

# Prior Authorization Requirements for Tennessee Effective April 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Tennessee participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 800-743-6829; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Provider Forms > Prior Authorization Fax Request Form.

**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.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0316T 43648 43842 43848 64590	0317T 43659 43845 43860 95980	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	64721			
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Colonoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
<p><b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p> <p><b>For codes with an asterisk:</b></p> <p>Prior authorization required if performed in an outpatient hospital setting.</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>11960</p> <p>14040*</p> <p>15821</p> <p>15847</p> <p>17108</p> <p>21139</p> <p>21180</p> <p>21184</p> <p>21275</p> <p>21552*</p> <p>21931*</p> <p>67901</p> <p>67906</p> <p>67912</p> <p>67917</p> <p>67924</p> <p>Q2026</p>	<p>11971</p> <p>14060*</p> <p>15822</p> <p>15877</p> <p>17999</p> <p>21172</p> <p>21181</p> <p>21230</p> <p>21280</p> <p>21740</p> <p>28344</p> <p>67902</p> <p>67908</p> <p>67914</p> <p>67921</p> <p>67950</p>	<p>13101*</p> <p>14301*</p> <p>15823</p> <p>17106</p> <p>21137</p> <p>21175</p> <p>21182</p> <p>21235</p> <p>21282</p> <p>21742</p> <p>30620</p> <p>67903</p> <p>67909</p> <p>67915</p> <p>67922</p> <p>67961</p>	<p>13132*</p> <p>15820</p> <p>15830</p> <p>17107</p> <p>21138</p> <p>21179</p> <p>21183</p> <p>21256</p> <p>21295</p> <p>21743</p> <p>67900</p> <p>67904</p> <p>67911</p> <p>67916</p> <p>67923</p> <p>67966</p>
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b> .			
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>A9279</p> <p>E0266</p> <p>E0457</p> <p>E0620</p> <p>E0642</p> <p>E0675</p> <p>E0762</p> <p>E0984</p> <p>E1004</p> <p>E1008</p> <p>E1035</p> <p>E1231</p> <p>E1235</p> <p>E1239</p> <p>E2230</p> <p>E2325</p> <p>E2351</p> <p>E2599</p> <p>E2629</p> <p>K0008</p> <p>K0830</p>	<p>A9280</p> <p>E0270</p> <p>E0460</p> <p>E0636</p> <p>E0656</p> <p>E0700</p> <p>E0764</p> <p>E0986</p> <p>E1005</p> <p>E1009</p> <p>E1036</p> <p>E1232</p> <p>E1236</p> <p>E2100</p> <p>E2300</p> <p>E2327</p> <p>E2373</p> <p>E2626</p> <p>E2630</p> <p>K0013</p> <p>K0831</p>	<p>E0194</p> <p>E0300</p> <p>E0466</p> <p>E0638</p> <p>E0669</p> <p>E0710</p> <p>E0766</p> <p>E1002</p> <p>E1006</p> <p>E1010</p> <p>E1161</p> <p>E1233</p> <p>E1237</p> <p>E2227</p> <p>E2301</p> <p>E2329</p> <p>E2510</p> <p>E2627</p> <p>E8001</p> <p>K0108</p> <p>K0848</p>	<p>E0265</p> <p>E0445</p> <p>E0483</p> <p>E0641</p> <p>E0670</p> <p>E0745</p> <p>E0784</p> <p>E1003</p> <p>E1007</p> <p>E1030</p> <p>E1229</p> <p>E1234</p> <p>E1238</p> <p>E2228</p> <p>E2322</p> <p>E2331</p> <p>E2511</p> <p>E2628</p> <p>K0005</p> <p>K0812</p> <p>K0849</p>

Prior Authorization Requirements for Tennessee  
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes											
<b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5274 V5286	K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5281 V5287	K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5282 V5288	K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5283 V5290								
<b>Ear, nose and throat procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436								
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161								
<b>Experimental and investigational</b>	Prior authorization required	33477 61864 64555 66180 A9274 S1030	36514 61867 64722 95978 E0231 S1031	55866 61868 65765 A4638 E1831 S2102	61863 61886 65767 A6000 S0810								
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916									
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288								
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	These <b>surgical codes</b> with the following <b>DX codes</b> :  <table border="0"> <tr> <td><b>F64.0</b></td> <td><b>F64.1</b></td> <td><b>F64.2</b></td> <td><b>F64.8</b></td> </tr> <tr> <td><b>F64.9</b></td> <td><b>Z87.890</b></td> <td></td> <td></td> </tr> </table>		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>	<b>F64.9</b>	<b>Z87.890</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 15738 19303 53430 54690 56800 58661 64892	14001 15750 19304 54125 55175 56805 58720 64896	14041 15757 20926 54520 55180 57110 58940	15734 15758 53410 54660 56625 57335 64856								

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Gynecologic procedures</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	57522 58565	58353	58558	58563
<b>Hernia repair</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	49505 49651 49655	49585 49652	49587 49653	49650 49654
<b>Home- and community-based services</b>	<p>Prior authorization required for these services:</p> <ul style="list-style-type: none"> <li>• Adult care home</li> <li>• Adult day care</li> <li>• Assisted care living facility</li> <li>• Assistive technology</li> <li>• Attendant care</li> <li>• Community living supports</li> <li>• Community living supports – family model</li> <li>• Home-delivered meals</li> <li>• In-home respite</li> <li>• Inpatient respite</li> <li>• Minor home modification</li> <li>• Personal care visits</li> <li>• Personal emergency response system</li> <li>• Pest control</li> </ul>	<p>For home- and community-based services, please call Tennessee CHOICES directly at <b>877-552-8106</b> or the notification number on the back of the member's health plan ID card.</p>			
<b>Home health care</b>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	99503 G0160 G0494 S9123	G0157 G0299 G0495 S9124	G0158 G0300 G0496 S9474	G0159 G0493 S9122
<b>Hospice</b>	<p>Prior authorization required</p> <p>Prior authorization requirements don't apply to Tennessee Long-Term Care</p>	T2044	T2045		
<b>Injectable medications</b>	<p>Prior authorization required</p>	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585      J0586      J0587      J0588</p> <p><b>Brineura™</b> C9014</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®</b></p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Injectable medications (cont'd)</b>		<p>J3060</p> <p><b>Exondys 51™</b> J2326</p> <p><b>Ilaris®</b> J0638</p> <p><b>IVIG</b> 90283    90284    J1459    J1555 J1556    J1557    J1559    J1561 J1566    J1568    J1569    J1572 J1575    J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Makena®</b> J1726    J1729    J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Probuphine®</b> J0570</p> <p><b>Radicava®</b> C9493</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> J1428</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified code**</b> C9399    J3490    J3590</p> <p><b>Xolair®*</b> J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		<p><i>Review at Launch Medication List.</i> Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Acthar®, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasenna™, Luxturna™ and Radicava.</b></p>			
<b>Inpatient hospital services</b>	<p>Prior authorization required for these services:</p> <ul style="list-style-type: none"> <li>Acute – medical, surgical, Level 2 through Level 4 nursery, maternity</li> <li>Rehabilitation</li> <li>Skilled nursing facility level of care</li> <li>Sub-acute</li> </ul>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
<b>Liver biopsy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	47000			
<b>Miscellaneous</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Ophthalmologic</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1836 L1846 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1830 L1840 L1847 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1831 L1844 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1845 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5702 L5718 L5728 L5811 L5818 L5828 L5858 L5961 L5973 L5981 L5988 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L5703 L5722 L5780 L5812 L5822 L5830 L5930 L5964 L5976 L5982 L5990 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5706 L5724 L5790 L5814 L5824 L5848 L5950 L5966 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5716 L5726 L5795 L5816 L5826 L5857 L5960 L5968 L5980 L5987 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610
<p><b>Personal care service</b></p>	<p>Prior authorization required</p>	<p>S5125 T1019</p>			
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	<p>T1000 T1002 T1003</p>			
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	<p>77520 77522 77523 77525</p>			



**Prior Authorization Requirements for Tennessee  
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Skilled nursing facilities</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
<b>Sterilization</b>	Prior authorization required	58150 58240 58285 58293 58543 58552 58571	58180 58260 58290 58294 58544 58553 58572	58200 58262 58291 58541 58548 58554 58573	58210 58270 58292 58542 58550 58570 58951

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sterilization (cont'd)</b>		58953 59525	58954	58956	59135
<b>Tonsillectomy and adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	42820 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	43235	43239	43249	
<b>Urologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	50590 52224 52281 52352 55040	52000 52234 52310 52353 55700	52005 52235 52332 52356 57288	52204 52260 52351 54161
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerve	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
<b>Vein procedures</b> 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 37700	36473 37718	36475 37722	36478 37780
<b>Wound vac</b>	Prior authorization required	E2402			

### Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<b>Behavioral health services</b>	<p>Prior authorization required for voluntary psychiatric hospitalizations and other behavioral-related requests</p> <p>Prior authorization not required for involuntary psychiatric hospitalizations. <b>However, care providers <u>must</u> submit documentation supporting inpatient psychiatric hospitalization for involuntary admissions the next business day.</b> Per our Contractor Risk Agreement (CRA), UnitedHealthcare Community Plan applies medical necessity criteria after the first 24 hours of an involuntary admission.</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 Tennessee Medicaid Administrative Guide at <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Provider Information &gt; Provider Manuals &gt; Tennessee Medicaid Administrative Manual &gt; Chapter II, section C1.</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services (cont'd)	<p><b><u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Inpatient – detoxification</li> <li>• Inpatient – psychiatric</li> <li>• Psychiatric residential treatment</li> <li>• Substance abuse residential detoxification</li> <li>• Substance abuse residential treatment – residential rehabilitation</li> </ul> <p><b><u>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Applied behavioral analysis (ABA)</li> <li>• Electroconvulsive therapy (ECT)</li> <li>• Enhanced Supported Housing</li> <li>• Family Support Services</li> <li>• Intensive Community-Based Treatment (CTT/CCFT/PACT)</li> <li>• Outpatient detoxification and rehabilitation</li> <li>• Psychological testing</li> <li>• Suboxone</li> <li>• Supported housing</li> <li>• Transcranial magnetic stimulation</li> </ul>	
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Tennessee &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</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</li> </ul>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Chemotherapy (cont'd)		<p>Healthcare Common Procedure Coding System (HCPCS) code</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>
Colony stimulating factor drugs	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b>Injectable colony stimulating factor drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers 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 app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Tennessee &gt; Radiology &gt; CPT Code List.</p>

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<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td>Q2040</td><td></td></tr> </table>	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	50380	50547	S2060	S2061	S2152			38206	38999	J3490	J9999	M0075	S2107	Q2040	
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<p><b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>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 <b>855-282-8929</b>.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
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