b> J3262 <b>Acthar®</b> J0801 <b>Adakveo®</b> J0791 <b>Adzynma</b> J7171 <b>Alhemo</b> J7173 <b>Aldurazyme®</b> J1931 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Aralast NP, Prolastin-C, Zemaira®</b> J0256 <b>Avsola™</b> Q5121 <b>Avtozma</b> Q5156 <b>Azmiro</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J1072				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Beqvez</b>				
	J1414				
	<b>Berinert®</b>				
	J0597				
	<b>Bkemv</b>				
	Q5152				
	<b>Botulinum toxins</b>				
		J0585	J0586	J0587	J0588
	<b>Brineura™</b>				
	J0567				
	<b>Briumvi®</b>				
	J2329				
	<b>Byooviz™</b>				
	Q5124				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimerli®</b>				
	Q5128				
	<b>Cimzia®</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Conexence</b>				
	Q5158				
	<b>Cortrophin™ Gel</b>				
	J0802				
	<b>Cosentyx IV</b>				
	J3247				
	<b>Cryvista®</b>				
	J0584				
	<b>Cutaquig®</b>				
J1551					
<b>Daxxify</b>					
J0589					
<b>Elaprase®</b>					
J1743					
<b>Elelyso</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J3060
		<b>Elfabrio</b>
		J2508
		<b>Elevidys®</b>
		J1413
		<b>Encelto</b>
		J3403
		<b>Enjaymo</b>
		J1302
		<b>Entyvio®</b>
		J3380
		<b>Epysqli</b>
		Q5151
		<b>Evenity™</b>
		J3111
		<b>Evkeeza™</b>
		J1305
		<b>Exondys 51™</b>
		J1428
		<b>Eylea</b>
		J0178
		<b>Eylea HD</b>
		J0177
		<b>Fabrazyme®</b>
		J0180
		<b>Feraheme®</b>
		Q0138
		<b>Fasenra™</b>
		J0517
		<b>Fensolvi®</b>
		J1951
		<b>Firmagon®</b>
		J9155
	<b>Fylnetra®</b>	
	Q5130	
	<b>Gamifant®</b>	
	J9210	
	<b>Givlaari®</b>	
	J0223	
	<b>Glassia®</b>	
	J0257	
	<b>Hemgenix®</b>	
	J1411	
	<b>Hemlibra</b>	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J7170				
	<b>Hypavzi</b>				
	J7172				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Imuldosa IV</b>				
	Q5098				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
		90283	90284	J1459	J1552
		J1554	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		<b>Izervay</b>			
		J2782			
		<b>Jubbonti -Wyost</b>			
		Q5136			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Kisunla</b>			
		J0175			
	<b>Korsuva</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lamzede®</b>				
	J0217				
	<b>Lanreotide</b>				
	J1932				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqembi®</b>				
	J0174				
	<b>Leqvio®</b>				
	J1306				
	<b>Lucentis</b>				
	J2778				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Lumizyme®</b> J0221 <b>Lupron Depot®*</b> J1950 <b>Lupron Depot, Eligard®*</b> J9217 <b>Lutrate Depot</b> J1954 <b>Luxturna™</b> J3398 <b>Mepsevii®</b> J3397 <b>Monoferric®</b> J1437 <b>Naglazyme®</b> J1458 <b>Nexviazyme®</b> J0219 <b>Niktimvo</b> J9038 <b>Nplate®</b> J2802 <b>Nucala®</b> J2182 <b>Nulibry</b> J1809 <b>Nypozi</b> Q5148 <b>Ocrevus™</b> J2350 <b>Ocrevus Zunovo</b> J2351 <b>Octreotide Acetate</b> J2354 <b>OmvoH IV</b> J2267 <b>Onpattro™</b> J0222 <b>Orencia®</b> J0129 <b>Otufi IV</b> Q9999 <b>Oxlumo™</b> J0224 <b>Panzyga®</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J1576 <b>Parsabiv™</b>
		J0606 <b>Pavblu</b>
		Q5147 <b>PiaSky</b>
		J1307 <b>Prolia</b>
		J0897 <b>Pombiliti</b>
		J1203 <b>Pyzchiva IV</b>
		Q9997 <b>Qalsody®</b>
		J1304 <b>Qfitlia</b>
		J7174 <b>Radicava®</b>
		J1301 <b>Reblozyl®</b>
		J0896 <b>Releuko®</b>
		Q5125 <b>Remicade®</b>
		J1745 <b>Renflexis®</b>
		Q5104 <b>Riabni™</b>
		Q5123 <b>Rituxan®</b>
		J9312 <b>Rituxan Hycela®</b>
		J9311 <b>Roctavian</b>
		J1412 <b>Rolvedon™</b>
		J1449 <b>Ruconest®</b>
		J0596 <b>Ruxience®</b>
		Q5119 <b>Ryplazim®</b>
		J2998 <b>Rystiggo</b>
		J9333 <b>Sandostatin® LAR</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J2353				
	<b>Saphnello™</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Selarsdi</b>				
	Q9998				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1299				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spevigo®</b>				
	J1747				
	<b>Spinraza™</b>				
	J2326				
	<b>Stelara®</b>				
	J3358				
	<b>Steqeyma IV</b>				
Q5099					
<b>Stimufend®</b>					
Q5127					
<b>Stoboclo</b>					
Q5157					
<b>Supprelin® LA</b>					
J9226					
<b>Susvimo™</b>					
J2779					
<b>Syfovre™</b>					
J2781					
<b>Synagis®</b>					
90378					
<b>Tepezza®</b>					
J3241					
<b>Tezspire™</b>					
J2356					
<b>Tofidence</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		Q5133			
		<b>Trelstar®</b>			
		J3315			
		<b>Tremfya IV</b>			
		J1628			
		<b>Triptodur®</b>			
		J3316			
		<b>Truxima®</b>			
		Q5115			
		<b>Tyenne</b>			
		Q5135			
		<b>Tysabri®</b>			
		J2323			
		<b>Tzield™</b>			
		J9381			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified and temporary codes**</b>			
		C9399	J3490		J3590
		<b>Uplizna®</b>			
		J1823			
		<b>Vabysmo</b>			
		J2777			
		<b>Veopoz</b>			
		J9376			
		<b>Viltepso™</b>			
		J1427			
		<b>Vimizim®</b>			
		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyjuvek™</b>			
		J3401			
		<b>Vyondys 53®</b>			
		J1429			
		<b>Vyvgart™</b>			
		J9332			
		<b>Vyvgart Hytrulo</b>			
		J9334			
		<b>Wezlana IV</b>			
	Q5138				
	<b>White blood cell colony stimulating factors</b>				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xembify®</b>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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<b>Injectable medications (cont.)</b>		J1558			
		<b>Xenpozyme™</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Yesintek IV</b>			
		Q5100			
		<b>Zoladex®</b>			
		J9202			
	<b>Zolgensma®</b>				
	J3399				

\* 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 C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Rivfloza Recovi® and Starjemza

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.

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9961	A0431	A0436	S9960
<b>Orthognathic surgery</b> 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthognathic surgery (cont.)</b>		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	L1820
	<b>Outpatient therapy</b>	Prior authorization required	70371	92507	92508
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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Outpatient therapy (cont.)</b>		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97169
		97530	97533	97535	97537
		97542	97750	97760	97761
		97763	97799	G0129	G0151
		G0152	G0153	G0157	G0158
		G0159	G0160	G0161	G0281
		G0282	G0283	G2168	S9128
	S9129	S9131			
<b>Pain injections and management</b>	Prior authorization required	64490	64493*		
<b>Pediatric day services (PDMC)</b>	Prior authorization required	T1024			
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	99601 T1002	99602 T1003	S9127	T1000
<b>Potentially Unproven Services</b>	Prior authorization required	33289	C2624		
<b>Prostate Procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiation therapy</b>	Prior authorization required	<b>Image-guided radiation therapy (IGRT)</b> 77387 <b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525 <b>Special/associated services</b> 77331      77370      77399      77470 <b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b> 77371      77372      77373 <b>Radiation Treatment Delivery</b> 77402*      77407      77412      G0339			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Radiation therapy (cont.)</b>		<p>G0340      S2095</p> <p>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes:</p> <p>Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p> <p>Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92</p> <p><b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p> <p>To submit an online request for prior authorization, sign in to the <b>UHCprovider.com</b> 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</p>
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please see <b>Radiology Prior Authorization and Notification</b>.</p>			
<b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>		31295	31296	31297	31298
<b>Shoulder Surgery</b>	Prior authorization required	Musculoskeletal System*			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
		*SOS also applies			
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory system</b>			
		69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive Systems</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) - outpatient hospital (cont.)</b>	<b>Ear, nose and throat (ENT) procedures</b>	21320	30140	30520	69436
	69631				
	<b>Eye and Ocular Adnexa</b>				
	65710	65820	66250	66710	
	66711	66825	66986	66987	
	66988	67010	67041	67042	
	67105	67108	67113	67840	
	68110	68115	68320	68720	
	68815				
	<b>Female Genital System</b>				
57240	57250	57461	57520		
58561	58562				
<b>Gynecologic procedures</b>					
57522	58353	58558	58563		
58565					
<b>Hemic and Lymphatic Systems</b>					
38500	38510	38525			
<b>Hernia repair</b>					
49505	49650	49651			
<b>Integumentary System</b>					
10121	11440	11450	11624		
11770	13121	15100	15120		
15240	19020	19120	19125		
<b>Liver biopsy</b>					
47000					
<b>Male Genital System</b>					
54840					
<b>Miscellaneous</b>					
20680					
<b>Musculoskeletal System</b>					
20552	20553	21012	21013		
21336	21554	21555	21556		
21930	22902	22903	23071		
23075	24071	27327	27337		
27632	28035	28039	28041		
28060	28080	28090	28104		
28110	28118	28119	28124		
28285	28289	28292	28296		
28297	28298	28299	29835		
29840	29845	29846	29848		
29861	29875	29876	29877		
29879	29880	29881	29882		
29888	29893	G0260			
<b>Nervous System</b>					
64561	64640				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) - outpatient hospital (cont.)</b>		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
52224	52234	52235	52260		
52281	52310	52332	52351		
52352	52353	52356	54161		
55040	55700	57288			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies-Attended</b>	Prior authorization required	95805	95807	95808	95810
	Site of Service review also required.	95811			
	<b>Prior authorization <u>not</u> required for Long-Term Services and Supports (LTSS) members</b>				
	<b>Sleep Study Lab Preferred</b>				
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		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	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		
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
L8686	L8687	L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		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	J3387	J3389
		S2060	S2061	S2152	
		<b>Car-T Cell Therapy</b>			
		J9999	Q2041	Q2042	Q2053
	Q2054	Q2055	Q2056	Q2057	
	<b>Gene Therapy</b>				
	C9399**	J3391	J3392	J3393	
	J3394	J3490**	J3590**	Q2058	
	J3402				
	*Code 38232 will only require prior authorization for an oncology diagnosis				
	**: For codes C9399, J3490 and J3590 Amtagvi, Lantidra will require prior authorization through Optum Transplant.				
<b>Vein procedures</b>	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			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			

