

# Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective February 1, 2026

## 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			
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	Prior authorization is 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.			
	Prior authorization is not required for involuntary psychiatric hospitalizations. However, health care professionals must submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day. Per our contractor risk agreement (CRA),	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			
		For applied behavior analysis (ABA) therapy, submit via fax or Provider Express.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Behavioral health services (cont.)</b>	<p>UnitedHealthcare Community Plan applies medical necessity criteria after the first 24 hours of an involuntary admission.</p> <p>Inpatient and residential services for mental health and substance abuse that require prior authorization:</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>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</p> <ul style="list-style-type: none"> <li>• ABA</li> <li>• Enhanced Supported Housing</li> <li>• Support Housing</li> <li>• Family Support Services</li> <li>• Intensive Community-Based Treatment (CTT/CCFT/PA CT)</li> <li>• System of support</li> <li>• Transcranial magnetic</li> </ul>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	stimulation				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					

<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	11971	19316	19318	19325
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.	Injectable colony-stimulating factor drugs that require prior authorization:			
		J1442*	J1434	J1447*	J1448
		J2468	J2506*	J2820	Q5101*
		Q5108*	Q5110*	Q5111*	Q5120*
		Q5122*	Q5125*		
		Antiemetic Drugs			
		J0185	J1453	J1454	J1456
		J1627			
		Bone Modifying Agents			
		J0897			
		Colony Stimulating factors			
		J1449			Q5148
		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.			

<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms,	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453

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 PCA-5-23-03425-POE-WEB\_11022023



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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electrophysiology implants, and stress echoes prior to performance.	93454	93455	93456	93457
	93458	93459	93460	93461

For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://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	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	
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		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
		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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ambulatory surgical center.

<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.	Injectable chemotherapy drugs that require prior authorization: <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 888-397-8129.
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<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 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 15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14020* 15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14021* 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14061* 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
*will NOT require prior authorization when billed with skin cancer diagnoses					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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 Orthotics and prosthetics.	A9279 E0265 E0300 E0457 E0471 E0636 E0669 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825 E2230 E2311 E2329 E2510 E2626 E2630 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5283 V5290	A9280 E0266 E0328 E0465 E0483 E0637 E0670 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2298 E2322 E2331 E2511 E2627 E8000 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5274 V5286	A9900 E0270 E0329 E0466 E0486 E0652 E0675 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301 E2325 E2351 E2512 E2628 E8001 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5281 V5287	E0194 E0277 E0445 E0470 E0620 E0656 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310 E2327 E2373 E2599 E2629 E8002 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5282 V5288
<b>Enteral services</b>	Prior authorization required	B4034 B4102 B4150 B4158	B4035 B4103 B4152 B4159	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
through a gastrostomy tube		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	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		
		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		
<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.	81162	81162	81163	81163
		81164	81164	81228	81228
		81229	81229	81277	81349
		81349	81400	81400	81401
		81401	81402	81402	81403
		81403	81404	81404	81405
		81405	81406	81406	81407
		81407	81408	81408	81410
		81410	81411	81411	81412
		81412	81413	81413	81414
		81414	81415	81415	81416
		81416	81417	81417	81425
		81426	81427	81431	81431
		81432	81432	81435	81435
		81437	81437	81439	81439
		81440	81440	81441	81443
81445	81445	81448	81448		
81449	81450	81451	81455		

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>	Authorization/Notification on program for each specified genetic test.	81457	81458	81459	81460
		81460	81462	81463	81464
	81465	81465	81471	81479	
	81518	81518	81519	81519	
	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.	81520	81520	81521	81521
		81522	81522	81523	81523
		81541	81542	81546	81546
		81552	81595	81595	81599
		81599	87505	87505	87506
		87506	87507	0006M	0007M
		0018U	0018U	0022U	0022U
		0023U	0023U	0026U	0026U
		0037U	0047U	0048U	0050U
		0055U	0055U	0060U	0087U
		0087U	0088U	0088U	0094U
		0101U	0102U	0103U	0111U
		0111U	0114U	0118U	0129U
		0129U	0154U	0154U	0170U
		0170U	0171U	0171U	0172U
		0179U	0179U	0209U	0209U
		0211U	0212U	0213U	0214U
		0214U	0215U	0215U	0216U
		0216U	0217U	0217U	0218U
		0218U	0233U	0237U	0237U
		0238U	0238U	0239U	0242U
		0244U	0245U	0245U	0250U
		0250U	0252U	0253U	0254U
		0258U	0258U	0260U	0262U
		0264U	0265U	0265U	0266U
		0267U	0268U	0268U	0269U
		0269U	0270U	0270U	0271U
		0271U	0272U	0272U	0273U
		0273U	0274U	0274U	0276U
		0276U	0277U	0277U	0278U
		0278U	0282U	0282U	0285U
		0285U	0286U	0286U	0287U
		0288U	0288U	0289U	0289U
		0290U	0290U	0291U	0291U
		0292U	0292U	0293U	0293U
		0294U	0294U	0296U	0297U
0298U		0299U	0300U	0306U	
0307U		0318U	0319U	0320U	
0326U	0334U	0355U	0364U		
0378U	0379U	0388U	0389U		
0391U	0395U	0398U	0409U		
0417U	0425U	0426U	0437U		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		0444U	0449U	0465U	0471U
		0473U	0474U	0475U	S3854
		S3865	S3870	S3870	
<b>Home- and Community-Based Services (HCBS)</b>	<p>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.</p>				
CHOICES and Employment and Community First CHOICES (ECF CHOICES)					
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include the patient's home.	99503	G0159	G0160	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9129
		S9131	S9474	S9131	S9474
<b>Injectable medications</b>	Prior authorization required	Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adzynma			
		J7171			
		Aldurazym			
		J1931			
		Alhemo			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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J7173				
Amondys 45				
J1426				
Amvuttra				
J0225				
Aralast NP				
J0256				
Avsola				
Q5121				
Avtozma				
Q5156				
Azmiro				
J1072				
Benlysta				
J0490				
Beqvez				
J1414				
Berinert				
J0597				
Bkemv				
Q5152				
Botulinum toxins				
J0585		J0586	J0587	J0588
Brineura				
J0567				
Briumvi				
J2329				
Cerezyme				
J1786				
Cimerli				
Q5128				
Cimzia				
J0717				
Cinqair				
J2786				
Cinryze				
J0598				
Conexence				
Q5158				
Cortrophin Gel				
J0802				
Cosentyx IV				
J3247				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)	Crysvita	
	J0584	
	Cutaquig	
	J1551	
	Daxxify	
	J0589	
	Elaprase	
	J1743	
	Elelyso	
	J3060	
	Elevidys	
	J1413	
	Elfabrio	
	J2508	
	Encelto	
	J3403	
	Enjaymo	
	J1302	
	Entyvio	
	J3380	
	Epysqli	
	Q5151	
	Evenity	
	J3111	
	Evkeeza	
	J1305	
	Exondys 51	
	J1428	
	Eylea HD	
	J0177	
	Fabrazyme	
	J0180	
	Fasenra	
	J0517	
	Feraheme	
	Q0138	
	Fensolvi	
	J1951	
	Firmagon	
	J9155	
Fylnetra		
Q5130		
Gamifant		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	J9210				
	Givlaari				
	J0223				
	Glassia				
	J0257				
	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Hypavzi				
	J7172				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Imuldosa IV				
	Q5098				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	Izervay				
	J2782				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Lanreotide				
	J1932				
	Lemtrada				
	J0202				
	Leqvio				
	J1306				
	Jubbonti				
	Q5136				
	Kalbitor				
	J1290				
	Kanum				
	J2840				
	Kisunla				
	J0175				
	Korsuva				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0879
	Krystexxa	J2507
		J0217
	Lamzede	J0217
	Leqembi	J0174
	Lumizyme	J0221
		J0221
	Lupron Depot	J1950
		J1950
	Lupron Depot, Eligard	J9217
		J9217
	Lutrate Depot	J1954
		J1954
	Luxturna	J3398
		J3398
	Mepsevii	J3397
		J3397
	Monoferric	J1437
		J1437
	Naglazyme	J1458
		J1458
	Nexviazyme	J0219
		J0219
	Niktimvo	J9038
		J9038
	Nplate	J2802
		J2802
	Nucaia	J2182
		J2182
	Nulibry	J1809
		J1809
	Nypozi	Q5148
		Q5148
	Ocrevus	J2350
		J2350
	Ocrevus Zunovo	J2351
	J2351	
Octreotide acetate	J2354	
	J2354	
Omvoh	J2267	
	J2267	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)		Onpattro
		J0222
		Orencia
		J0129
		Otulfi IV
		Q9999
		Oxlumo
		J0224
		Panzyga
		J1576
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolastin-C
		J0256
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Qfitlia
		J7174
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125
		Remicade
	J1745	
	Renflexis	
	Q5104	
	Revcovi	
	J3590	
	Riabni	
	Q5123	
	Rituxan	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J9312				
	Rituxan Hycela				
	J9311				
	Roctavian				
	J1412				
	Rolvedon				
	J1449				
	Ruxience				
	Q5119				
	Ruconest				
	J0596				
	Ryplazim				
	J2998				
	Rystiggo				
	J9333				
	Sandostatin LAR				
	J2353				
	Saphnelo				
	J0491				
	Scenesse				
	J7352				
	Selardsdi				
	Q9998				
	Signifor LAR				
	J2502				
	Simponi Aria				
	J1602				
	Skrizi				
	J2327				
	Sodium hyaluronate				
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris					
J1299					
Somatuline depot					
J1930					
Spevigo					
J1747					
Spinraza					
J2326					
Stelara					
J3358					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Stimufend					
Q5127					
Steqeyma IV					
Q5099					
Stoboclo					
Q5157					
Supprelin LA					
J9226					
Syfovre					
J2781					
Synagis					
90378					
Tepezza					
J3241					
Tezspire					
J2356					
Therapeutic Radiopharmaceuticals					
A9513		A9590	A9606		A9607
A9615		A9699			
Tofidence					
Q5133					
Trelstar					
J3315					
Tremfya IV					
J1628					
Triptodur					
J3316					
Truxima					
Q5115					
Tyenne					
Q5135					
Tzield					
J9381					
Ultomiris					
J1303					
Unclassified and temporary codes*					
C9090		C9094	C9149		C9151
C9157		C9161	C9166		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				
	Wezlana IV				
	Q5138				
	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				
	Yesintek IV				
	Q5100				
	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Medications policy.  
 \* For unclassified codes C9090, C9094, C9149, C9151, C9157, C9166, C9167, C9168, C9399, J3490, J3590 prior authorization is only required for Kebilidi, Rivfloza, Starjemza  
 \*\* 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.

<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> <li>Sub-acute</li> </ul>				
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<b>Inpatient admissions – post-acute services</b>	<p>Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services:</p> <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>				
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<b>Joint replacement</b>	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

<b>Musuloskeletal</b>	Prior authorization required	Shoulder surgery			
		23470	23472	23474	

<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

<b>Orthognathic</b>	Prior authorization	21121	21123	21125	21127
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>surgery</b> Treatment of maxillofacial/jaw functional impairment	required	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
<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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Orthotics and prosthetics (cont.)</b>		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	
		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</b>	Prior authorization is	Carpal tunnel surgery			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>hospital services (not listed elsewhere) site of service program</b>	only required when requesting service in an outpatient hospital setting. Prior authorization is 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	21320	30140	30520	69436
			69631			
		Gynecologic procedures	57522	58353	58558	58563
			58565			
		Hernia repair	49505	49650	49651	
		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	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	55873	55874		
<b>Radiology</b>	Prior authorization is	70336	70450	70460	70470	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiology (cont.)</b>	required for participating physicians who request these advanced outpatient imaging procedures:	70480	70481	70482	70486
	• Certain CT, MRI, MRA and PET scans	70487	70488	70490	70491
	• Nuclear medicine and nuclear cardiology procedures	70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	70554
		70555	71250	71260	71270
		71271	71275	71550	71551
		71552	71555	72125	72126
		72127	72128	72129	72130
		72131	72132	72133	72141
		72142	72146	72147	72148
		72149	72156	72157	72158
		72159	72191	72192	72193
		72194	72195	72196	72197
		72198	73200	73201	73202
		73206	73218	73219	73220
		73221	73222	73223	73225
		73700	73701	73702	73706
		73718	73719	73720	73721
		73722	73723	73725	74150
		74160	74170	74174	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74263	75557	75559
		75561	75563	75571	75572
		75573	75574	75580	75635
		76376	76377	76380	76390
		76391	76497	76498	77021
		77046	77047	77048	77049
		77084	78429	78430	78431
		78432	78433	78451	78452
		78453	78454	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
	78494	78496	78499	78608	
	78609	78811	78812	78813	
	78814	78815	78816	78830	
	0633T	0634T	0635T	0636T	
	0637T	0638T	0697T	0698T	
	0710T	0711T	0712T	0713T	
	G0235	G0252	S8037	S8092	

Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>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.</p>					
<p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification.</p>					
<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	Musculoskeletal			
		29805	29806	29807	29819
		29820	29822	29823	29824
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Skilled nursing facilities</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	
<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
		58554	58570	58571	58572
		58573	58951	58953	58954
		58956	59525		
<b>Stimulators</b>	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		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	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi ,Carvykti, Kymriah, Lenmeldy, Ryoncil, Tecartus, Lyfgenia, Skysona, Yescarta, Zevaskyn and Zynteglo 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
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3387	J3389
		J3391	J3392	J3393	J3394
		J3402	Q2057	S2060	S2061
		S2152			
		CAR T-cell therapy:			
		C9081**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	Q2054
		Q2056	Q2058		
		*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:			
		C9399*	J3490*	J3590*	
		*Amtagvi, Lantidra			
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		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			