

# Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective July 1, 2024

## General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **866-604-3267**

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Behavioral health services (cont.)** after the first 24 hours of an involuntary admission.

**Inpatient and residential services for mental health and substance abuse that require prior authorization:**

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

<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast</b>	Prior authorization required	11971	19316	19318	19325

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Cancer supportive care (cont.)</b>		J1456			
		<b>Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®)</b>			
		J0897			
		<b>Colony-stimulating factors</b>			
		J1449			
	<b>Erythropoiesis-stimulating agents</b>				
	J0885				
<p>Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>					

<b>Cardiology</b>	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](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](#).

<b>Cardiovascular</b>	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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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 Electroencephalo-gram (EEG)</b>	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	J9071	J9273	J9274	J9298
		J9331	J9332	J9359	
		<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642) , Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>			
		For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
		A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	14020*	14021*	14061*
		15820	15821	15822	15823
		Cosmetic procedures that	15830	15847	15877

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
change or improve physical appearance, without significantly improving or restoring physiological function		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
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.

<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1130	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
<b>Enteral services</b>	Prior authorization required				
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required				
		33477	36514	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required				
		29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required				
		31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required				
		55970	55980		
		<b>These codes with the following DX codes:</b>			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
<b>Genetic and molecular testing to include breast cancer (BRCA)</b>	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.				
		81162	81163	81164	81228
		81229	81349	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name.	81411	81412	81413	81414
		81415	81416	81417	81420
		81431	81432	81433	81435
		81436	81437	81438	81439
		81440	81445	81448	81460
		81465	81479	81507	81518



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>	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 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.	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
		0175U	0179U	0209U	0214U
		0215U	0216U	0217U	0218U
		0237U	0238U	0245U	0250U
		0252U	0253U	0254U	0258U
		0260U	0262U	0264U	0265U
		0266U	0267U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
0288U	0289U	0290U	0291U		
0292U	0293U	0294U	0296U		
0297U	0298U	0299U	0300U		
S3870					
<b>Home- and Community-Based Services (HCBS) CHOICES and Employment and Community First CHOICES (ECF CHOICES)</b>	For HCBS, please call UnitedHealthcare Community Plan directly at <b>800-690-1606</b> and request assistance with CHOICES or ECF CHOICES. Prior authorization is required for HCBS. Prior authorization, for each service, including description, amount, frequency and duration is determined by the individual's needs and is based on a full assessment of the individual's physical, mental and social needs as well as the availability and willingness of natural supports. The assessment process is facilitated by the Health Plan CHOICES Care Coordinator or ECF CHOICES Support Coordinator.				
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include the patient's home.	99503	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0801			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Adzyna®</b>			
		J7171			
		<b>Aldurazym®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Apretude™</b>			
		J0739			
		<b>Aralast NP®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Briumvi®</b>			
		J2329			
		<b>Cerezyme®</b>			
		J1786			
<b>Cimerli®</b>					
Q5128					
<b>Cimzia®</b>					
J0717					
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J0598					
<b>Cortrophin Gel®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0802 <b>Cosentyx IV®</b>
		J3247 <b>Crysvita®</b>
		J0584 <b>Cutaquig®</b>
		J1551 <b>Daxxify®</b>
		J0589 <b>Elaprase®</b>
		J1743 <b>Elelyso®</b>
		J3060 <b>Elevidys®</b>
		J1413 <b>Elfabrio®</b>
		J2508 <b>Enjaymo™</b>
		J1302 <b>Entyvio®</b>
		J3380 <b>Evenity™</b>
		J3111 <b>Evkeeza™</b>
		J1305 <b>Exondys 51™</b>
		J1428 <b>Eylea HD®</b>
		J0177 <b>Fabrazyme®</b>
		J0180 <b>Fasenra™</b>
		J0517 <b>Feraheme®</b>
		Q0138 <b>Fensolvi®</b>
		J1951 <b>Firmagon®</b>
		J9155 <b>Fynetra®</b>
		Q5130 <b>Gamifant®</b>
		J9210

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix®</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>Izervay®</b>				
	J2782				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Lanreotide™</b>				
	J1932				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva®</b>				
	J0879				
<b>Krystexxa®</b>					
J2507					
<b>Lamzede®</b>					
J0217					
<b>Leqembi®</b>					
J0174					
<b>Lumizyme®</b>					
J0221					
<b>Lupron Depot®</b>					
J1950					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<b>Lupron Depot, Eligard®</b>	J9217
	<b>Luxturna™</b>	J3398
	<b>Mepsevii®</b>	J3397
	<b>Monoferic®</b>	J1437
	<b>Naglazyme®</b>	J1458
	<b>Nexviazyme®</b>	J0219
	<b>Nplate®</b>	J2796
	<b>Nucala®</b>	J2182
	<b>Ocrevus™</b>	J2350
	<b>Octreotide acetate</b>	J2354
	<b>Omvo®</b>	J2267
	<b>Onpatro™</b>	J0222
	<b>Orencia®</b>	J0129
	<b>Oxlumo™</b>	J0224
	<b>Panzyga®</b>	J1576
	<b>Parsabiv™</b>	J0606
	<b>Pombiliti®</b>	J1203
	<b>Prolastin-C®</b>	J0256
	<b>Prolia®</b>	J0897
	<b>Qalsody®</b>	J1304
	<b>Radicava®</b>	J1301
	<b>Reblozyl®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J0896				
	<b>Releuko®</b>				
	Q5125				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Revcovi®</b>				
	J3590				
	<b>Riabni™</b>				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Roctavian®</b>				
	J1412				
	<b>Rolvedon®</b>				
	J1449				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ruconest®</b>				
	J0596				
	<b>Ryplazim™</b>				
	J2998				
	<b>Rystiggo®</b>				
	J9333				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo™</b>				
J0491					
<b>Scenesse®</b>					
J7352					
<b>Signifor® LAR</b>					
J2502					
<b>Simponi Aria®</b>					
J1602					
<b>Skrizi®</b>					
J2327					
<b>Sodium hyaluronate</b>					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® depot</b>				
	J1930				
	<b>Spevigo®</b>				
	J1747				
	<b>Spinraza™</b>				
	J2326				
	<b>Stelara®</b>				
	J3358				
	<b>Stimufend®</b>				
	Q5127				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Syfovre®</b>				
	J2781				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic adiopharmaceuticals</b>				
	A9513	A9590	A9606	A9607	
	A9699				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
J3316					
<b>Truxima®</b>					
Q5115					
<b>Tzield®</b>					
J9381					
<b>Ultomiris™</b>					
J1303					
<b>Unclassified and temporary codes*</b>					
C9090	C9094	C9149	C9151		
C9157	C9162	C9161	C9166		
C9167	C9168	C9399	J3490		
J3590					
<b>Uplizna®</b>					
J1823					
<b>VEGF</b>					

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				
	<b>Veopoz®</b>				
	J9376				
	<b>Viltepso™</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyjuvek®</b>				
	J3401				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
	J9332				
	<b>Vyvgart Hytrulo™</b>				
	J9334				
	<b>White blood cell colony-stimulating factors</b>				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xembify®</b>				
	J1558				
	<b>Xenpozyme®</b>				
	J0218				
	<b>Xolair®</b>				
	J2357				
	<b>Zemaira®</b>				
	J0256				
	<b>Zoladex®</b>				
	J9202				
	<b>Zolgensma®</b>				
	J3399				

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. [The Review at Launch for New to Market Medications](#) policy.

\* For unclassified codes C9090, C9094, C9149, C9151, C9157, C9162, C9166, C9167, C9168, 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](https://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			
<b>Inpatient hospital services</b>	Prior authorization is required for these services: <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>				
<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
<b>Musculoskeletal</b>	Prior authorization required		<b>Shoulder surgery</b> 23470	23472 23474	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 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 L0464 L0486 L0632 L0638	L0170 L0480 L0624 L0634 L0640	L0456 L0482 L0629 L0636 L0700	L0462 L0484 L0631 L0637 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			
<b>Orthotics and prosthetics (cont.)</b>		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 hospital services (not listed elsewhere) site of service program</b>	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)	<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
<b>Gynecologic procedures</b>					
57522	58353	58558	58563		
58565					
<b>Hernia repair</b>					
49505	49650	49651			
<b>Liver biopsy</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient hospital services (not listed elsewhere) site of service program (cont.)</b>		47000			
		<b>Miscellaneous</b>			
		20680			
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Personal care service</b>	Prior authorization required	S5125	T1019		
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	0697T	0698T	0710T	0711T
		0712T	0713T	70336	70450
		70460	70470	70480	70481
		70482	70486	70487	70488
		70490	70491	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiology (cont.)</b>		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
		G0235	G0252	S8037	S8092
<p>Health care professional ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a>.</p>					
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal		30435	30450	30460	30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
functional impairment and septal deviation		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal</b>			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Skilled nursing facilities</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		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), **Yescarta**™ (axicaptagene ciloleucel) and **Zynteglo**™ (betibeglogene autotemcel) 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
47147	48551	48552	48554
50300	50320	50323	50325
50340	50360	50365	50370
50547	38232*	J3393	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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authorization is only required for Abecma®

**Temporary and Unclassified codes:**

C9399\*                      J3490\*                      J3590\*  
 \*Amtagvi, Casgevy, Lantidra, Lyfgenia

<b>Vein procedures</b>	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			
<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			