

# Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective March 1, 2024

## General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](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 **866-604-3267**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services. Services provided by a out-of-network health care professional at the request of an in-network health care professional shall be reimbursed in accordance with TennCare requirements.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	<p>Prior authorization is required for voluntary psychiatric hospitalizations and other behavioral-related requests.</p> <p>Prior authorization is not required for involuntary psychiatric hospitalizations. <b>However, health care professionals <u>must</u> submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day.</b> Per our contractor risk agreement (CRA), UnitedHealthcare Community Plan applies medical necessity criteria</p>	<p>For all behavioral-related prior authorization requests, please call UnitedHealthcare Community Plan Member Services at <b>800-690-1606</b>.</p> <p>In case of an emergency, please call your local mobile crisis line. For the crisis line in your region, please refer to the Key Contact Information section of the <a href="#">Tennessee Medicaid Administrative Guide</a></p> <p>For applied behavior analysis (ABA) therapy, submit via fax or Provider Express.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services (cont.)	<p>after the first 24 hours of an involuntary admission.</p> <p><b><u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Inpatient – detoxification</li> <li>• Inpatient – psychiatric</li> <li>• Psychiatric residential treatment</li> <li>• Substance abuse residential detoxification</li> <li>• Substance abuse residential treatment – residential rehabilitation</li> </ul> <p><b>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• ABA</li> <li>• Electroconvulsive therapy (ECT)</li> <li>• Enhanced Supported Housing</li> <li>• Family Support Services</li> <li>• Intensive Community-Based Treatment (CTT/CCFT/PAC T)</li> <li>• Outpatient detoxification and rehabilitation</li> <li>• Psychological testing</li> <li>• Suboxone</li> <li>• Supported housing</li> <li>• Transcranial magnetic stimulation</li> </ul>				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast	Prior authorization required	11971	19316	19318	19325

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.  <i>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 also require prior authorization for non-oncology diagnosis (DX). See injectable medications section below</i>	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122* <b>Pegfilgrastim (Neulasta®)</b> J2506* <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120* <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111* <b>Filgrastim-ayow, biosimilar (Releuko®)</b> Q5125* <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447* <b>Trilaciclib (Cosela™)</b> J1448 <u><b>Anti-emetic Drugs that require prior authorization:</b></u> <b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454 <b>Cinvanti™ (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Sustol® (granisetron extended release)</b> J1627			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		J1456			
		<b>Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®)</b>			
		J0897			
		<b>Colony-stimulating factors</b>			
		J1449			
		<b>Erythropoiesis-stimulating agents</b>			
		J0885			
		Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance.	93319	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification</a> .		
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		DX not require prior authorization			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cardiovascular (cont.)		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</b>	Prior authorization is required for inpatient services.	95700	95711	95712	95713	
<b>Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718	
		95720	95722	95724	95726	
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	J9071	J9273	J9274	J9298	
		J9331	J9332	J9359		
		<b>Injectable chemotherapy drugs that require prior authorization:</b>				
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642) , Lupron Depot (J1950)</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 HCPCS code</li> </ul>				
		For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call <b>888-397-8129</b> .				
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614	
		L8619	L8690	L8691	L8692	
		A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech				
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	14020*	14021*	14061*	
		15820	15821	15822	15823	
		Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	15830	15847	15877	17106
			17107	17108	17999	21137
			21138	21139	21172	21175
			21179	21180	21181	21182
			21183	21184	21230	21235
			21256	21275	21280	21282
			21295	21740	21742	21743
			28344	30620	67900	67901

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
		<b>*will NOT require prior authorization when billed with skin cancer diagnoses</b>			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008.			
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		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	V5274	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4226
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S2102			
<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>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		<b>These 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	58661	58720
		58940	64856	64892	64896
<b>Genetic and molecular testing to include breast cancer (BRCA)</b>	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.  Health care professionals requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81162	81163	81164	81228
		81229	81349	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
		81523	81546	81595	81599
		87505	87506	87507	0006M
		0007M	0018U	0022U	0023U
		0026U	0055U	0060U	0087U
0088U	0111U	0129U	0154U		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing to include breast cancer (BRCA) (cont.)</b>	Notification/prior authorization is 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.	0170U	0171U	0172U	0173U
		0175U	0179U	0209U	0214U
		0215U	0216U	0217U	0218U
		0237U	0238U	0245U	0250U
		0252U	0253U	0254U	0258U
		0260U	0262U	0264U	0265U
		0266U	0267U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U
	S3870				
<b>Home- and Community-Based Services (HCBS) CHOICES and Employment and Community First CHOICES (ECF CHOICES)</b>	For HCBS, please call UnitedHealthcare Community Plan directly at <b>800-690-1606</b> and request assistance with CHOICES or ECF CHOICES. Prior authorization is required for HCBS. Prior authorization, for each service, including description, amount, frequency and duration is determined by the individual's needs and is based on a full assessment of the individual's physical, mental and social needs as well as the availability and willingness of natural supports. The assessment process is facilitated by the Health Plan CHOICES Care Coordinator or ECF CHOICES Support Coordinator.				
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include the patient's home.	99503	G0151	G0152	G0155*
		G0156*	G0157	G0158	G0159
		G0160	G0162	G0299*	G0300*
		G0493	G0494	G0495	G0496
		S9122	S9123**	S9124**	S9127
		S9129	S9131	S9474	
	*Prior authorization is not required for place of service hospice – Bill type 81x and 82x **Codes do not require authorization in Tennessee				
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
-------------------------	------------------------	--	--	--

Injectable medications (cont.)	J0801			
	<b>Adakveo®</b>			
	J0791			
	<b>Aduhelm®</b>			
	J0172			
	<b>Aldurazym®</b>			
	J1931			
	<b>Amondys 45</b>			
	J1426			
	<b>Amvuttra™</b>			
	J0225			
	<b>Apretude™</b>			
	J0739			
	<b>Aralast NP®</b>			
	J0256			
	<b>Avsola™</b>			
	Q5121			
	<b>Benlysta</b>			
	J0490			
	<b>Berinert®</b>			
	J0597			
	<b>Botulinum toxins</b>			
	J0585	J0586	J0587	J0588
	<b>Brineura™</b>			
	J0567			
	<b>Briumvi®</b>			
	J2329			
	<b>Cabenuva™</b>			
	J0741			
	<b>Cerezyme®</b>			
	J1786			
	<b>Cimerli®</b>			
	Q5128			
	<b>Cimzia®</b>			
	J0717			
	<b>Cinqair®</b>			
	J2786			
	<b>Cinryze®</b>			
	J0598			
	<b>Cortrophin Gel®</b>			
J0802				
<b>Crysvita®</b>				
J0584				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<b>Cutaquig®</b>	J1551
	<b>Elaprase®</b>	J1743
	<b>Elelyso®</b>	J3060
	<b>Elevidys®</b>	J1413
	<b>Elfabrio®</b>	J2508
	<b>Enjaymo™</b>	J1302
	<b>Entyvio®</b>	J3380
	<b>Erythropoiesis stimulating agents</b>	J0885
	<b>Evenity™</b>	J3111
	<b>Evkeeza™</b>	J1305
	<b>Exondys 51™</b>	J1428
	<b>Fabrazyme®</b>	J0180
	<b>Fasenra™</b>	J0517
	<b>Feraheme®</b>	Q0138
	<b>Fensolvi®</b>	J1951
	<b>Firmagon®</b>	J9155
	<b>Fynetra®</b>	Q5130
	<b>Gamifant®</b>	J9210
	<b>Givlaari®</b>	J0223
	<b>Glassia®</b>	J0257
	<b>Hemgenix®</b>	J1411
	<b>Ilaris®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

Injectable medications (cont.)	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Lanreotide™</b>				
	J1932				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lamzede®</b>				
	J0217				
	<b>Leqembi®</b>				
	J0174				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®</b>				
J1950					
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Luxturna™</b>					
J3398					
<b>Makena®</b>					
J1726	J1729	J2675			
<b>Mepsevii®</b>					
J3397					
<b>Monoferric®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	J1437 <b>Naglazyme®</b>	J1437
	J1458 <b>Nexviazyme®</b>	J1458
	J0219	J0219
	<b>Nplate®</b>	J0219
	J2796	J2796
	<b>Nucala®</b>	J2796
	J2182	J2182
	<b>Ocrevus™</b>	J2182
	J2350	J2350
	<b>Octreotide acetate</b>	J2350
	J2354	J2354
	<b>Onpattro™</b>	J2354
	J0222	J0222
	<b>Orencia®</b>	J0222
	J0129	J0129
	<b>Oxlumo™</b>	J0129
	J0224	J0224
	<b>Panzyga®</b>	J0224
	J1576	J1576
	<b>Parsabiv™</b>	J1576
	J0606	J0606
	<b>Prolastin-C®</b>	J0606
	J0256	J0256
	<b>Prolia®</b>	J0256
	J0897	J0897
	<b>Qalsody®</b>	J0897
	J1304	J1304
	<b>Radicava®</b>	J1304
	J1301	J1301
	<b>Reblozyl®</b>	J1301
	J0896	J0896
	<b>Releuko®</b>	J0896
	Q5125	Q5125
	<b>Remicade®</b>	Q5125
	J1745	J1745
	<b>Renflexis®</b>	J1745
	Q5104	Q5104
	<b>Revcovi®</b>	Q5104
	J3590	J3590
	<b>Riabni™</b>	J3590
	Q5123	Q5123

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Roctavian®</b>				
	J1412				
	<b>Rolvedon®</b>				
	J1449				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ruconest®</b>				
	J0596				
	<b>Ryplazim™</b>				
	J2998				
	<b>Rystiggo®</b>				
	J9333				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo™</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skrizi®</b>				
	J2327				
	<b>Sodium hyaluronate</b>				
	J7320	J7321	J7322	J7324	J7329
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					
<b>Somatuline® depot</b>					
J1930					
<b>Spevigo®</b>					
J1747					
<b>Spinraza™</b>					
J2326					
<b>Spravato®</b>					
S0013					
<b>Stelara®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J3358				
	<b>Stimufend®</b>				
	Q5127				
	<b>Sunlenca®</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Syfovre®</b>				
	J2781				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic adjuvants</b>				
	A9513	A9590	A9606	A9607	
	A9699				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield®</b>				
	J9381				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes*</b>				
	C9090	C9094	C9149	C9151	
	C9157	C9160	C9161	C9162	
	C9399	J3490	J3590		
	<b>Uplizna®</b>				
	J1823				
	<b>VEGF</b>				
	J0178	C9399	J0179	J2777	
J2778	J2779	J3490	J3590		
Q5124					
<b>Viltepso™</b>					
J1427					
<b>Vimizim®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
-------------------------	------------------------	--

		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyjuvek®</b>			
		J3401			
		<b>Vyondys 53®</b>			
		J1429			
		<b>Vyvgart™</b>			
		J9332			
		<b>Vyvgart Hytrulo™</b>			
		J9334			
		<b>White blood cell colony-stimulating factors</b>			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			
		<b>Xenpozyme®</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Zemaira®</b>			
		J0256			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
		J3399			

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. [The Review at Launch for New to Market Medications](#) policy.

\* For unclassified codes C9090, C9094, C9149, C9151, C9157, C9160, C9161, C9162, C9399, J3490, J3590 prior authorization is only required for Adzynma\*\*\*, Daxxify, Eylea HD\*\*\*, Izervay, Veopoz

\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com). Or you can call 888-397-8129.

\*\*\*Adzynma and Eylea HD effective 4/1/24

<b>Inpatient hospital services</b>	<p>Prior authorization is required for these services:</p> <ul style="list-style-type: none"> <li>Acute – medical, surgical, level 2 through level 4 nursery, maternity</li> <li>Rehabilitation</li> <li>Skilled nursing facility level of care</li> </ul>
------------------------------------	--



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>Sub-acute</li> </ul>				
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b>	Prior authorization required	24360	24361	24362	24363
Joint, 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
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23743	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a 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	L1820	L1830	L1831
		L1832	L1834	L1836	L1840

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1844	L1845	L1846	L1847
		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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	
<b>Outpatient hospital services (not listed elsewhere) site of service program</b>	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)	<b>Carpal tunnel surgery</b>			
		64721			
		<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>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Gynecologic procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Liver biopsy</b>			
47000					
<b>Miscellaneous</b>					
20680					
<b>Ophthalmologic</b>					
65426	65730	65855	66170		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient hospital services (not listed elsewhere) site of service program (cont.)</b>		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Personal care service</b>	Prior authorization required	S5125	T1019		
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	0697T 0712T	0698T 0713T	0710T 75580	0711T
Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.					
For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call <b>866-889-8054</b> .					
For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a> .					
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal</b>			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Skilled nursing facilities</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and <b>Sleep apnea procedures and surgeries (cont.)</b> oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		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	63194
		63195	63196	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
<b>Sterilization</b>	Prior authorization required	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58285
		58290	58291	58292	58294
		58541	58542	58543	58544
		58548	58550	58552	58553

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58554	58570	58571	58572
		58573	58951	58953	58954
		58956	59525		
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including <b>Abecma</b> ® (Idecaptagene Cicleucel), <b>Breyanzi</b> ® (Lisocaptagene Maralucecl), <b>Carvykti</b> ™ (ciltacabtagene autoleucel), <b>Kymriah</b> ™ (tisagenlecleucel) <b>Tecartus</b> ™ (brexucabtagene autoleucel) and <b>Yescarta</b> ™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan 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
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		<b>CAR T-cell therapy:</b>			
		0537T	0538T	0539T	0540T
		C9081**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	Q2054
		Q2056			
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9081, J3490, J3590 and J9999, prior authorization is only required for Abecma®			
		<b>Temporary and Unclassified codes:</b>			
		C9399*	J3490*	J3590*	
		*Lantidra effective 4/1/24			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	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 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
<b>Wound vac</b>	Prior authorization required	E2402			