

Prior Authorization Requirements for Tennessee Medicaid

Effective October 1, 2023

General Information

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

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	<p>Prior authorization is required for voluntary psychiatric hospitalizations and other behavioral-related requests.</p> <p>Prior authorization is not required for involuntary psychiatric hospitalizations. However, care providers must 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></p>	<p>For all behavioral-related prior authorization requests, please call UnitedHealthcare Community Plan Member Services at 800-690-1606.</p> <p>In case of an emergency, please call your local mobile crisis line. For the crisis line in your region, please refer to the Key Contact Information section of the Tennessee Medicaid Administrative Guide at UHCcommunityplan.com > For Health Care Professionals > Tennessee > Provider Information > Provider Manuals > Tennessee Medicaid Administrative Manual > Chapter II, section C1.</p> <p>For 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 (continued)	<u>abuse that require prior authorization:</u>				
	<ul style="list-style-type: none"> Inpatient – detoxification Inpatient – psychiatric Psychiatric residential treatment Substance abuse residential detoxification Substance abuse residential treatment – residential rehabilitation 				
	Mental health and substance abuse ambulatory (OP) services that require prior authorization:				
	<ul style="list-style-type: none"> Applied behavioral analysis (ABA) Electroconvulsive therapy (ECT) Enhanced Supported Housing Family Support Services Intensive Community-Based Treatment (CTT/CCFT/PACT) Outpatient detoxification and rehabilitation Psychological testing Suboxone Supported housing Transcranial magnetic stimulation 				

Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than	Prior authorization required	11971 19328 19350	19316 19330 19357	19318 19340 19361	19325 19342 19364

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
following mastectomy		19367 19371	19368 19380	19369 19396	19370 L8600
Cancer supportive care	<p>Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below</p>	<p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Filgrastim-ayow, biosimilar (Releuko®) Q5125*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p><u>Anti-emetic Drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627 J1456</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®) J0897</p> <p>Colony Stimulating Factors</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		J1449 Erythropoiesis-Stimulating Agents J0885 Please submit requests online by using the Prior Authorization and Notification tool UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance.	93319	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TNcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.		
Cardiovascular	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
		DX Not Req PA			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring: Inpatient video Electroencephalogram (EEG)	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
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	J9071	J9273	J9274	J9298
		J9331	J9332	J9359	
		Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642) , Lupron Depot (J1950) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
		A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech			
Cosmetic and reconstructive procedures	Prior authorization required	11960	14020*	14021*	14061*
		15820	15821	15822	15823
		15830	15847	15877	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901
67902	67903	67904	67906		
67908	67909	67911	67912		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
		*will NOT require prior auth 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 Orthotics and prosthetics.	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1130	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0008	K0013	K0108
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040	T1999	T5999
		V2786	V5274	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy,		B4102	B4103	B4104	B4149

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
either enteral or through a gastrostomy tube		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	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 BRCA	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
81238	81239	81240	81241		
81242	81243	81244	81245		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81271	81272	81273	81274
		81276	81278	81279	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81294	81295	81297
		81298	81300	81302	81303
		81304	81305	81306	81307
		81309	81310	81312	81313
		81314	81315	81316	81317
		81318	81319	81320	81321
		81322	81323	81324	81325
		81326	81327	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81349
		81350	81351	81352	81353
		81355	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81419	81420	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
81439	81440	81442	81445		
81448	81460	81465	81470		
81471	81479	81507	81518		
81519	81520	81521	81522		
81523	81546	81554	81595		
81599	87505	87506	87507		
87623	0001U	0004M	0006M		
0007M	0016U	0017U	0018U		
0022U	0023U	0026U	0027U		
0030U	0031U	0032U	0033U		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		0034U	0040U	0046U	0049U
		0055U	0060U	0070U	0071U
		0072U	0073U	0074U	0075U
		0076U	0084U	0087U	0088U
		0111U	0129U	0136U	0137U
		0154U	0155U	0157U	0158U
		0159U	0160U	0161U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0287U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0296U	0297U
	0298U	0299U	0300U	S3870	

Home- and community-based services (HCBS)
CHOICES and Employment and Community First CHOICES (ECF CHOICES)

For home- and community-based services (HCBS), please call UnitedHealthcare Community Plan directly at 800-690-1606 and request assistance with CHOICES or ECF CHOICES. Prior authorization is required for HCBS. Prior authorization, for each service, including description, amount, frequency and duration is determined by the individual's needs and is based on a full assessment of the individual's physical, mental and social needs as well as the availability and willingness of natural supports. The assessment process is

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	G0151	G0152	G0155*
		G0156*	G0157	G0158	G0159
		G0160	G0162	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			
**Codes do not require auth in TN					

Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Aldurazym®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Apretude™			
		J0739			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
Benlysta					
J0490					
Berinert®					
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura™					
J0567					
Briumvi®					
J2329					
Cabenuva™					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0741
		Cerezyme®
		J1786
		Cimerli®
		Q5128
		Cimzia®
		J0717
		Cinqair®
		J2786
		Cinryze®
		J0598
		Cortrophin Gel®
		J0802
		Crysvita®
		J0584
		Cutaquig®
		J1551
		Elaprase®
		J1743
		Elelyso®
		J3060
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Erythropoiesis Stimulating Agents
		J0885
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feraheme®
		Q0138
		Fensolvi®
		J1951
		Firmagon®
		J9155

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Fynetra®				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Lanreotide™				
	J1932				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
Korsuva®					
J0879					
Krystexxa®					
J2507					
Leqembi®					
J0174					
Lumizyme®					
J0221					
Lupron Depot®					
J1950					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	Lupron Depot, Eligard®			
	J9217			
	Luxturna™			
	J3398			
	Makena®		J1729	J2675
	J1726			
	Mepsevii®			
	J3397			
	Monoferic®			
	J1437			
	Naglazyme®			
	J1458			
	Nexviazyme®			
	J0219			
	Nplate®			
	J2796			
	Nucala®			
	J2182			
	Ocrevus™			
	J2350			
	Octreotide Acetate			
	J2354			
	Onpattro™			
	J0222			
	Orencia®			
	J0129			
	Oxlumo™			
	J0224			
Panzyga®				
J1576				
Parsabiv™				
J0606				
Probuphine®				
J0570				
Prolastin-C®				
J0256				
Prolia®				
J0897				
Radicava®				
J1301				
Reblozyl®				
J0896				
Releuko®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Q5125			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Revcovi®			
		J3590			
		Riabni™			
		Q5123			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Rolvedon®			
		J1449			
		Ruxience®			
		Q5119			
		Ruconest®			
		J0596			
		Ryplazim™			
		J2998			
		Sandostatin® LAR			
		J2353			
		Saphnelo™			
		J0491			
		Scenesse®			
		J7352			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
	J1602				
	Skrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Spevigo®				
	J1747				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Spinraza™				
	J2326				
	Spravato®				
	S0013				
	Stelara®				
	J3358				
	Stimufend®				
	Q5127				
	Sunlenca®				
	J1961				
	Supprelin® LA				
	J9226				
	Syfovre®				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tzield®				
	J9381				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes*				
	C9090	C9094	C9149	C9151	
	C9157	C9399	J3490	J3590	
	Uplizna®				
	J1823				
	VEGF				
	J0178	C9399	J0179	J2777	
	J2778	J2779	J3490	J3590	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Q5124			
	Viltepso™	J1427			
	Vimizim®	J1322			
	Vyepti™	J3032			
	Vyondys 53®	J1429			
	Vyvgart™	J9332			
	White blood cell colony-stimulating factors				
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
	Xembify®	J1558			
	Xenpozyme®	J0218			
	Xolair®	J2357			
	Zemaira®	J0256			
	Zoladex®	J9202			
	Zolgensma®	J3399			
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* For unclassified codes C9090, C9094, C9149, C9151, C9157, C9399, J3490, J3590 prior authorization is only required for Elevidys, Elfabrio, Lamzede, Qalsody, Vyjuvek			
		** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129			

Inpatient hospital services	<p>Prior authorization is required for these services:</p> <ul style="list-style-type: none"> Acute – medical, surgical, Level 2 through Level 4
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	nursery, maternity <ul style="list-style-type: none"> Rehabilitation Skilled nursing facility level of care Sub-acute 				
Inpatient admissions – post-acute services	Prior authorization and notification of admission date are required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities 				
Joint replacement	Prior authorization required				
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Musuloskeletal	Prior authorization required				
			Shoulder Surgery		
		23470	23472	23743	23474
Non-emergent air ambulance transport	Prior authorization required				
		A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Prior authorization required				
Treatment of maxillofacial/jaw functional impairment		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500				
		L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6050	L6055	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (continued)		L6100	L6110	L6120	L6130	
		L6200	L6205	L6250	L6300	
		L6310	L6320	L6350	L6360	
		L6370	L6380	L6382	L6384	
		L6400	L6450	L6500	L6550	
		L6570	L6580	L6582	L6584	
		L6586	L6588	L6590	L6621	
		L6623	L6624	L6646	L6648	
		L6686	L6687	L6689	L6690	
		L6692	L6693	L6694	L6695	
		L6696	L6697	L6704	L6707	
		L6708	L6709	L6711	L6712	
		L6713	L6714	L6715	L6880	
		L6881	L6882	L6883	L6884	
		L6885	L6895	L6900	L6905	
		L6910	L6915	L6920	L6925	
		L6930	L6935	L6940	L6945	
		L6950	L6955	L6960	L6965	
		L6970	L6975	L7007	L7008	
		L7009	L7040	L7045	L7170	
		L7180	L7181	L7185	L7186	
		L7190	L7191	L7405	L8040	
		L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609		
	L8610	L8612	L8631	L8659		
Outpatient hospital services (not listed elsewhere) Site of Service Program	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	Carpal tunnel surgery				
			64721			
		Cataract surgery				
			66821	66982	66984	
		Colonoscopy				
			45378	45380	45384	45385
		Cosmetic and reconstructive				
			13101	13132	14040	14060
			14301	21552	21931	
		Ear, nose and throat (ENT) procedures				
			21320	30140	30520	69436
			69631			
		Gynecologic procedures				
			57522	58353	58558	58563
			58565			
		Hernia repair				
			49505	49585	49587	49650
	49651	49652	49653	49654		
	49655					
Liver biopsy						
	47000					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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	55866	55873	55874
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	0697T 0712T	0698T 0713T	0710T	0711T
		Care providers 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TNcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal			
		29805	29806	29807	29819
		29820	29822	29823	29824

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		29825	29826	29827	29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Skilled nursing facilities	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
Sterilization	Prior authorization required	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58285	58290	58291	58292

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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58294	58541	58542	58543
58544	58548	58550	58552
58553	58554	58570	58571
58572	58573	58951	58953
58954	58956	59525	

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			

Transplants Prior authorization required For transplant and CAR T-Cell therapy services including **Abecma**® (Idecaptagene Cicleucel), **Breyanzi**® (Lisocabtagene Maralucecel), **Carvykti**™ (ciltacabtagene autoleucel), **Kymriah**™ (tisagenlecleucel) **Tecartus**™ (brexucabtagene autoleucel) and **Yescarta**™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232*	38240	38241	38242
44132	44133	44135	44136
44137	44715	44720	44721
47133	47135	47140	47141
47142	47143	47144	47145
47146	47147	48551	48552
48554	50300	50320	50323
50325	50340	50360	50365
50370	50547	S2060	S2061
S2152			

CAR T-Cell therapy:

0537T	0538T	0539T	0540T
C9081**	J3490**	J3590**	J9999**
Q2041	Q2042	Q2053	Q2054
Q2056			

*Code 38232 will only require prior authorization for an oncology diagnosis.

**For unclassified codes C9081, J3490, J3590 and J9999 prior authorization is only required for Abecma®

Gene therapy:

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		C9399*	J3490*	J3590*	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			