

General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of New Jersey contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- **Phone** 866-604-3267 // **Fax** 888-840-9284
- **Online:** <http://www.uhcommunityplan.com>
- Services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.
- Non-emergency Inpatient Admissions, including planned surgeries, require prior authorization
- *The use of the Universal Referral Form (URF) does not constitute authorization by UnitedHealthcare Community Plan.*

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Acupuncture	Prior authorization required	97810 S8930	97811	97813	97814
Bariatric surgery	Prior authorization required Bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator	Prior authorization required Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Prior authorization required Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear implants and other auditory implants	Prior authorization required A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691
Cosmetic and reconstructive	Prior authorization required 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	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344

**Advance Notification Requirements for UnitedHealthcare
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive (cont'd.)		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
	Durable Medical Equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient setting (to include home)	A9275	A9279	A9280
		A9999	E0193	E0194	E0265
		E0266	E0270	E0274	E0277
Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).		E0296	E0297	E0302	E0304
		E0328	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
Some home health care services may qualify under the DME requirement but are not subject to the cost threshold (see <i>Home Health Services</i>).		E0472	E0483	E0485	E0486
		E0601	E0620	E0637	E0638
		E0641	E0642	E0650	E0651
		E0652	E0666	E0667	E0668
		E0669	E0671	E0672	E0673
		E0700	E0710	E0745	E0762
		E0784	E0947	E0948	E0984
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1018	E1030
		E1035	E1036	E1085	E1086
		E1089	E1090	E1130	E1140
		E1161	E1220	E1226	E1229
		E1230	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1250	E1260
		E1285	E1290	E1300	E1310
		E1825	E1830	E1840	E2100
		E2204	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2328	E2329	E2330
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2510
		E2511	E2512	E2599	E2614
		E2616	E2620	E2621	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0007	K0008	K0011	K0013
		K0014	K0108	K0606	K0609
		K0730	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
	K0821	K0822	K0823	K0824	
	K0825	K0826	K0827	K0828	
	K0829	K0830	K0831	K0836	
	K0837	K0838	K0839	K0840	
	K0841	K0842	K0843	K0848	
	K0849	K0850	K0851	K0852	
	K0853	K0854	K0855	K0856	

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Durable Medical Equipment (DME): more than \$500 (cont'd)	<p>Prior authorization required only in outpatient setting (to include home)</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics notification requirement</i>).</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the cost threshold (<i>see Home Health Services</i>).</p>	K0857 K0861 K0868 K0877 K0884 K0891 T1999 V5269 V5274 V5284 V5288	K0858 K0862 K0869 K0878 K0885 K0898 T5999 V5270 V5281 V5285 V5289	K0859 K0863 K0870 K0879 K0886 K0899 V2786 V5271 V5282 V5286 V5290	K0860 K0864 K0871 K0880 K0890 Q0506 V5268 V5272 V5283 V5287
Enteral services	<p>Prior authorization is required for members five and older.</p> <p>Prior authorization required for members younger than five with a WIC denial. Please obtain the denial from WIC.</p> <p>In-home nutritional therapy either enteral or through a gastrostomy tube</p>	B4034 B4102 B4152 B4157 B4161 B9998	B4035 B4103 B4153 B4158 B4162	B4036 B4149 B4154 B4159 B9000	B4100 B4150 B4155 B4160 B9002
Experimental and investigational	Prior authorization required	33477 61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S2102 S9990	36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S1030 S3652 S9991	54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1031 S8262	55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1040 S9988
Femoroacetabular Impingement Syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Home health services	Prior authorization required only in outpatient setting (to include home)	99503 G0155 S9122 S9128	G0151 G0156 S9123 S9129	G0152 G0299 S9124 S9131	G0153 G0300 S9127 S9474
Hospice	Prior authorization required inpatient only	T2044	T2045		
Injectable medications	<p>Prior authorization required</p> <p><i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i></p>	Acthar J0800 Botox J0585	J0586	J0587	J0588

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		Cerezyme			
		J1786			
		Elelyso			
		J3060			
		IVIG			
		90283	90284	J1459	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Makena			
		J1725	J2675		
		Synagis*			
90378					
Xolair*					
J2357					
Joint replacement	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		Joint and total hip and knee replacement procedures			
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0436	S9960
		S9961			
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
		21127	21141	21142	21143
		Treatment of maxillofacial (jaw) functional impairment			
		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: more than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient setting (to include home)	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
		L0488	L0491	L0624	L0629
		L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L1000
		L1005	L1200	L1300	L1310
		L1499	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2114
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000

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Orthotics and prosthetics: more than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500		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	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8605
		L8609	L8610	L8612	L8631
L8659	V2623	V2627			
Pediatric Day Services (PDHC)	Prior authorization required	T1024			
Personal Care Service	Prior authorization required	T1019			
Private Duty Nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
	Focused radiation therapy using beams of protons (tiny particles with a positive charge)				
Rehabilitative services (physical, speech and occupational therapy)	Prior authorization required	97010	97012	97014	97016
		97018	97022	97026	97028
		97033	97034	97039	97110
		97112	97113	97116	97124
		97140	G0129	S8990	92508
		92521	92522	92523	92526
		92507	97799		
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
	Treating nasal functional impairment and septal deviation				
Sinuplasty	Prior authorization required	31295	31296	31297	

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Sleep apnea procedures and surgeries	Prior authorization required Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	41599	42145
Sleep studies	Prior authorization required LTSS members <u>do not</u> require prior authorization	95805 95811	95807	95808	95810
Spinal stimulator for pain management	Prior authorization required Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0095T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0098T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 0164T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
Vagus nerve stimulation	Prior authorization required Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures	Prior authorization required Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	36468 37718	36475 37722	36478 37780	37700

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Wound vac	Prior authorization required	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																												
Behavioral health services	<p>Prior authorization required</p> <p>Behavioral health services through a designated behavioral health network</p>	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>																																												
Radiology prior authorization	<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.</p>	<p>Request prior authorization by calling 866-889-8054.</p> <p>For more information and a list of CPT codes that require prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Radiology > CPT Code List</p>																																												
Transplants	Prior authorization required	<p>For transplant services, please call the OptumHealth Transplant Case Management Team servicing UnitedHealthcare Community Plan at 800-418-4994 or the notification number on the back of the member's ID card</p> <table border="0"> <tr> <td>32851</td> <td>32852</td> <td>32853</td> <td>32854</td> </tr> <tr> <td>33935</td> <td>33945</td> <td>38240</td> <td>38241</td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> <tr> <td>44137</td> <td>44715</td> <td>44720</td> <td>44721</td> </tr> <tr> <td>47133</td> <td>47135</td> <td>47140</td> <td>47141</td> </tr> <tr> <td>47142</td> <td>47143</td> <td>47144</td> <td>47145</td> </tr> <tr> <td>47146</td> <td>47147</td> <td>48551</td> <td>48552</td> </tr> <tr> <td>48554</td> <td>48556</td> <td>50300</td> <td>50320</td> </tr> <tr> <td>50323</td> <td>50325</td> <td>50340</td> <td>50360</td> </tr> <tr> <td>50365</td> <td>50370</td> <td>50380</td> <td>50547</td> </tr> <tr> <td>S2060</td> <td>S2061</td> <td>S2152</td> <td></td> </tr> </table>	32851	32852	32853	32854	33935	33945	38240	38241	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	48556	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152	
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Ventricular assist devices	<p>Prior authorization required</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the OptumHealth VAD Case Management Team servicing UnitedHealthcare Community Plan of New Jersey at 855-282-8929</p> <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																
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