

Prior Authorization Requirements for Tennessee Medicaid

Effective July 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Tennessee for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 866-604-3267

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	95980
		95981	95982		
Behavioral health services	Prior authorization required for voluntary psychiatric hospitalizations and other behavioral-related requests	For all behavioral-related prior authorization requests, please call UnitedHealthcare Community Plan member services at 800-690-1606 . 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 Tennessee Medicaid Administrative Guide at UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Provider Information > Provider Manuals > Tennessee Medicaid Administrative Manual > Chapter II, section C1.			
	Prior authorization not required for involuntary psychiatric hospitalizations. However, care providers <u>must</u> submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day. Per our Contractor Risk Agreement (CRA), UnitedHealthcare Community Plan applies medical necessity criteria after the first 24 hours of an involuntary admission.				
	<u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u>				
	<ul style="list-style-type: none"> • Inpatient – detoxification • Inpatient – psychiatric • Psychiatric residential treatment • Substance abuse residential detoxification • Substance abuse residential treatment – residential rehabilitation 				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Behavioral health services (cont'd)

Mental health and substance abuse ambulatory (OP) services that require prior authorization:

- Applied behavioral analysis (ABA)
- Electroconvulsive therapy (ECT)
- Enhanced Supported Housing
- Family Support Services
- Intensive Community-Based Treatment (CTT/CCFT/PACT)
- Outpatient detoxification and rehabilitation
- Psychological testing
- Suboxone
- Supported housing
- Transcranial magnetic stimulation

Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
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Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396

L8600

Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
		Filgrastim-sndz (Zarxio®)			
		Q5101			
		Pegfilgrastim (Neulasta®)			
		J2505			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111			
		Pegfilgrastim-jmdb (Fulphila™)			
		Q5108			
		Sargramostim (Leukine®)			
		J2820			
Tbo-filgrastim (Granix®)					
J1447					
<u>Bone-modifying agent that requires prior authorization:</u>					
Denosumab (Xgeva®)					
J0897					
Please submit requests online by using the Prior Authorization and Notification tool Link. Go to					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TNcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>			
Cerebral seizure monitoring: Inpatient video Electroencephalogram (EEG)	<p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p>	95951			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129</p>			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd)		67923 67966	67924 Q2026	67950	67961
Durable medical equipment (DME) – incontinence supplies	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 .			
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279 E0265 E0300 E0457 E0470 E0620 E0656 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310 E2327 E2373 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5274 V5286	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825 E2230 E2311 E2329 E2510 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5281 V5287	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2300 E2322 E2331 E2511 E2627 E8000 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5282 V5288	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301 E2325 E2351 E2512 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5283 V5290
Enteral services	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65765 A6000	36514 65767 A9274	55866 66180 E0231	64722 A4638 E1831

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational (and/or linked services) (cont'd)		S0810	S1030	S1031	S2102
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
		53430	54125	54520	54660
		54690	55175	55180	56625
		56800	56805	57110	57335
		58720	58940	64856	64892
		64896			
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont'd)		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81310
		81311	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326
		81327	81328	81329	81330
		81331	81332	81333	81334
		81335	81336	81337	81340
		81341	81342	81343	81344
		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
		81374	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81425	81426	81427	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81443
		81445	81448	81450	81455
		81460	81465	81470	81471
		81479	81507	81518	81519
		81520	81521	81545	81595
		81599	0001U	0004M	0006M
		0007M	0009M	0011M	0012M
		0012U	0013M	0013U	0014U
		0016U	0017U	0018U	0019U
		0022U	0023U	0026U	0027U
		0029U	0030U	0031U	0032U
		0033U	0034U	0036U	0037U
		0040U	0045U	0046U	0047U
		0048U	0049U	0050U	0055U
		0056U	0057U	0060U	0069U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0078U
		0081U	0084U	0087U	0088U
		0089U	0090U	0091U	0094U
		0101U	0102U	0103U	0104U
			S3870		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Home- and community-based services (HCBS) CHOICES and Employment and Community First CHOICES (ECF CHOICES)	For Home- and community-based services (HCBS), please call UnitedHealthcare Community Plan directly at 800-690-1606 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.				
Home health care	Prior authorization required only in outpatient settings, to include patient's home	99503 G0156 G0160 G0493 S9122 S9129	G0151 G0157 G0162 G0494 S9123 S9131	G0152 G0158 G0299 G0495 S9124 S9474	G0155 G0159 G0300 G0496 S9127
Hospice	Prior authorization required Prior authorization requirements don't apply to Tennessee Long-Term Care	T2044	T2045		
Injectable medications	Prior authorization required				
		Actemra[®] J3262			
		Acthar[®] J0800			
		Botulinum toxins J0585	J0586	J0587	J0588
		Brineura[™] J0567			
		Cerezyme[®] J1786			
		Cinqair[®] J2786			
		Crysvita[®] J0584			
		Elelyso[®] J3060			
		Entyvio[®] J3380			
		Exondys 51[™] J1428			
		Fasenra[™] J0517			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (cont'd)	Ilaris[®]			
	J0638			
	Ilumya[™]			
	J3245			
	Inflectra[®]			
	Q5103			
	IVIG			
	90283	90284	J1459	J1555
	J1556	J1557	J1559	J1561
	J1566	J1568	J1569	J1572
	J1575	J1599		
	Lemtrada[®]			
	J0202			
	Luxturna[™]			
	J3398			
	Makena[®]			
	J1726	J1729	J2675	
	Nucala[®]			
	J2182			
	Ocrevus[™]			
	J2350			
	Onpattro[™]			
	C9036	J3490**	J3590**	
	Orencia[®]			
	J0129			
	Parsabiv[™]			
	J0606			
	Probuphine[®]			
	J0570			
	Radicava[®]			
	J1301			
	Remicade[®]			
J1745				
Renflexis[®]				
Q5104				
Simponi Aria[®]				
J1602				
Soliris[®]				
J1300				
Spinraza[™]				
J2326				
Sublocade[™]				
Q9991	Q9992			
Synagis^{®*}				
90378				
Trogarzo[™]				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

J1746
Unclassified codes**
 C9399 J3490 J3590

Xolair[®]
 J2357

For dates of service 08/01/19 and after the following codes will also require prior authorization:

Therapeutic Radiopharmaceuticals***
 A9513 A9606 A9699

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*Please obtain prior notification for Acthar, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

**For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpattro and Ulltomiris[™]

***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**

Inpatient hospital services	Prior authorization required for these services: <ul style="list-style-type: none"> Acute – medical, surgical, Level 2 through Level 4 nursery, maternity Rehabilitation Skilled nursing facility level of care Sub-acute 				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		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	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for 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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
	L7190	L7191	L7405	L8040	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
	S5125	T1019			
Outpatient hospital services (Not listed elsewhere)	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery			
Site of Service Program	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient hospital services (Not listed elsewhere) (cont'd)		21320	30140	30520	69436
		69631			
Site of Service Program		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Liver biopsy			
		47000			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Personal care service	Prior authorization required	S5125	T1019		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TNcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Skilled nursing facilities	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22864
		22865	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
		63180	63182	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		
Sterilization	Prior authorization required	58150	58180	58200	58210
		58240	58260	58262	58270
		58285	58290	58291	58292
		58293	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58661
		58671	58951	58953	58954
		58956	59135	59525	
Stimulators	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (cont'd)		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
Transplants	Prior authorization required	<p>For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p>			
		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	50380	50547	S2060
		S2061	S2152		
		CAR T-Cell therapy:			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and 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	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			