

Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective August 1, 2025

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 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization is required for voluntary psychiatric hospitalizations and other behavioral-related requests. 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. 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</u>	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 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			
Behavioral health services (cont.)	<u>abuse that require prior authorization:</u> • Inpatient – detoxification • Inpatient – psychiatric • Psychiatric residential treatment • Substance abuse residential detoxification • Substance abuse residential treatment – residential rehabilitation Mental health and substance abuse ambulatory (OP) services that require prior authorization: • ABA • Enhanced Supported Housing • Support Housing • Family Support Services • Intensive Community-Based Treatment (CTT/CCFT/PAC T) • System of support • Transcranial magnetic stimulation				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs	Injectable colony-stimulating factor drugs that require prior authorization:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	Filgrastim (Neupogen®) J1442*
		Filgrastim-aafi (Nivestym™) Q5110*
	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	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 J1456
		Bone-modifying agent that requires prior authorization:
		Denosumab (Xgeva®) J0897
		Colony-stimulating factors J1449
		Erythropoiesis-stimulating agents J0885

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		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.	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93319	93350	93351	93452
		93453	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 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	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		DX not require prior authorization			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		S35.512A T82.338A T82.898A I73.81	T82.312A T82.392A I73.00	T82.318A T82.398A I73.01	T82.319A T82.399A I73.1
Cerebral seizure monitoring: Inpatient video Electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy	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: - 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 A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Cosmetic and reconstructive procedures 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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
function		*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	E2298	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			
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy,		B4102	B4103	B4104	B4149
either enteral or		B4150	B4152	B4153	B4155
through a gastrostomy tube		B4158	B4159	B4160	B4161

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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.	81162	81162	81163	81163
		81164	81164	81228	81228
		81229	81229	81277	81349
		81349	81400	81400	81401
	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.	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
	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	81445	81445	81448	81448
		81449	81450	81451	81455
		81457	81458	81459	81460
		81460	81462	81463	81464
		81465	81465	81471	81479

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.)	laboratory will notify UnitedHealthcare.	81518	81518	81519	81519
		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
		0444U	0449U	0465U	0471U
		0473U	0474U	0475U	S3854
		S3865	S3870	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 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	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9129
		S9131	S9474	S9131	S9474
Injectable medications	Prior authorization required	Actemra J3262 Acthar J0801 Adakveo J0791 Adzynma J7171 Aldurazym J1931 Amondys 45 J1426 Amvuttra J0225 Aralast NP J0256 Avsola Q5121 Benlysta J0490 Beqvez			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J1414			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Cerezyme			
		J1786			
		Cimerli			
		Q5128			
		Cimzia			
		J0717			
		Cinqair			
		J2786			
		Cinryze			
		J0598			
		Cortrophin Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Elaprase			
		J1743			
		Elelyso			
		J3060			
		Elevidys			
		J1413			
		Elfabrio			
		J2508			
		Enjaymo			
		J1302			
		Entyvio			
		J3380			
		Evenity			
		J3111			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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				
	Hemlibra				
	J7170				
	Hypavzi				
	J7172				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	Izervay				
	J2782				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
	Lanreotide				
	J1932				
	Lemtrada				
	J0202				
	Leqvio				
	J1306				
	Kalbitor				
	J1290				
	Kanum				
	J2840				
	Kisunla				
	J0175				
	Korsuva				
	J0879				
	Krystexxa				
	J2507				
	Lamzede				
	J0217				
	Leqembi				
	J0174				
	Lumizyme				
	J0221				
	Lupron Depot				
	J1950				
	Lupron Depot, Eligard				
	J9217				
	Luxturna				
	J3398				
	Mepsevii				
	J3397				
	Monoferric				
	J1437				
	Naglazyme				
	J1458				
	Nexviazyme				
	J0219				
	Niktimvo				
	J9038				
	Nplate				
	J2802				
	Nucala				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2182
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Panzyga
		J1576
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolastin-C
		J0256
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Remicade			
		J1745			
		Renflexis			
		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			
		Selardsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1299			
		Somatuline depot			
		J1930			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Stelara			
		J3358			
		Stimufend			
		Q5127			
		Stequeyma IV			
		Q5099			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic adiopharmaceuticals			
		A9513	A9590	A9606	A9607
		A9699			
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified and temporary codes*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C9090	C9094	C9149	C9151
		C9157	C9161	C9166	C9172
		C9399	J3490	J3590	
	Uplizna				
	J1823				
	VEGF				
	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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, C9166, C9167, C9168, C9172, C9399, J3490, J3590 prior authorization is only required for Rivfloza

** 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.

Inpatient hospital services	Prior authorization is required for these services: - Acute – medical, surgical, level 2 through level 4 nursery, maternity - Rehabilitation - Skilled nursing facility level of care - Sub-acute
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Inpatient admissions – post-acute services	Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services: - Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals - Long-term acute care hospitals - Skilled nursing facilities
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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		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
Outpatient hospital services (not listed elsewhere) site of service	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
program	required if performed at a participating ambulatory surgery center (ASC)	45378	45380	45384	45385
Outpatient hospital services (not listed elsewhere) site of service program (cont.)		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	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: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)	nuclear cardiology procedures	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	78012	78013	78014
		78015	78016	78018	78070
		78071	78072	78075	78099
		78199	78226	78227	78264
		78265	78266	78299	78300
		78305	78306	78315	78399
		78429	78430	78431	78432
		78433	78451	78452	78453
		78454	78459	78466	78468
		78469	78472	78473	78481
		78483	78491	78492	78494
		78496	78499	78579	78580
		78582	78597	78598	78599
		78608	78609	78699	78707
		78708	78709	78799	78800
		78801	78802	78803	78804
		78811	78812	78813	78814
		78815	78816	78830	78831
		78832	78999	0633T	0634T
		0635T	0636T	0637T	0638T
		0697T	0698T	0710T	0711T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		0712T S8037	0713T S8092	G0235	G0252
		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 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal 29805 29820 29825			
		29806	29807	29819	29824 29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
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 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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	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	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Tecartus, Lyfgenia, Yescarta 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
		47143	47144	47145	47146

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3391	J3392
		J3393	J3394	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:			
		C9301*	C9399*	J3490*	J3590*
		*Amtagvi, Lantidra, Ryoncil			
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			