

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
77080	DXA Bone Density, Axial	X	
77082	DXA Bone Density, Vert FX	X	
70370	Throat X-Ray and Fluoroscopy	X	
70373	Contrast X-Ray of Larynx	X	
72291	Perq Verte/Sacroplsty, Fluor	X	
72292	Perq Verte/Sacroplsty, CT	X	
74210	Contrast X-Ray Exam of Throat	X	
74220	Contrast X-Ray, Esophagus	X	
74230	Cine/Vid X-Ray, Throat/ Esophagus	X	
74235	Remove Esophagus Obstruction	X	
74240	X-Ray Exam, Upper GI Tract	X	
74241	X-Ray Exam, Upper GI Tract	X	
74245	X-Ray Exam, Upper GI Tract	X	
74246	Contrast X-Ray Upper GI Tract	X	
74247	Contrast X-Ray Upper GI Tract	X	
74249	Contrast X-Ray Upper GI Tract	X	
74250	X-Ray Exam of Small Bowel	X	
74260	X-Ray Exam of Small Bowel	X	
74270	Contrast X-Ray Exam of Colon	X	
74280	Contrast X-Ray Exam of Colon	X	
74283	Contrast X-Ray Exam of Colon	X	
74430	Contrast X-Ray, Bladder	X	
74480	X-Ray Control, Catheter Insert	X	
74485	X-Ray Guide, GU Dilation	X	
75894	X-Rays, Transcatheter Therapy	X	
75901	Remove CVA Device Obstruct	X	
75902	Remove CVA Lumen Obstruct	X	
75960	Transcatheter IV Stent RS&I	X	
75966	Repair Arterial Blockage	X	
75968	Repair Artery Blockage, each	X	
75970	Vascular Biopsy	X	
75978	Repair Venous Blockage	X	
76000	Fluoroscope Examination	X	
76001	Fluoroscope Exam, extensive	X	
76120	Cine/Video X-Rays	X	
76496	Fluoroscopic Procedure	X	
76496	Fluoroscopic Procedure	X	
77001	Fluoroguide for Vein Device	X	
77002	Needle Localization by X-Ray	X	
77003	Fluoroguide for Spine Inject	X	
77051	Computer DX Mammogram Add-On	X	
77052	Comp Screen Mammogram Add-On	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
77055	Mammogram, one breast	X	
77056	Mammogram, both breasts	X	
77057	Mammogram, screening	X	
G0202	Diagnostic Mammography, producing direct digital image, bilateral, all views	X	
G0204	Diagnostic Mammography, producing direct digital image, bilateral, all views	X	
G0206	Diagnostic Mammography, producing direct digital image, unilateral, all views	X	
70030	X-Ray Eye for Foreign Body	X	
70100	X-Ray Exam of Jaw	X	
70110	X-Ray Exam of Jaw	X	
70120	X-Ray Exam of Mastoids	X	
70130	X-Ray Exam of Mastoids	X	
70134	X-Ray Exam of Middle Ear	X	
70140	X-Ray Exam of Facial Bones	X	
70150	X-Ray Exam of Facial Bones	X	
70160	X-Ray Exam of Nasal Bones	X	
70190	X-Ray Exam of Eye Sockets	X	
70200	X-Ray Exam of Eye Sockets	X	
70210	X-Ray Exam of Sinuses	X	
70220	X-Ray Exam of Sinuses	X	
70240	X-Ray Exam, Pituitary Saddle	X	
70250	X-Ray Exam of Skull	X	
70260	X-Ray Exam of Skull	X	
70300	X-Ray Exam of Teeth	X	
70310	X-Ray Exam of Teeth	X	
70320	Full Mouth X-Ray of Teeth	X	
70328	X-Ray Exam of Jaw Joint	X	
70330	X-Ray Exam of Jaw Joints	X	
70350	X-Ray Head for Orthodontia	X	
70355	Panoramic X-Ray of Jaws	X	
70360	X-Ray Exam of Neck	X	
70371	Speech Evaluation, complex	X	
70380	X-Ray Exam of Salivary Gland	X	
71010	Chest X-Ray	X	
71015	Chest X-Ray	X	
71020	Chest X-Ray	X	
71021	Chest X-Ray	X	
71022	Chest X-Ray	X	
71023	Chest X-Ray and Fluoroscopy	X	
71030	Chest X-Ray	X	
71034	Chest X-Ray and Fluoroscopy	X	
71035	Chest X-Ray	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
71100	X-Ray Exam of Ribs	X	
71101	X-Ray Exam of Ribs/Chest	X	
71110	X-Ray Exam of Ribs	X	
71111	X-Ray Exam of Ribs/Chest	X	
71120	X-Ray Exam of Breastbone	X	
71130	X-Ray Exam of Breastbone	X	
72010	X-Ray Exam of Spine	X	
72020	X-Ray Exam of Spine	X	
72040	X-Ray Exam of Neck Spine	X	
72050	X-Ray Exam of Neck Spine	X	
72052	X-Ray Exam of Neck Spine	X	
72069	X-Ray Exam of Trunk Spine	X	
72070	X-Ray Exam of Thoracic Spine	X	
72072	X-Ray Exam of Thoracic Spine	X	
72074	X-Ray Exam of Thoracic Spine	X	
72080	X-Ray Exam of Trunk Spine	X	
72090	X-Ray Exam of Trunk Spine	X	
72100	X-Ray Exam of Lower Spine	X	
72110	X-Ray Exam of Lower Spine	X	
72114	X-Ray Exam of Lower Spine	X	
72120	X-Ray Exam of Lower Spine	X	
72170	X-Ray Exam of Pelvis	X	
72190	X-Ray Exam of Pelvis	X	
72200	X-Ray Exam Sacroiliac Joints	X	
72202	X-Ray Exam Sacroiliac Joints	X	
72220	X-Ray Exam of Tailbone	X	
73000	X-Ray Exam of Collar Bone	X	
73010	X-Ray Exam of Shoulder Blade	X	
73020	X-Ray Exam of Shoulder	X	
73030	X-Ray Exam of Shoulder	X	
73050	X-Ray Exam of Shoulders	X	
73060	X-Ray Exam of Humerus	X	
73070	X-Ray Exam of Elbow	X	
73080	X-Ray Exam of Elbow	X	
73090	X-Ray Exam of Forearm	X	
73092	X-Ray Exam of Arm, Infant	X	
73100	X-Ray Exam of Wrist	X	
73110	X-Ray Exam of Wrist	X	
73120	X-Ray Exam of Hand	X	
73130	X-Ray Exam of Hand	X	
73140	X-Ray Exam of Finger(s)	X	
73500	X-Ray Exam of Hip	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
73510	X-Ray Exam of Hip	X	
73520	X-Ray Exam of Hips	X	
73530	X-Ray Exam of Hip	X	
73540	X-Ray Exam of Pelvis and Hips	X	
73550	X-Ray Exam of Thigh	X	
73560	X-Ray Exam of Knee, 1 or 2	X	
73562	X-Ray Exam of Knee, 3	X	
73564	X-Ray Exam, Knee, 4 or more	X	
73565	X-Ray Exam of Knees	X	
73590	X-Ray Exam of Lower Leg	X	
73592	X-Ray Exam of Leg, Infant	X	
73600	X-Ray Exam of Ankle	X	
73610	X-Ray Exam of Ankle	X	
73620	X-Ray Exam of Foot	X	
73630	X-Ray Exam of Foot	X	
73650	X-Ray Exam of Heel	X	
73660	X-Ray Exam of Toe(s)	X	
74000	X-Ray Exam of Abdomen	X	
74010	X-Ray Exam of Abdomen	X	
74020	X-Ray Exam of Abdomen	X	
74022	X-Ray Exam Series, Abdomen	X	
74290	Contrast X-Ray, Gallbladder	X	
74291	Contrast X-Rays, Gallbladder	X	
74301	X-Rays at Surgery Add-On	X	
74400	Contrast X-Ray, Urinary Tract	X	
74410	Contrast X-Ray, Urinary Tract	X	
74415	Contrast X-Ray, Urinary Tract	X	
74710	X-Ray Measurement of Pelvis	X	
76010	X-Ray, Nose to Rectum	X	
76098	X-Ray Exam, Breast Specimen	X	
76100	X-Ray Exam of Body Section	X	
76101	Complex Body Section X-Ray	X	
76102	Complex Body Section X-Rays	X	
76125	Cine/Video X-Rays Add-On	X	
76140	X-Ray Consultation	X	
76499	Radiographic Procedure	X	
77031	Stereotactic Guide for Breast BX	X	
77032	Guidance For Needle, Breast	X	
77053	X-Ray of Mammary Duct	X	
77054	X-Ray of Mammary Ducts	X	
77071	X-Ray Stress View	X	
77072	X-Rays for Bone Age	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
77073	X-Rays, Bone Length Studies	X	
77074	X-Rays, Bone Survey, limited	X	
77075	X-Rays, Bone Survey, complete	X	
77076	X-Rays, Bone Survey, infant	X	
77077	Joint Survey, single view	X	
76506	Echo Exam of Head	X	
76604	US Exam, Chest	X	
76776	US Exam K Transpl with Doppler	X	
76800	US Exam, Spinal Canal	X	
76831	Echo Exam, Uterus	X	
76872	US, Transrectal	X	
76873	Echograp Trans R, Pros Study	X	
76881	Ultrasound, Extremity, Nonvascular, real-time with image documentation, complete	X	
76882	Ultrasound, Extremity, Nonvascular, real-time with image documentation, limited	X	
76885	US Exam Infant Hips, Dynamic	X	
76886	US Exam Infant Hips, Static	X	
76970	Ultrasound Exam Follow-Up	X	
76975	GI Endoscopic Ultrasound	X	
76999	Echo Examination Procedure	X	
93880	Carotid Duplex Sonogram Bilateral		X
93882	Unilateral or Limited Study		X
93886	Transcranial Doppler Study of the intracranial arteries, complete study		X
93888	Limited study		X
93925	Duplex Scan of lower extremity arteries or arterial bypass grafts, complete bilateral study		X
93926	Limited study		X
93930	Duplex Scan of upper extremity arteries or arterial bypass grafts, complete bilateral study		X
93931	Limited study		X
93970	Duplex Scan of extremity veins, complete bilateral study		X
93971	Unilateral or limited study		X
93975	Duplex Scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal or retroperitoneal organs, complete		X
93976	Limited study		X
93978	Duplex Scan of aorta, IVC, iliac vasculature or bypass grafts, complete study		X
93979	Unilateral or limited		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
93980	Duplex Scan of arterial inflow and venous outflow or penile vessels, complete study		X
93981	Follow-up or limited study		X
76536	US Exam of Head and Neck		X
76700	US Exam, Abdomen, complete		X
76705	Echo Exam of Abdomen		X
76770	US Exam Abdomen Back Wall, complete		X
76775	US Exam Abdomen Back Wall, limited		X
76856	Ultrasound Pelvic Non-Obstetric, complete		X
76857	Ultrasound Pelvic, Non-Obstetric, limited or follow-up		X
76870	US Exam, Scrotum		X
75574	Computed Tomographic angiography, heart, coronary arteries and bypass grafts (when present)		X
93303	Echo Transthoracic		X
93304	Echo Transthoracic		X
93306	Echo Transthoracic		X
93307	Echo Exam of Heart		X
93308	Echo Exam of Heart		X
93312	Echo Transesophageal		X
93313	Echo Transesophageal		X
93314	Echo Transesophageal		X
93315	Echo Transesophageal		X
93316	Echo Transesophageal		X
93317	Echo Transesophageal		X
93318	Echo Transesophageal Intra-op		X
93320	Doppler Echo Exam, Heart	X	
93321	Doppler Echo Exam, Heart	X	
93325	Doppler Color Flow	X	
C8921	TTE with/without fol with cont, com	X	
C8922	TTE with/without fol with cont, f/u	X	
C8923	2D TTE with/without fol with con, com	X	
C8924	2D TTE with/without fol with con, f/u	X	
C8925	2D TEE with/without fol with con, in	X	
C8926	TEE with/without fol with cont, cong	X	
C8927	TEE with/without fol with cont, mon	X	
C8929	TTE with/without fol with con, Doppler	X	
93350	Echo Transthoracic		X
93351	Stress Echocardiography including stress ECG		X
93352	Echo Transthoracic	X	
C8928	TTE with/without fol with con stres	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
C8930	TTE with/without contr, cont ECG	X	
78414	Nuclear Exam of Heart Flow	X	
78428	Nuclear Exam, Heart Shunt	X	
78466	Myocardial or Heart Muscle Imaging Infarct		X
78468	Myocardial or Heart Muscle Ejection Fraction		X
78469	Tomographic SPECT with/without quantitation		X
78472	Cardiac or Heart Blood Pool Imaging		X
78473	MUGA Heart Scan		X
78481	Heart First Pass, single		X
78483	Heart First Pass, multiple		X
78494	Cardiac Blood Pool Imaging, gated equilibrium, SPECT, at rest, wall motion		X
78496	Cardiac Blood Pool Imaging, gated equilibrium, single study, at rest, with	X	
78499	Cardiovascular Nuclear Exam		X
78990	Provide Radioisotope(s)		X
78451	Myocardial or Heart Muscle SPECT, Single		X
78452	Thallium SPECT, Myocardial/Heart		X
78453	Myocardial or Heart Thallium Perfusion, single study		X
78454	Myocardial or Heart Muscle Perfusion, multiple studies		X
A9500	Tc99m Sestamibi	X	
A9502	Tc99m Tetrofosmin	X	
A9505	TL201 Thallium	X	
33510	CABG Vein, Single	X	
33511	CABG Vein, Two	X	
33512	CABG Vein, Three	X	
33513	CABG Vein, Four	X	
33514	CABG Vein, Five	X	
33516	CABG Vein, Six or more	X	
33517	CABG Artery-Vein, Single	X	
33518	CABG Artery-Vein, Two	X	
33519	CABG Artery-Vein, Three	X	
33521	CABG Artery-Vein, Four	X	
33522	CABG Artery-Vein, Five	X	
33523	CABG Artery-Vein, Six or more	X	
33533	CABG Arterial, Single	X	
33534	CABG Arterial, Two	X	
33535	CABG Arterial, Three	X	
33536	CABG Arterial, Four or more	X	
93452	Left Heart Cath with Ventrclgrphy		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
93453	R&L Heart Cath with Ventrclgrphy		X
93454	Coronary Artery Angio S&I		X
93455	Coronary Art/Grft Angio S&I		X
93456	Coronary Art/Grft Angio S&I		X
93457	Coronary Art/Grft Angio S&I		X
93458	L Heart Artery/Ventricle Angio		X
93459	L Heart Art/Grft Angio		X
93460	R&L Heart Art/Ventricle Angio		X
93461	R&L Heart Art/Ventricle Angio		X
33221	Insertion of pacemaker pulse generator only, with existing multiple leads		X
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including ...)		X
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including ...)		X
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, multiple lead system		X
33231	Insertion of pacing cardioverter- defibrillator pulse generator only, with existing multiple leads		X
33264	Removal of pacing cardioverter- defibrillator pulse generator with replacement of pacing cardioverter- defibrillator pulse generator, multiple lead system		X
33230	Insertion of pacing cardioverter- defibrillator pulse generator only, with existing dual leads		X
33240	Insertion of pacing cardioverter- defibrillator pulse generator only, with existing single lead		X
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber		X
33262	Removal of pacing cardioverter- defibrillator pulse generator with replacement of pacing cardioverter- defibrillator pulse generator, single lead system		X
33263	Removal of pacing cardioverter- defibrillator pulse generator with replacement of pacing cardioverter- defibrillator pulse generator, dual lead system		X
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s), atrial		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s), ventricular		X
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s), atrial and ventricular		X
33212	Insertion of pacemaker pulse generator only, with existing single lead		X
33213	Insertion of pacemaker pulse generator only, with existing dual leads		X
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generation)		X
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, single lead system		X
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system		X
93565	Inject L Ventr/Atrial Angio	X	
93566	Inject R Ventr/Atrial Angio	X	
93567	Inject Suprvlv Aortography	X	
93568	Inject Pulm Art Heart Cath	X	
92920	Prq Cardiac Angioplasty, 1 Art	X	
92921	Prq Cardiac Angio, Add Art	X	
92924	Prq Card Angio/Athrect, 1 Art	X	
92925	Prq Card/Angio/Athrect, Add	X	
92928	Prq Card Stent with Angio, 1 Vsl	X	
92929	Prq Card Stent with Angio, Add	X	
92933	Prq Card Stent/Ath/Angio	X	
92934	Prq Card Stent/Ath/Angio	X	
92937	Prq Revasc Byp Graft, 1 Vsl	X	
92938	Prq Revasc Byp Graft, Add	X	
92941	Prq Card Revasc Mi, 1 Vsl	X	
92943	Prq Card Revasc Chronic, 1 Vsl	X	
92944	Prq Card Revasc Chronic, Add	X	
92973	Percut Coronary Thrombectomy	X	
C9600	Percutaneous Transcatheter Placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery or branch	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
C9601	Percutaneous Transcatheter Placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed, each additional branch of a major coronary artery (list separately, in addition to code for primary procedure)	X	
C9602	Percutaneous Transluminal Coronary Atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed, single major coronary artery or branch	X	
C9603	Percutaneous Transluminal Coronary Atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed, each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	X	
C9604	Percutaneous Transluminal Revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single vessel	X	
C9605	Percutaneous Transluminal Revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed, each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	X	
C9606	Percutaneous Transluminal Revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	X	
C9607	Percutaneous Transluminal Revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
C9608	Percutaneous Transluminal Revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	X	
G0290	Drug-eluting Stents, single	X	
19296	Applicator Insertion Breast (breast surgeon)		X
19297	Applicator Insertion Breast (breast surgeon)		X
19298	Applicator Insertion Breast (breast surgeon)		X
76950	Ultrasonic Guidance		X
77014	Computed Tomography Guidance		X
77261	Clinical Treatment Planning - simple	X	
77262	Clinical Treatment Planning - intermediate	X	
77263	Clinical Treatment Planning - complex	X	
77280	Simulation – simple		X
77285	Simulation - intermediate		X
77290	Simulation - complex		X
77295	3D - Isodose Plan		X
77300	Dosimetry - Basic Radiation Calculation		X
77301	LMRT - Isodose Plan		X
77305	Teletherapy Isodose Plan - simple		X
77310	Teletherapy Isodose Plan - intermediate		X
77315	Teletherapy Isodose Plan - complex		X
77321	Isodose Plan - special		X
77326	Brachytherapy Isodose Calculation - simple		X
77327	Brachytherapy Isodose Calculation - intermediate		X
77328	Brachytherapy Isodose Calculation - complex		X
77331	Dosimetry - special		X
77332	Treatment Devices - simple		X
77333	Treatment Devices - intermediate		X
77334	Treatment Devices - complex		X
77336	Weekly Physics Consultation		X
77338	MLC Devices for LMRT		X
77370	Special Medical Radiation Physics Consultation		X
77371	Radiation Treatment Delivery SRS		X
77372	Radiation Treatment Delivery SRS		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
77373	Stereotactic Body Radiation Therapy Delivery		X
77399	Unlisted Procedure for Physics Dosimetry and Devices		X
77401	External Beam Radiation Treatment Delivery		X
77402	External Beam Radiation Treatment Delivery		X
77403	External Beam Radiation Treatment Delivery		X
77404	External Beam Radiation Treatment Delivery		X
77406	External Beam Radiation Treatment Delivery		X
77407	External Beam Radiation Treatment Delivery		X
77408	External Beam Radiation Treatment Delivery		X
77409	External Beam Radiation Treatment Delivery		X
77411	External Beam Radiation Treatment Delivery		X
77412	External Beam Radiation Treatment Delivery		X
77413	External Beam Radiation Treatment Delivery		X
77414	External Beam Radiation Treatment Delivery		X
77416	External Beam Radiation Treatment Delivery		X
77417	Port Films		X
77418	Intensity Modulated Treatment Delivery		X
77421	Stereoscopic X-ray Guidance		X
77422	High Energy Neutron Radiation Treatment Delivery		X
77423	High Energy Neutron Radiation Treatment Delivery		X
77424	Intra-Operative Radiation Treatment Delivery, X-ray or electron single treatment session		X
77425	Intra-Operative Radiation Treatment Delivery, X-ray or electron single treatment session		X
77427	Radiation Therapy Management, 5 treatments		X
77431	Radiation Therapy Management, 1 or 2 sessions for complete treatment		X
77432	Stereotactic Radiation Treatment Management		X
77435	Stereotactic Body Radiation Therapy Management		X
77469	Intra-Operative Radiation Treatment Management		X
77470	Special Treatment Procedure Management		X
77499	Radiation Therapy Management, unlisted		X
77520	Proton Treatment Delivery		X
77522	Proton Treatment Delivery		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
77523	Proton Treatment Delivery		X
77525	Proton Treatment Delivery		X
77600	Hyperthermia, externally generated		X
77605	Hyperthermia, externally generated		X
77610	Hyperthermia, generated by interstitial probe		X
77615	Hyperthermia, generated by interstitial probe		X
77620	Hyperthermia, generated by intracavitary probe		X
77761	Intracavitary Radiation - simple		X
77762	Intracavitary Radiation - intermediate		X
77763	Intracavitary Radiation - complex		X
77776	Interstitial Radiation - simple		X
77777	Interstitial Radiation - intermediate		X
77778	Interstitial Radiation- complex		X
77785	High Dose Rate Brachytherapy Delivery		X
77786	High Dose Rate Brachytherapy Delivery		X
77787	High Dose Rate Brachytherapy Delivery		X
77789	Brachytherapy Surface Application Delivery		X
77790	Supervision Handling Loading Rad Source		X
77799	Unlisted Procedure Clinical Brachytherapy		X
0073T	Compensator-based Modulation Treatment Delivery		X
0182T	High Dose Rate Electronic Brachytherapy		X
0197T	Intrafraction Tracking		X
G0173	Linear Accelerator Stereotactic Radiosurgery		X
G0251	LINAC Stereotactic Radiosurgery Delivery		X
G0339	Stereotactic Body Radiation Therapy Delivery		X
G0340	Stereotactic Body Radiation Therapy Delivery		X
70450	CT Brain, Head		X
70460	CT Head or Brain with Contrast		X
70470	CT Head or Brain without/with Contrast		X
70480	CT Orbit, eye socket, sella turcica, posterior fossa, ear, etc.		X
70481	CT Orbit, eye socket, sella turcica, posterior fossa, ear with contrast		X
70482	CT Orbit, eye socket, sella turcica, posterior fossa, ear, with/without contrast		X
70486	CT Sinus, face, jaw, mandible, maxillofacial, no contrast		X
70487	CT Face, jaw or mandible, maxillofacial, with contrast		X

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
70488	CT Face, jaw or mandible, maxillofacial, without/with contrast		X
70490	CT Neck soft tissues, larynx, thyroid, etc., no contrast		X
70491	CT Neck soft tissues, larynx, thyroid, etc., with contrast		X
70492	CT Neck soft tissues, larynx, thyroid, etc., without/with contrast		X
70496	CT Angiography, head		X
70498	CT Angiography, Neck		X
70540	MRI Face, neck, orbit		X
70542	MRI Orbit, face, neck with dye		X
70543	MRI Orbit, face, neck without/with dye		X
70544	MR Angiography, head without dye		X
70545	MR Angiography, head with dye		X
70546	MR Angiography, head without/with dye		X
70547	MR Angiography, neck without dye		X
70548	MR Angiography, neck with dye		X
70549	MR Angiography, neck without/with dye		X
70551	MRI Brain, head, brainstem without contrast		X
70552	MRI Head, brain, brainstem with contrast		X
70553	MRI Head, brain, brainstem without/with contrast		X
70554	fMRI Brain by tech		X
70555	fMRI Brain by phys/psych		X
93462	L Heart Cath trnsplt puncture	X	
93463	Drug Admin and Hemodynamic Meas	X	
93464	Exercise with Hemodynamic Meas	X	
78012	Thyroid Uptake, single or multiple quantitative measurement(s)	X	
78013	Thyroid Imaging, including vascular flow, when performed	X	
78014	Thyroid Imaging, with single or multi uptake measurement	X	
78015	Thyroid Carcinoma/Neoplasm Imaging, neck and chest	X	
78016	Thyroid Neoplasm Imaging, with additional studies	X	
78017	Thyroid Neoplasm Imaging, multiple areas	X	
78018	Thyroid Neoplasm Imaging, whole body	X	
78020	Thyroid Carcinoma Metastases Uptake (list separately in addition to code for initial procedure)	X	
78070	Parathyroid Scan	X	
78071	Parathyroid Planar Imaging, with tomographic (SPECT)	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
78072	Parathyroid Planar Imaging, with tomographic (SPECT) and concurrently acquired CT	X	
78075	Adrenal Scan or Isotope Imaging	X	
78099	Endocrine Nuclear Procedure	X	
78102	Bone Marrow, limited area	X	
78103	Bone Marrow, multiple areas	X	
78104	Bone Marrow, whole body	X	
78110	Plasma Volume	X	
78111	Nuclear Exam, Plasma Volume	X	
78120	RBC or Red Blood Cell Mass or Volume or Survival Study	X	
78121	Red Cell Volume Determination, multiple samplings	X	
78122	Whole Blood Volume or Plasma, RBC or red blood cell volume	X	
78130	Red Cell Survival Exam	X	
78135	Differential Organ/Tissue Kinetics (EG, splenic and/or hepatic sequestration)	X	
78140	RBC or Red Blood Cell Sequestration Study	X	
78160	Plasma Radioiron Disappearance (Turnover) Rate	X	
78185	Spleen Imaging Only, with or without vascular flow	X	
78190	Kinetics, study of platelet survival, with or without differential organ/tissue	X	
78191	Platelet Survival Study	X	
78192	White Blood Cell or WBC localization, limited area	X	
78193	White Blood Cell or WBC localization, whole body	X	
78195	Lymphatics and lymph glands or lymph or lymphatic system	X	
78199	Blood/Lymph Nuclear Exam	X	
78201	Hepatic or Liver Scan, static only	X	
78202	Hepatic or Liver Scan, with vascular flow	X	
78205	Hepatic or Liver Scan, SPECT		X
78206	Liver Imaging (SPECT), with vascular flow		X
78215	Hepatic or Liver and Spleen Imaging or Scan, static only	X	
78216	Hepatic or Liver and Spleen Imaging or Scan, with vascular flow	X	
78220	Liver Function with hepatobiliary agents	X	
78223	Hepatobiliary, TC HIDA scan - biliary tract, gall bladder	X	
78226	Hepatobiliary System Imaging	X	
78227	Hepatobiliary System Imaging with drug	X	
78230	Salivary Gland Imaging	X	
78231	Salivary Gland Imaging, with multiple images	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
78232	Salivary Gland Function Study	X	
78258	Esophageal Motility or Esophageal Scan	X	
78261	Stomach or Gastric Mucosa or Lining Study	X	
78262	Gastro-esophageal Reflux Study	X	
78264	Stomach or Gastric Emptying Study	X	
78270	Vitamin B-12 Absorption Study or Schilling Test, no intrinsic factor	X	
78271	Vitamin B-12 Absorption Study or Schilling Test, with intrinsic factor	X	
78272	Vitamin B-12 Absorption Study or Schilling Test, combined without and with	X	
78276	Nuclear Exam, GI Blood Loss	X	
78278	Nuclear Scan, GI Blood Loss	X	
78280	GI Blood Loss Exam	X	
78282	GI Protein Loss Exam	X	
78290	Nuclear Scan of Bowel	X	
78291	Test Venous Drain, abdomen	X	
78299	GI Nuclear Procedure	X	
78300	Bone Scan and/or Joint Limited Area	X	
78305	Bone Scan and/or Joint Multiple Areas	X	
78306	Bone or Skeleton Scan, whole body	X	
78315	Nuclear Scan of Bone	X	
78320	Bone and/or Joint Multiple Areas, tomographic or SPECT		X
78350	Bone Mineral, single photon	X	
78351	Bone Density Dual Photon, osteoporosis study	X	
78399	Musculoskeletal Nuclear Exam	X	
78445	Vascular Flow Imaging or Isotope Angiography or Isotope Venography	X	
78456	Acute Venous Thrombus Image	X	
78457	Venous Thrombosis or Blood Clot Imaging, unilateral	X	
78458	Venous Thrombosis or Blood Clot Imaging, bilateral	X	
78459	Myocardial Imaging, PET		X
78491	Heart Image (PET), single		X
78492	Heart Image (PET), multiple		X
78579	Lung Ventilation Imaging	X	
78580	Lung	X	
78582	Lung Ventilation and Perfusion Imaging	X	
78584	Lung Perfusion	X	
78585	Lung Perfusion Imaging, rebreathing and washout, with/without single breath	X	
78586	Lung	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
78587	Lung	X	
78588	Pulmonary Perfusion Imaging, particulate, with ventilation imaging, aerosol	X	
78591	Lung	X	
78593	Lung Ventilation Imaging, gaseous, with rebreathing and washout, single pro	X	
78594	Lung Ventilation Imaging, gaseous, with rebreathing and washout, multiple pro	X	
78596	Lung Scan Differential Function (Ventilation/Perfusion) Study	X	
78597	Lung Perfusion Differential	X	
78598	Lung Perfusion and Ventilation Differential	X	
78599	Unlisted Respiratory Procedure	X	
78600	Nervous System, Brain	X	
78601	Nervous System, Brain	X	
78605	Nervous System, Brain	X	
78606	Brain Scan or Imaging, with vascular flow	X	
78607	Brain Scan or Imaging SPECT or tomographic		X
78608	Brain PET [Positron Emission Tomography]		X
78609	Brain PET [Positron Emission Tomography] Perfusion		X
78610	Brain	X	
78630	Cerebrospinal Fluid	X	
78635	Cerebrospinal Fluid	X	
78645	Cerebrospinal Fluid	X	
78647	Cerebrospinal Fluid		X
78650	Cerebrospinal Fluid Leakage Detection And Localization	X	
78655	Nuclear Exam of eye lesion	X	
78660	Tear Flow, 1 Not 8	X	
78699	Nervous System Nuclear Exam	X	
78700	Renal or Kidney Imaging, static	X	
78701	Renal or Kidney Imaging, with vascular flow	X	
78707	Renal or Kidney Imaging, with vascular flow and function study	X	
78708	Kidney Flow and Function Image	X	
78709	Kidney Flow and Function Image	X	
78710	Renal or Kidney Imaging, SPECT		X
78725	Kidney, no pharmaceuticals	X	
78726	Kidney, with pharmaceuticals	X	
78727	Renal or Kidney Transplant Evaluation	X	
78730	Urinary Bladder Residual Study	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
78740	Ureteral Reflux Study	X	
78761	Scan of Testes/Blood Flow	X	
78799	Genitourinary Nuclear Exam	X	
78800	Nuclear Tumor Localization, limited	X	
78801	Nuclear Tumor Localization, multiple	X	
78802	Nuclear Tumor Localization, whole body	X	
78803	Tomographic (SPECT)	X	
78804	Tumor Imaging, whole body	X	
78805	Abscess Localization or Gallium Scan, limited area	X	
78806	Abscess Localization or Gallium Scan , whole body	X	
78807	Tomographic (SPECT)	X	
78811	Tumor Imaging (PET), limited		X
78812	Tumor Image (PET), skull-thigh		X
78813	Tumor Image (PET), full body		X
78814	Tumor Image PET/CT, limited		X
78815	Tumor Image PET/CT, skull-thigh		X
78816	Tumor Image PET/CT, full body		X
78999	Nuclear, Unlisted Exam	X	
79000	Initial Hyperthyroid Therapy	X	
79005	Nuclear Rx, Oral Admin	X	
79101	Nuclear Rx, IV Admin	X	
79200	Intracavitary Nuclear Treatment	X	
79440	Nuclear Joint Therapy	X	
79445	Nuclear Rx, Intra-Arterial	X	
79999	Nuclear Medicine Therapy	X	
0042T	CT with Contrast, Cerebral Perfusion Analysis	X	
0042T	CT with Contrast, Cerebral Perfusion Analysis		X
0159T	CAD Breast MRI		X
3111F	CT/MRI Brain done within 24 hrs	X	
3112F	CT/MRI Brain done greater than 24 hrs	X	
3269F	Bone Scan B/4 Treatment/After DX	X	
76375	CT Multiplanar Reconstructions	X	
A9503	Tc99m Medronate	X	
A9510	Technetium Tc99m Disofenin	X	
A9516	Iodine I-123 Sodium Iodide, diagnostic, per 100 microcuries, up to 999 microcuries	X	
A9521	Technetiumtc-99m Exametazine	X	
A9537	Tc99m Mebrofenin	X	
A9540	Tc99m MAA	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
A9547	Indium In-111 Oxyquinoline, diagnostic, per 0.5 millicurie	X	
A9548	In111 Pentetate	X	
A9551	Tc99m Succimer	X	
A9552	F18 FDG	X	
A9555	RB82 Rubidium	X	
A9558	Xenon Xe-133 Gas, diagnostic, per 10 millicuries	X	
A9561	Tc99m Oxidronate	X	
A9562	Tc99m Mertiatide	X	
A9567	Technetium TC-99m Aerosol	X	
A9584	Iodine I-123 Ioflupane	X	
C8900	MRA with contrast, abdomen		X
C8901	MRA without contrast, abdomen		X
C8902	MRA without/with contrast, abdomen		X
C8903	MRI with contrast, breast, unilateral		X
C8904	MRI without contrast, breast, unilateral		X
C8905	MRI without/with contrast, breast, unilateral		X
C8906	MRI with contrast, breast, bilateral		X
C8907	MRI without contrast, breast, bilateral		X
C8908	MRI without/with contrast, breast, bilateral		X
C8909	MRA with contrast, chest		X
C8910	MRA without contrast, chest		X
C8911	MRA without/with contrast, chest excl myocardium		X
C8912	MRA with contrast, lower extremity		X
C8913	MRA without contrast, lower extremity		X
C8914	MRA without/with contrast, lower extremity		X
C8918	MRA with contrast, pelvis		X
C8919	MRA with contrast, pelvis		X
C8920	MRA without/with contrast, pelvis		X
C8931	MRA with contrast, spinal canal and contents		X
C8932	MRA without contrast, spinal canal and contents		X
C8933	MRA, without contrast followed by with contrast, spinal canal and contents		X
C8934	MRA, with contrast, upper extremity		X
C8935	MRA, without contrast, upper extremity		X
C8936	MRA, without contrast followed by with contrast, upper extremity		X
G0062	Peripheral Bone Densitometry	X	
G0063	Central Bone Densitometry	X	
G0288	Reconstruction, CTA of aorta for surgical planning for vascular surgery	X	
S8035	Magnetic Source Imaging	X	

HORIZON NJ HEALTH PRE-AUTHORIZATION CODES MANAGED BY NIA			
CODE	PROCEDURE	NO AUTH NO REFER	NIA AUTH REQ
S8040	Topographic Brain Mapping	X	
S8085	Fluorine-18 Fluorodeoxyglucose	X	
G0219	PET Imaging Whole Body, melanoma for non-covered indications		X
G0235	PET, not otherwise specified		X
G0252	PET Imaging, initial DX		X
S8037	MRCP		X
S8042	MRI Low Field		X
S8092	Electron Beam Computed Tomography		X