

Prior authorization requirements for UnitedHealthcare Community Plan of Tennessee

Effective October 1, 2026

General information

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

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

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Behavioral health services (cont.)	UnitedHealthcare Community Plan applies medical necessity criteria 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 • Enhanced Supported Housing • Support Housing • Family Support Services • Intensive Community-Based Treatment (CTT/CCFT/PA CT) • System of support • Transcranial magnetic	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization: J1434 J1442* J1447* J1448 J2468 J2506* J2820 Q5101* Q5108* Q5110* Q5111* Q5120* Q5122* Q5125* Q5136 Q5157 Q5158 Q5159			
	*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	Antiemetic Drugs J0185 J1453 J1454 J1456 J1627 Bone Modifying Agents J0897 Colony Stimulating factors J1449 Q5148 Erythropoiesis Stimulating Agents J0885			
		Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations,	0795T 0802T 33206 33213 33225	0796T 0803T 33207 33214 33227	0797T 0823T 33208 33221 33228	0801T 0825T 33212 33224 33229

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
electrophysiology implants and stress echoes prior to performance.		33230	33231	33240	33249
		33262	33263	33264	33270
		33274	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			

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 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 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	0569T	0570T	93580	
		DX not require prior authorization			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		S35.512A	T82.312A	T82.318A	T82.319A

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		T82.338A T82.898A I73.81	T82.392A I73.00	T82.398A I73.01	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	Prior authorization required	11960 15820 15830 17107 21138 21179 21183 21256 21295 28344 67902	14020* 15821 15847 17108 21139 21180 21184 21275 21740 30620 67903	14021* 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904	14061* 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
function		67908	67909	67911	67912
		67914	67915	67916	67917
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67921	67922	67923	67924
		67950	67961	67966	Q2026
		*will NOT require prior authorization when billed with skin cancer diagnoses			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008.			
Durable medical equipment (DME)	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see 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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These codes with the following DX codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
Genetic and molecular testing to include breast cancer (BRCA)	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
	Health care professionals requesting laboratory testing will be	81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439

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.)	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.	81440 81448 81455 81460 81465 81519 81523 81552 87505 0023U 0048U 0088U 0103U	81441 81449 81457 81462 81471 81520 81541 81558 87506 0026U 0050U 0094U 0111U	81443 81450 81458 81463 81479 81521 81542 81595 0018U 0037U 0055U 0101U 0114U	81445 81451 81459 81464 81518 81522 81546 81599 0022U 0047U 0087U 0102U 0118U
	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.	0129U 0179U 0213U 0217U 0238U 0245U 0268U 0272U 0277U 0286U 0291U 0300U 0319U 0355U 0388U 0398U 0426U 0465U 0475U 0483U 0493U 0504U 0509U 0536U 0543U 0562U S3865	0154U 0209U 0214U 0218U 0239U 0250U 0269U 0273U 0278U 0288U 0292U 0306U 0320U 0364U 0389U 0409U 0437U 0471U 0478U 0484U 0499U 0505U 0523U 0538U 0544U 0567U S3870	0170U 0211U 0215U 0233U 0242U 0258U 0270U 0274U 0282U 0289U 0293U 0307U 0326U 0378U 0391U 0417U 0444U 0473U 0480U 0485U 0500U 0506U 0529U 0539U 0552U 0571U S3870	0171U 0212U 0216U 0237U 0244U 0265U 0271U 0276U 0285U 0290U 0294U 0318U 0334U 0379U 0395U 0425U 0449U 0474U 0481U 0487U 0502U 0508U 0530U 0540U 0554U S3854
Home- and Community-Based Services (HCBS)	For HCBS, please call UnitedHealthcare Community Plan directly at 800-690-1606 and request assistance with CHOICES or ECF				
CHOICES and Employment					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
and Community First CHOICES (ECF CHOICES)	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			
		Alhemo			
		J7173			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP			
		J0256			
		Avlayah			
		J1757			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Avsola				
	Q5121				
	Avtozma				
	Q5156				
	Azmiro				
	J1072				
	Benlysta				
	J0490				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bildyos				
	Q5162				
	Bkemv				
	Q5152				
	Bosaya				
	Q5161				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura				
	J0567				
	Briumvi				
	J2329				
	Cerezyme				
	J1786				
	Cimerli				
	Q5128				
	Cimzia				
	J0717				
	Cinqair				
	J2786				
	Cinryze				
	J0598				
	Conexxence				
	Q5158				
	Cortrophin Gel				
	J0802				
	Cosentyx IV				
	J3247				
	Crysvita				
	J0584				
	Cutaquig				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1551
		Daxxify
		J0589
		Elaprase
		J1743
		Elelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Encelto
		J3403
		Enjaymo
		J1302
		Entyvio
		J3380
		Epysqli
		Q5151
		Evenity
		J3111
		Evkeeza
		J1305
		Exdensur
		J2361
		Exondys 51
		J1428
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Feraheme
		Q0138
		Fensolvi
		J1951
		Firmagon
		J9155
		Fynetra
		Q5130
		Gamifant
		J9210

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Gazyva				
	J9301				
	Givlaari				
	J0223				
	Glassia				
	J0257				
	Hyalgan, Supartz, Visco-3				
	J7321				
	Hymovis, Hymovis One				
	J7322				
	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Hympavzi				
	J7172				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Imaavy				
	J9256				
	Imuldosa IV				
	Q5098				
	Inflectra				
	Q5103				
	Injectafer				
	J1439				
	Itvisma				
	J3405				
	Izervay				
	J2782				
	IVIG				
	90283	90284	J1459	J1552	
	J1553	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Lanreotide				
	J1932				
	Lemtrada				
	J0202				
	Leqvio				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1306
		Loargys
		J1818
		Jubbonti
		Q5136
		Kalbitor
		J1290
		Kanum
		J2840
		Kisunla
		J0175
		Korsuva
		J0879
		Krystexxa
		J2507
		Lamzede
		J0217
		Leqembi
		J0174
		Lumizyme
		J0221
		Lupron Depot
		J1950
		Lupron Depot, Eligard
		J9217
		Lutrate Depot
		J1954
		Luxturna
		J3398
		Mepsevii
		J3397
		Monoferic
		J1437
		Naglazyme
		J1458
		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Ospomyv
		Q5159
		Osvyrti
		Q5166
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Panzyga
		J1576
		Papzimeos
		J3404
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolastin-C
		J0256
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Qalsody

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1304
		Qfitlia
		J7174
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Simponi Aria				
	J1602				
	Skrizi				
	J2327				
	Sodium hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris				
	J1299				
	Somatuline depot				
	J1930				
	Spevigo				
	J1747				
	Spinraza				
	J2326				
	Starjemza				
	Q5164				
	Stelara				
	J3358				
	Stimufend				
	Q5127				
	Steqeyma IV				
	Q5099				
	Stoboclo				
	Q5157				
	Supprelin LA				
	J9226				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Therapeutic Radiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9615	A9699			
	Tofidence				
	Q5133				
	Trelstar				
	J3315				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Tremfya IV				
	J1628				
	Triptodur				
	J3316				
	Truxima				
	Q5115				
	Tyenne				
	Q5135				
	Tzield				
	J9381				
	Ultomiris				
	J1303				
	Unclassified and temporary codes*				
	C9090	C9094	C9149	C9151	
	C9157	C9161	C9166	C9399	
	J3490	J3590			
	Uplizna				
	J1823				
	VEGF				
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5108 Q5122 Xembify J1558 Xenpozyme J0218 Xolair J2357 Yartemlea J1289 Yesintek IV Q5100 Zemaira J0256 Zoladex J9202 Zolgensma J3399	Q5110	Q5111	Q5120
		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, C9399, J3490, J3590 prior authorization is only required for Kebilidi, 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				
Inpatient admissions – post-acute services	Prior authorization and notification of admission date are required for these facilities providing				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	post-acute inpatient services:				
	- Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals - Long-term acute care hospitals - Skilled nursing facilities				
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip		27120	27125	27130	27132
and knee		27134	27137	27138	27412
replacement		27446	27447	27486	27487
procedures		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		21141	21142	21143	21145
maxillofacial/		21146	21147	21150	21151
jaw functional		21154	21155	21159	21160
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L5657
		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
		L6034	L6035	L6036	L6038
		L6039	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
Outpatient hospital services (not listed elsewhere) site of service program	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC)	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hernia repair			
		49505	49650	49651	
		Liver biopsy			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	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:	70336	70450	70460	70470
	- Certain CT, MRI, MRA and PET scans - Nuclear cardiology procedures	70471	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	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	75577

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		75580	75635	76376	76377
		76380	76390	76391	76497
		76498	77021	77046	77047
		77048	77049	77084	78429
		78430	78431	78432	78433
		78451	78452	78453	78454
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78608	78609	78811
		78812	78813	78814	78815
		78816	78830	0633T	0634T
		0635T	0636T	0637T	0638T
		0697T	0698T	0710T	0711T
		0712T	0713T	0742T	0865T
		0866T	70472	70473	G0235
		G0252	S8037	S8092	
	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 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 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 Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal			
		29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Skilled nursing facilities	Prior authorization required				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	0656T	0657T	0790T	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	22836	22837
		22838	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Sterilization	Prior authorization required	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58285
		58290	58291	58292	58294
		58541	58542	58543	58544
		58548	58550	58552	58553
		58554	58570	58571	58572
		58573	58951	58953	58954

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58956	59525		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Ryoncil, Tecartus, Lyfgenia, Skysona, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call the UnitedHealthcare Community Plan Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	Q2057
		S2060	S2061	S2152	
		CAR T-cell therapy:			
		C9081**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	Q2054
		Q2056	Q2058		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9081, J3490, J3590 and J9999, prior authorization is only required for Abecma®			
		Temporary and Unclassified codes:			
		C9399*	J3490*	J3590*	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
*Amtagvi, Kresladi, Lantidra					
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	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.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			