

Prior Authorization Requirements for Tennessee Effective July 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 > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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			
Abdominal paracentesis	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49083			
Bariatric surgery 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) 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
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	64721			
Cataract surgery	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	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<p>Colonoscopy</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>	45378	45380	45384	45385
<p>Cosmetic and reconstructive 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><u>For codes with an asterisk:</u></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 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026</p>	<p>11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950</p>	<p>13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961</p>	<p>13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966</p>
<p>Durable medical equipment (DME): more than \$500 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 E0193 E0270 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0670 E0710 E0766 E0786 E0986 E1005</p>	<p>A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0650 E0667 E0673 E0745 E0782 E0947 E1002 E1006</p>	<p>A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0668 E0675 E0762 E0783 E0948 E1003 E1007</p>	<p>A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0669 E0700 E0764 E0784 E0984 E1004 E1008</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		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 V5286	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 V5287	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 V5288	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 V5290
<p>Ear, nose and throat procedures</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>	21320 69631	30140	30520	69436

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes											
Enteral services 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								
Experimental and investigational	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								
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916									
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287								
Gender dysphoria treatment	Prior authorization required	55970	55980	These surgical codes with the following DX codes : <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890		
F64.0	F64.1	F64.2	F64.8										
F64.9	Z87.890												
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563								
Hernia repair	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654								

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home- and community-based services	<p>Prior authorization required for these services:</p> <ul style="list-style-type: none"> • Adult care home • Adult day care • Assisted care living facility • Assistive technology • Attendant care • Community living supports • Community living supports – family model • Home-delivered meals • In-home respite • Inpatient respite • Minor home modification • Personal care visits • Personal emergency response system • Pest control 	<p>For home- and community-based services, please call Tennessee CHOICES directly at 877-552-8106 or the notification number on the back of the member's health plan ID card.</p>			
Home health care	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	<p>99503 G0155 G0159 G0299 G0495 S9124 S9131</p>	<p>G0151 G0156 G0160 G0300 G0496 S9127 S9474</p>	<p>G0152 G0157 G0161 G0493 S9122 S9128</p>	<p>G0153 G0158 G0162 G0494 S9123 S9129</p>
Hospice	<p>Prior authorization required</p> <p>Prior authorization requirements don't apply to Tennessee Long-Term Care</p>	<p>T2044 T2045</p>			
Injectable medications	<p>Prior authorization required</p>	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Ellelyso® J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																												
Injectable medications (cont'd)		<p>Makena® J1725 J2675</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Synagis®* 90378</p> <p>Unclassified code** J3490 J3590</p> <p>Xolair®* J2357</p> <p>*Please obtain prior notification for Acthar®, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.</p>																												
Inpatient hospital services	<p>Prior authorization required for these services:</p> <ul style="list-style-type: none"> • Acute – medical, surgical, Level 2 through Level 4 nursery, maternity • Rehabilitation • Skilled nursing facility level of care • Sub-acute 																													
<p>Joint replacement Joint, total hip and knee replacement procedures</p>	Prior authorization required	<table border="0"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td>J7330</td> <td>S2112</td> </tr> </table>	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
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																											
Liver biopsy	<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																												
Miscellaneous	<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																												

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Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Ophthalmologic	Prior authorization required if performed in an outpatient hospital setting	65426 66761 67228	65730 67028 67311	65855 67036 67312	66170 67040
Orthognathic surgery 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 30465
Orthotics and prosthetics: more than \$500 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 L1831 L1840 L1847 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1812 L1832 L1844 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1820 L1834 L1845 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1830 L1836 L1846 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		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	L5780	L5781	L5782
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		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	L6026	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8609
		L8610	L8612	L8631	L8659
		V2623	V2627		
Outpatient therapy – speech	Prior authorization required after evaluation	92507	92508	92521	92522
		92523	92524	92526	S9152
Personal care service	Prior authorization required	S5125	T1019		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Skilled nursing facilities	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
Spinal surgery (cont'd)		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		
		63180	63182	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	64553	64570		
		Sterilization	Prior authorization required	58150	58180	58200	58210
				58240	58260	58262	58263
		58267	58270	58275	58280		
		58285	58290	58291	58292		
		58293	58294	58541	58542		
		58543	58544	58548	58550		
		58552	58553	58554	58570		
		58571	58572	58573	58951		
		58953	58954	58956	59135		
		59525					
Tonsillectomy and adenoidectomy	Prior authorization required if performed in an outpatient hospital setting	42820	42821	42825	42826		
	Prior authorization not required if performed at a participating ambulatory surgery center	42830					
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249			
	Prior authorization not required if performed at a participating ambulatory surgery center						
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204		
		52224	52234	52235	52260		
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351		
		52352	52353	52356	54161		
		55040	55700	57288			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerve	Prior authorization required	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688
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 37780
Wound vac	Prior authorization required	E2402

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	<p>Prior authorization required for voluntary psychiatric hospitalizations and other behavioral-related requests</p> <p>Prior authorization not required for involuntary psychiatric hospitalizations. However, care providers <u>must</u> 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.</p> <p><u>Inpatient and residential services for mental health and substance abuse that require prior authorization:</u></p> <ul style="list-style-type: none"> • Inpatient – detoxification • Inpatient – psychiatric • Psychiatric residential treatment • Substance abuse residential detoxification • Substance abuse residential treatment – residential rehabilitation <p><u>Mental health and substance abuse ambulatory (OP) services that require prior authorization:</u></p> <ul style="list-style-type: none"> • Applied behavioral analysis (ABA) • Electroconvulsive therapy (ECT) • Enhanced Supported Housing 	<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 UHCCCommunityPlan.com > For Health Care Professionals > Provider Information > Provider Manuals > Tennessee Medicaid Administrative Manual > 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)	<ul style="list-style-type: none"> • Family Support Services • Intensive Community-Based Treatment (CTT/CCFT/PACT) • Outpatient detoxification and rehabilitation • Psychological testing • Suboxone • Supported housing • Transcranial magnetic stimulation 	
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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Tennessee > Cardiology > 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><u>Injectable chemotherapy drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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 <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p>
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans 	<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 UnitedHealthcareOnline.com ></p>

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																												
<p>Radiology (cont'd)</p>	<ul style="list-style-type: none"> Nuclear medicine and nuclear cardiology procedures 	<p>Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Tennessee > Radiology > CPT Code List.</p>																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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>	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>Ventricular assist devices (VAD) 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 855-282-8929.</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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