

# Prior Authorization Requirements for Tennessee Effective April 1, 2017



## 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:** [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 800-743-6829; fax form is available at [UHCCommunityPlan.com](http://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>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<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	20974 E0748	20975 E0749	20979 E0760	E0747
<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>Cardiovascular</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	36561	36590		
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if	64721			

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<b>Carpal tunnel surgery (cont'd)</b>	performed at a participating ambulatory surgery center				
<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
<b>Colonoscopy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	45378	45380	45384	45385
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required  <b><u>For codes with an asterisk:</u></b>  Prior authorization required if performed in an outpatient hospital setting.  Prior authorization not required if performed at a participating ambulatory surgery center	11960 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966
<b>Durable medical equipment (DME): more than \$500</b> DME 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  Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	A9279 E0193 E0270 E0304 E0457 E0470 E0485	A9280 E0194 E0277 E0328 E0460 E0471 E0486	A9900 E0265 E0300 E0329 E0465 E0472 E0601	A9999 E0266 E0302 E0445 E0466 E0483 E0620

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><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</p>		E0636 E0642 E0656 E0670 E0710 E0766 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 V5274	E0637 E0650 E0667 E0673 E0745 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999 V5281	E0638 E0651 E0668 E0675 E0762 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 T5999 V5282	E0641 E0652 E0669 E0700 E0764 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V2786 V5283

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		V5286	V5287	V5288	V5290								
<b>Ears, nose and throat (ENT) 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 62264 64555 66180 95978 A9276 E1831 S1040	36514 61867 62290 64722 95965 A4638 A9277 S0810 S2102	55866 61868 62291 65765 95966 A6000 A9278 S1030	61863 61886 62292 65767 95967 A9274 E0231 S1031								
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916									
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287								
<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 14041 15750 19304 54125 55175 56805 58720 64896	14001 14302 15757 20926 54520 55180 57110 58940	14020 15734 15758 53410 54660 56625 57335 64856	14021 15738 19303 53430 54690 56800 58661 64892								

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 day care</li> <li>• Adult care home</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 services</b>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	99503 G0155 G0159 G0163 S9122 S9128	G0151 G0156 G0160 G0164	G0152 G0157 G0161 G0299 S9124 S9131	G0153 G0158 G0162 G0300 S9127 S9474
<b>Hospice</b>	<p>Prior authorization required</p> <p>Prior authorization requirements do not apply to TN LTC</p>	T2044	T2045		
<b>Incontinence supplies</b>	<p>Prior authorization required after 200 units per month</p>	A4554 T4524 T4528 T4532 T4541	T4521 T4525 T4529 T4533 T4542	T4522 T4526 T4530 T4534 T4543	T4523 T4527 T4531 T4535

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications	Prior authorization required	<p><b>Acthar</b> J0800</p> <p><b>Botox</b> J0585    J0586    J0587    J0588</p> <p><b>Cerezyme</b> J1786</p> <p><b>Cinqair</b> J2786</p> <p><b>Elelyso</b> J3060</p> <p><b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599</p> <p><b>Makena</b> J1725    J2675</p> <p><b>Nucala</b> J2182</p> <p><b>Probuphine</b> J0570</p> <p><b>Synagis*</b> 90378</p> <p><b>Unclassified code**</b> J3490    J3590</p> <p><b>Xolair*</b> J2357</p> <p><small>*Please obtain prior notification for Acthar, Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</small></p> <p><small>**For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.</small></p>

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<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>• Sub-acute</li> <li>• Rehabilitation</li> <li>• Skilled nursing facility level of care</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	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	30465
<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 member's home	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

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>		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1812	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	L2128	L2136	L2350
		L2510	L2525	L2526	L2627
		L2628	L2999	L3000	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3212	L3213
		L3214	L3215	L3216	L3217
		L3219	L3221	L3222	L3230
		L3250	L3251	L3252	L3253
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3765	L3766	L3900
		L3901	L3904	L3905	L3961
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	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	L5611	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5645
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5681	L5682	L5683	L5700
		L5701	L5702	L5703	L5705
		L5706	L5707	L5716	L5718
		L5722	L5724	L5726	L5728



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>		L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659	L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623
<p><b>Outpatient therapy - speech</b></p>	<p>Prior authorization required after evaluation</p>	92507 92523	92508 92524	92521 92526	92522 S9152
<p><b>Personal care service</b></p>	<p>Prior authorization required</p>	S5125	T1019		
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	T1000	T1002	T1003	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sterilization</b>	Prior authorization required	58150 58240 58267 58285 58293 58543 58552 58571 58953 59525	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956	58210 58263 58280 58292 58542 58550 58570 58951 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
<p><b>Behavioral health services</b></p>	<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 must 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><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>• Electro convulsive therapy (ECT)</li> <li>• Enhanced supported housing</li> <li>• Home-based treatment</li> <li>• Intensive outpatient (IOP) – prior authorization required after 20 sessions</li> <li>• Mental health care coordination</li> <li>• Mental health case management -- Level I team only (CTT/CCFT/PACT)</li> <li>• Outpatient detoxification and rehabilitation</li> <li>• Partial hospitalization (PHP) – prior authorization required after 15 sessions</li> <li>• Psychological testing</li> <li>• Suboxone</li> <li>• Supported housing</li> </ul>	<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>UHCCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Prior Authorization &gt; Manuals &gt; Tennessee Medicaid Administrative Guide &gt; Chapter II-4</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<p><b>Cardiology</b></p>	<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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Cardiology Notification &amp; Authorization – Submission &amp; Status, 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>
<p><b>Chemotherapy</b></p>	<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><u>Injectable chemotherapy drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>
<p><b>Radiology</b></p>	<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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, 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>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																												
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant services, 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 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>	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		
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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 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>0051T</td> <td>0052T</td> <td>0053T</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>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																
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