

Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective April 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 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.
- **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			
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	
Behavioral health services	<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. However, health care professionals <u>must</u> submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day.</p> <p>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 800-690-1606.</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 Tennessee Medicaid Administrative Guide</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><u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u></p> <ul style="list-style-type: none"> • Inpatient – detoxification • Inpatient – psychiatric • Psychiatric residential treatment • Substance abuse residential detoxification • Substance abuse residential treatment – residential rehabilitation <p>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</p> <ul style="list-style-type: none"> • ABA • Electroconvulsive therapy (ECT) • Enhanced Supported Housing • Family Support Services • Intensive Community-Based Treatment (CTT/CCFT/PAC T) • 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		
Breast	Prior authorization required	11971	19316	19318	19325

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		J1456 Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®) J0897 Colony-stimulating factors J1449 Erythropoiesis-stimulating agents J0885			Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .
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 UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification .
Cardiovascular	Prior authorization required	37220 37226 37230 E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.428 I70.433 I70.439 I70.444 I70.461 I70.469	37221 37227 37231 E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334 I70.341 I70.345 I70.361 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462 I70.521	37224 37228 93580 DX not require prior authorization E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463 I70.522	37225 37229 E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.423 I70.432 I70.438 I70.443 I70.449 I70.468 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				
Cerebral seizure monitoring: Inpatient video	Prior authorization is required for inpatient services.	95700	95711	95712	95713	
		95714	95715	95716	95718	
Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726	
Chemotherapy	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		
		Injectable chemotherapy drugs that require prior authorization:				
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642) , Lupron Depot (J1950) 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 HCPCS code 				
		For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 888-397-8129 .				
Cochlear implants and other auditory implants	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				
Cosmetic and reconstructive procedures	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
		*will NOT require prior authorization when billed with skin cancer diagnoses			
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 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			
Enteral services 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		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		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 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	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58661	58720
58940	64856	64892	64896		
Genetic and molecular testing to include breast cancer (BRCA)	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. Notification/prior	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		
0170U	0171U	0172U	0173U		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) (cont.)	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.	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					
Home- and Community-Based Services (HCBS) CHOICES and Employment and Community First CHOICES (ECF CHOICES)	For 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 is required only in outpatient settings, to include the patient's home.	99503	G0159	G0160	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			
Injectable medications	Prior authorization required	Actemra® J3262	Acthar® J0801	Adakveo® J0791	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	Aduhelm®				
	J0172				
	Aldurazym®				
	J1931				
	Amondys 45				
	J1426				
	Amvuttra™				
	J0225				
	Apretude™				
	J0739				
	Aralast NP®				
	J0256				
	Avsola™				
	Q5121				
	Benlysta				
	J0490				
	Beriner®				
	J0597				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Briumvi®				
	J2329				
	Cabenuva™				
	J0741				
	Cerezyme®				
	J1786				
	Cimerli®				
Q5128					
Cimzia®					
J0717					
Cinqair®					
J2786					
Cinryze®					
J0598					
Cortrophin Gel®					
J0802					
Crysvita®					
J0584					
Cutaquig®					
J1551					
Daxxify®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	J0589	Elaprase®
	J1743	Elelyso®
	J3060	Elevidys®
	J1413	Elfabrio®
	J2508	Enjaymo™
	J1302	Entyvio®
	J3380	Erythropoiesis stimulating agents
	J0885	Evenity™
	J3111	Evkeeza™
	J1305	Exondys 51™
	J1428	Eylea HD®
	J0177	Fabrazyme®
	J0180	Fasenra™
	J0517	Feraheme®
	Q0138	Fensolvi®
	J1951	Firmagon®
	J9155	Fynetra®
	Q5130	Gamifant®
	J9210	Givlaari®
	J0223	Glassia®
	J0257	Hemgenix®
	J1411	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	Izervay®				
	J2782				
IVIG					
90283	90284	J1459	J1554		
J1555	J1556	J1557	J1559		
J1561	J1566	J1568	J1569		
J1572	J1575	J1599			
Lanreotide™					
J1932					
Lemtrada®					
J0202					
Leqvio®					
J1306					
Kalbitor®					
J1290					
Kanuma®					
J2840					
Korsuva®					
J0879					
Krystexxa®					
J2507					
Lamzede®					
J0217					
Leqembi®					
J0174					
Lumizyme®					
J0221					
Lupron Depot®					
J1950					
Lupron Depot, Eligard®					
J9217					
Luxturna™					
J3398					
Makena®					
J1726	J1729	J2675			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Mepsevii®	J3397
	Monoferric®	J1437
	Naglazyme®	J1458
	Nexviazyme®	J0219
	Nplate®	J2796
	Nucala®	J2182
	Ocrevus™	J2350
	Octreotide acetate	J2354
	Onpattro™	J0222
	Orencia®	J0129
	Oxlumo™	J0224
	Panzyga®	J1576
	Parsabiv™	J0606
	Pombiliti®	J1203
	Prolastin-C®	J0256
	Prolia®	J0897
	Qalsody®	J1304
	Radicava®	J1301
	Reblozyl®	J0896
	Releuko®	Q5125
	Remicade®	J1745
	Renflexis®	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	Q5104					
	Revcovi®					
	J3590					
		Riabni™				
		Q5123				
		Rituxan®				
		J9312				
		Rituxan Hycela®				
		J9311				
		Roctavian®				
		J1412				
		Rolvedon®				
		J1449				
		Ruxience®				
		Q5119				
		Ruconest®				
		J0596				
		Ryplazim™				
		J2998				
		Rystiggo®				
		J9333				
		Sandostatin® LAR				
		J2353				
		Saphnelo™				
		J0491				
		Scenesse®				
		J7352				
		Signifor® LAR				
		J2502				
		Simponi Aria®				
		J1602				
		Skrizi®				
		J2327				
	Sodium hyaluronate					
	J7320	J7321	J7322	J7324		
	J7325	J7326	J7327	J7329		
	J7331	J7332				
	Soliris®					
	J1300					
	Somatuline® depot					
	J1930					
	Spevigo®					
	J1747					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Spinraza™				
	J2326				
	Spravato®				
	S0013				
	Stelara®				
	J3358				
	Stimufend®				
	Q5127				
	Sunlenca®				
	J1961				
	Supprelin® LA				
	J9226				
	Syfovre®				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic adiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tzield®				
	J9381				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes*				
	C9090	C9094	C9149	C9151	
	C9157	C9160	C9161	C9162	
	C9166	C9167	C9168	C9399	
	J3490	J3590			
	Uplizna®				
	J1823				
	VEGF				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	J0178	C9399	J0179	J2777	
	J2778	J2779	J3490	J3590	
	Q5124				
	Veopoz®				
	J9376				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	Vyepti™				
	J3032				
	Vyjuvek®				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
	Vyvgart Hytrulo™				
	J9334				
	White blood cell colony-stimulating factors				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	Xembify®				
	J1558				
	Xenpozyme®				
	J0218				
	Xolair®				
	J2357				
	Zemaira®				
	J0256				
	Zoladex®				
	J9202				
	Zolgensma®				
	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, C9166, C9167, C9168, C9399, J3490, J3590 prior authorization is only required for Adyzyrna, Cosentyx IV, Omvoh

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Inpatient hospital services	Prior authorization is 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 				
Inpatient admissions – post-acute services	Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities 				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23474	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	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	
Orthotics and prosthetics	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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	
Outpatient hospital services (not listed elsewhere) site of service program	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)	Carpal tunnel surgery			
		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			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
57522	58353	58558	58563		
58565					
Hernia repair					
49505	49650	49651			
Liver biopsy					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient hospital services (not listed elsewhere) site of service program (cont.)		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		
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Radiology	Prior authorization is 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 	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 UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification .			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Skilled nursing facilities	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and Sleep apnea procedures and surgeries (cont.) 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	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	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	58152	58180	58200
		58210	58240	58260	58262

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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58263	58267	58270	58285
58290	58291	58292	58294
58541	58542	58543	58544
58548	58550	58552	58553
58554	58570	58571	58572
58573	58951	58953	58954
58956	59525		

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Transplants Prior authorization required For transplant and CAR T-cell therapy services including **Abecma**® (Idecaptagene Cicleucel), **Breyanzi**® (Lisocaptagene Maralucecel), **Carvykti**™ (ciltacaptagene autoleucel), **Kymriah**™ (tisagenlecleucel) **Tecartus**™ (brexucaptagene autoleucel) and **Yescarta**™ (axicaptagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant Case Management team at **888-936-7246** 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			

CAR T-cell therapy:

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®

Temporary and Unclassified codes:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C9399*	J3490*	J3590*	
		*Casgevy, Lantidra, Lyfgenia			
Vein procedures	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473	36475	36478	37700
		37718	37722	37765	37766
		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			