

# Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid Plan)

Effective April 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Connected TX (Medicare-Medicaid plan) inpatient and outpatient services.

## Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 877-940-1972.** The fax form is available at [UHCprovider.com/TXcommunityplan](https://UHCprovider.com/TXcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Forms

**Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by and In-Network provider for all procedures and services, excluding emergent or urgent care**

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Behavioral Health Services</b>					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services.
<b>Bone Growth Stimulator</b>		20974 20979	20975	Jan. 1, 2015	
<b>BRCA Genetic Testing</b>		81163	81164	Jan. 1, 2019	

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<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.
		19325	L8600		
		19355			
<b>Cardiology</b>		0571T	0614T	June 1, 2021	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call <b>866-889-8054</b> .
		33270		Oct. 1, 2016	
		33206	33207	Jan. 1, 2015	
		33208	33212		
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93350		
		93351	93452		
		93453	93454		
		93455	93456		
	93457	93458			
	93459	93460			
	93461				
<b>Cardiovascular</b>		37230	37231	Feb 1, 2023	Prior authorization required for members age 18 and older
	Cardiology	93580		April 1, 2022	
		33285		Feb. 1, 2022	
		E0616		July 1, 2017	
<b>Cartilage Implants</b>		27415	27416	July 1, 2021	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69729	69730		Jan. 1, 2023	
	69710	69711			
	69714	69799		Jan. 1, 2015	
	69930	92601			
	92602	92603			
	92604	L8614			
	L8619	L8690			
	L8691	L8692			
<b>Continuous Glucose Monitor</b>	E2102			Feb. 1, 2023	
	A4238	E2103	Type 2	Jan. 1, 2023	
	A4239		Diabetes DX		
	A9276	A9277		Oct. 1, 2021	
	A9278				
<b>Cosmetic &amp; Reconstructive Procedures</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	14020	14021		July 1, 2021	
	14060	14061			
	31299				
	31298			Oct. 1, 2018	
	21299	31295		July 1, 2017	
	31296	31297			
	11951	11950		Jan. 1, 2015	
	11954	11952			
	11971	11960			
	15776	15775			
	15781	15780			
	15783	15782			
	15787	15786			
	15789	15788			
	15793	15792			
	15820	15819			
	15822	15821			
	15824	15823			
	15826	15825			
	15829	15828			
	15832	15830			
	15834	15833			
	15836	15835			
	15838	15837			
	15847	15839			
	15878	15877			
	17106	15879			
	17108	17107			
	17999	17380			
	21172	19300			
	21179	21175			
	21181	21180			
21183	21182				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive Procedures (cont.)</b>		21230	21184		
		21256	21235		
		21261	21260		
		21267	21263		
		21270	21268		
		21740	21275		
		21743	21742		
		30120	28344		
		30545	30540		
		30620	30560		
		67900	40500		
		67902	67901		
		67904	67903		
		67908	67906		
		67912	67909		
		67961	67950		
		69090	67966		
		69320	69300		
			Q2026		

**Durable Medical Equipment (DME) – Incontinence Supplies**

Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call **866-295-2319**.

To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at **800-349-0550**.

<b>Durable Medical Equipment (DME)</b>	E0766	E2609		July 1, 2021	Prior authorization is required regardless of billed amount.
	E2617	E8001			
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1239	K0813		July 1, 2017	
	K0814	K0815			
	K0816	K0820			
Some home health care services may qualify but are not subject to the cost threshold – see Home health care	K0828	K0829			
	K0835	K0837			
	K0838	K0839			
	K0841	K0842			
	K0843	K0857			
	K0859	K0869			
	K0870	K0871			
	K0877	K0878			
	K0879	K0880			
	K0884	K0885			
	K0886	K0890			
	K0891	K0898			
	K0899				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		E0466	E1230	Jan. 1, 2015	
		E2310	E2311		
		E2321	K0800		
		K0801	K0802		
		K0806	K0808		
		K0821	K0822		
		K0823	K0824		
		K0825	K0826		
		K0827	K0836		
		K0840	K0848		
		K0849	K0850		
		K0851	K0852		
		K0853	K0854		
		K0855	K0856		
		K0858	K0860		
		K0861	K0862		
		K0863	K0864		
		E0787		May 1, 2020	
		E0170	E0316	July 1, 2017	
		E0328	E0329		
		E0635	E0373		
		E0639	E0462		
		E0642	E0618		
		E0983	E0636		
		E1017	E0640		
		E1029	E0740		
		E1036	E0970		
		E1050	E0988		
		E1084	E1020		
		E1086	E1035		
		E1089	E1037		
		E1110	E1070		
		E1171	E1085		
		E1180	E1087		
	E1195	E1100			
	E1222	E1170			
	E1227	E1172			
	E1229	E1190			
	E1270	E1200			
	E1295	E1224			
	E1297	E1228			
	K0037	E1231			
	K0044	E1280			
	K0047	E1296			
	K0051	E1298			
	K0065	K0020			
	K0073	K0039			
		K0046			
		K0050			
		K0056			
		K0072			
		K0098			
		K0455			
	A9900	A9999	Jan. 1, 2015		
	B9999	E0194			
	E0277	E0300			
	E0302	E0304			
	E0486	E0483			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		E0670	E0638		
		E0693	E0692		
		E0745	E0694		
		E0764	E0762		
		E0986	E0784		
		E1003	E0984		
		E1005	E1002		
		E1007	E1004		
		E1009	E1006		
		E1011	E1008		
		E1030	E1010		
		E1232	E1018		
		E1234	E1161		
		E1236	E1233		
		E1238	E1235		
		E1399	E1237		
		E1801	E1800		
		E1805	E1802		
		E1811	E1810		
		E1815	E1818		
		E1825	E1830		
		E1840	E2227		
		E2312	E2322		
		E2325	E2327		
		E2328	E2329		
		E2330	E2376		
		E2402	E2500		
		E2502	E2504		
		E2506	E2508		
		E2510	E2511		
		E2512	K0005		
		K0007	K0108		
		K0730	L5000		
		L3999	Q0480		
		L5999	Q0482		
		Q0479	Q0484		
		Q0481	Q0495		
		Q0483	Q0503		
		Q0489	T1999		
		Q0496			
	S1040				
	V2786				
<b>Enteral Services</b>		B4100	B4103	Jan. 1, 2015	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4104			
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		A4226		May 1, 2020	
		22867	22869	Jan. 1, 2017	
		33477		March 1, 2016	
		0054T	0055T	Jan. 1, 2015	
		0100T	0101T		
		0102T	0106T		
		0107T	0108T		
	0109T	0110T			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Experimental &amp; Investigational (and/or Linked Services) (cont.)</b>		0174T	0175T		
		0191T	0198T		
		0200T	0201T		
		0207T	0213T		
		0214T	0215T		
		0216T	0217T		
		0218T	0253T		
		0263T	0264T		
		0265T	0266T		
		0267T	0268T		
		0269T	0270T		
		0271T	0272T		
		0273T	0274T		
		0275T	20985		
		22505	25259		
		27275	27860		
		28446	29880		
		31634	43257		
		53855	53860		
		54240	55840		
		58353	58356		
		58563	62263		
		62264	62290		
		62291	62292		
		64566	64722		
		64744	65765		
		65767	66180		
		78351	82523		
		85547	90867		
		90868	90869		
		91117	91132		
		91133	93668		
		94011	94012		
		94013	95250		
		95251	95905		
		95965	95966		
		95967	96000		
		96001	96003		
		96004	96902		
		99174	A4575		
	A4638	A9274			
	E1831	G0295			
	G0329	G0341			
	G0342	G0343			
	G9147	P2033			
	P2038	S2325			
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	July 1, 2017	
		29916			

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<b>Gender Dysphoria Treatment</b>		55970	55980		Jan. 1, 2017	Prior authorization is required for these codes with any DX.
		14000	14001	Gender Dysphoria Treatment DX Codes	Jan. 1, 2017	Prior authorization is only required for these codes with these DX codes.
		14041	15734			
		15738	15750			
		15757	15758			
		19303	21899			
		31599	31899			
		53410	53420			
		53425	53430			
		54125	54400			
		54401	54405			
		54408	54520			
		54660	54690			
		55175	55180			
		56625	56800			
		56805	57106			
		57110	57291			
		57292	57295			
		57296	57335			
		57426	58661			
	58720	58940				
	64856	64892				
	64896	92507				
	92508					
<b>Hysterectomy – Inpatient Only</b> Vaginal hysterectomies		58260	58262		July 1, 2017	
		58263	58267			
		58270	58290			
		58291	58292			
		58294				
<b>Hysterectomy – Inpatient and Outpatient Procedures</b> Abdominal and laparoscopic surgeries		58150	58152		July 1, 2017	
		58180	58541			
		58542	58543			
		58544	58550			
		58552	58553			
		58554	58570			
		58571	58572			
	58573					
<b>Injectable Medications</b>	Daxxify®	J0589			April 1, 2024	
	Izervay®	J2782				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (cont.)	Elevidys®	J1413		Jan. 1, 2024		
	Qalsody®	J1304				
	Rystiggo®	J9333				
	Vyjuvek®	J3401				
	Vyvgart Hytrulo®	J9334				
	Syfovre®	J2781			Oct. 1, 2023	
	Vyepti®	J3032				
	Leqembi®	J0174			July 25, 2023	
	Panzyga®	J1576			July 1, 2023	Do Not Start Case – Direct Provider using the information below:
	Hemgenix®	J1411			April 1, 2023	
	Spevigo®	J1747				
	Cutaquig®	J1551			Aug 1, 2022	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into <a href="https://UHCprovider.com">UHCprovider.com</a> and follow this pathway:
	Apretude™	J0739			July 1, 2022	
	Leqvio®	J1306				
	Entyvio™	J3380				
	Ocrevus™	J2350				
	Orencia™	J0129				
	Ryplazim™	J2998				
	Vyvgart™	J9332				
	Saphnelo™	C9086			Jan. 1, 2022	
	Evkeeza™	J1305			Oct. 1, 2021	
	Oxlumo™	J0224			July 1, 2021	For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): <b>1-888-397-8129</b>
					Jan. 1, 2021	
	Uplizna™	J1823				
	Tepezza®	J3241			Oct. 1, 2020	
	Adakveo®	J0791			July 1, 2020	
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Zolgensma®	J3399				
	Onpattro™	J0222			Oct. 1, 2019	
	Ultomiris™	J1303				
	Soliris®	J1300			July 1, 2019	
Crysvita®	J0584			Jan. 1, 2019		
Luxturna™	J3398					
Radicava®	J1301					
Spinraza™	J2326			April 1, 2018		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Injectable Medications Temporary and Unclassified</b>	Adzynma®	C9167 J3590	J3490	April 1, 2024	
	OmvoH®	C9168 J3590	J3490		
	Tziel®	C9149		April 1, 2023	
	Amvuttra™	C9399 J3590	J3490	Aug 1, 2022	

**Inpatient Admissions**

Notification required

**Inpatient Admissions  
Post-Acute Services:**

Prior authorization and notification of admission date is required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Submit prior authorization requests through naviHealth as part of the Continued Care program.

Phone: **855-851-1127**

Fax: **844-244-9482**

The Continued Care Program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they're discharged from the

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					acute setting to returning home. <b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home
<b>Joint Replacement</b>		23470	23472	Jan. 1, 2015	
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		26340	27120		
		27122	27125		
		27130	27132		
		27134	27137		
		27138	27412		
		27445	27446		
		27447	27486		
		27487	29866		
		29867	29868		
		G0428	J7330		
<b>Non-Emergent Air Transport</b>		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
<b>Non-Emergent Air Ambulance Transport</b>		A0424		Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0398	A0420	April 1, 2016	
		A0422	A0424		
		A0425	A0426		
		A0428	A0433		
		A0434			
		A0382		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment		21120	21121	Jan. 1, 2015	
		21122	21123		
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21210	21215		
		21240	21242		
		21243	21244		
		21245	21246		
	21247	21248			
	21249	21255			

<b>Orthopedic Surgeries</b>		24365	25441	July 1, 2021	
		25442	25444		
		25446	25449		
		27700	29834		
		29837	29838		
		29840	29844		
		29845	29846		
		29847	29891		
		29892	29894		
		29895	29897		
		29898	29899		

**Orthotics**

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Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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		L3020	L1846	Jan. 1, 2015	Prior authorization is required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
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<b>Outpatient Therapy</b>		S9128		Jan. 1, 2018	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.
	70371	92507		July 1, 2017	
	92508	92626			
	92627	92630			
	92633	96105			
	97024	97032			Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification.
	97035	97036			
	97139	97150			
	97164*	97168*			
	97530	97533			
	97535	97537			
	97542	97545			
	97546	97750			
	97755	97760			
	97761	G0151			*Prior authorization is not required for nursing facilities.
		G0152	G0283		
	S9129	S9131			
	S9152				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		92526	97012	Jan. 1, 2015	
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
		97140	97799		
		G0129	G0281		
	OR billed with these revenue codes:	419	420		** Prior authorization is required for nursing facilities only.
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		
		978			
<b>Pain Management</b>		62350	62351	July 1, 2021	
		62360	62361		
		62362			
<b>Potentially Unproven Services (and/or Linked Services)</b>		33289	C2624	April 1, 2023	
		28890	36514	Jan. 1, 2015	
		64405			
<b>Prostate Procedures</b>		53850	53852	April 1, 2022	
		55873			
		37243	52441	July 1, 2021	
		52442	55874		
		55866		Jan. 1, 2017	
<b>Prosthetics</b>		L5795	L5818	July 1, 2017	Prior authorization is required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
		L5960	L7499		
		L6895	L8049		
		L8039	L8604		
		L8505			
		L8699			
		L5010	L5020	Jan. 1, 2015	
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (cont.)		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5500	L5505		
		L5510	L5520		
		L5530	L5540		
		L5560	L5570		
		L5580	L5590		
		L5595	L5600		
		L5610	L5611		
		L5613	L5614		
		L5616	L5639		
		L5643	L5649		
		L5651	L5681		
		L5683	L5700		
		L5701	L5702		
		L5703	L5707		
		L5724	L5726		
		L5728	L5780		
		L5781	L5782		
		L5814	L5822		
		L5824	L5826		
		L5828	L5830		
		L5840	L5845		
		L5848	L5856		
		L5857	L5858		
		L5930	L5961		
		L5966	L5968		
		L5973	L5976		
		L5979	L5980		
		L5981	L5987		
		L5988	L5990		
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
		L6590	L6621		
		L6624	L6638		
		L6646	L6648		
		L6693	L6696		
	L6697	L6707			
	L6709	L6712			
	L6713	L6714			
	L6715	L6721			
	L6722	L6880			
	L6881	L6882			
	L6883	L6884			
	L6885	L6900			
	L6905	L6910			
	L6920	L6925			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
		L8035	L8041		
		L8042	L8043		
		L8044	L8499		
		L8609	L8629		
		L8631	L8659		
		V2627			
<b>Psychological Testing</b>		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
<b>Radiology</b>		78429	78430	Jan. 1, 2021	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		78431	78432		
		78433			
		78830	78831	Jan. 1, 2020	<p>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call <b>866-889-8054</b>.</p> <p>For more details, please visit <a href="https://UHCprovider.com">UHCprovider.com</a> /TX &gt; CommunityPlan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>
		78832			
		76376	76377	Jan. 1, 2015	
		78012	78013		
		78014	78015		
		78016	78018		
		78070	78071		
		78072	78075		
		78099	78226		
		78199	78299		
		78227	78399		
		78492	78459		
		78579	78491		
		78582	78499		
		78598	78580		
		78608	78597		
		78699	78599		
		78799	78609		
		78801	78800		
		78803	78802		
		78811	78804		
		78813	78812		
		78815	78814		
		78999	78816		



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<b>Rhinoplasty and Septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465	30520		
<b>Sleep Apnea Procedures &amp; Surgeries</b>		21685	41512	Jan. 1, 2015	
		41599	42145		
		42299			
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
<b>Spinal Surgery</b>		22510	22511	April 1, 2022	
		22512	22513		
		22514	22515		
		20930	20931	July 1, 2021	
		20939	22854		
		22858			
		0163T	0098T	Jan. 1, 2015	
		0165T	0202T		
		0219T	0220T		
		0221T	0222T		
		0232T	22100		
		22101	22102		
		22103	22110		
		22112	22114		
		22116	22206		
		22207	22208		
		22210	22212		
		22214	22216		
		22220	22222		
		22224	22226		
		22526	22527		
		22532	22533		
		22534	22548		
		22551	22552		
		22554	22556		
		22558	22585		
		22590	22595		
		22600	22610		
		22612	22614		
		22630	22632		
		22633	22634		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22840		
		22841	22842		
		22843	22844		
		22845	22846		
		22847	22848		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Spinal Surgery (cont.)		22849	22850			
		22852	22855			
		22856	22857			
		22861	22862			
		22899	62287			
		63001	63003			
		63005	63011			
		63012	63015			
		63016	63017			
		63020	63030			
		63035	63040			
		63042	63043			
		63044	63045			
		63046	63047			
		63048	63050			
		63051	63055			
		63056	63057			
		63064	63066			
		63075	63076			
		63077	63078			
		63081	63082			
		63085	63086			
		63087	63088			
		63090	63091			
		63101	63102			
		63103	63170			
		63172	63173			
		63185	63190			
		63191	63200			
		63197	63251			
		63250	63265			
		63252	63268			
		63267	63271			
		63270	63286			
		63272	63301			
		63300	63303			
		63302	63305			
		63304	63307			
		63306	64633			
		63308				
		64634				
	<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747	E0748	Jan. 1, 2015	
			E0749	E0760		
		Neurostimulator	L8682	L8683	July 1, 2021	
			64590		July 1, 2019	
			61850		July 1, 2018	
			61863	61864	Jan. 1, 2015	
		61867	61868			
		61885	61886			
		63650	63655			
		63685	64553			
		64555	64568			
		64570	64595			

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<b>Transplants</b>	Temporary and Unclassified	Casgevy® C9399 Lantidra® J3590	J3490	April 1, 2024	For transplant and CAR T-Cell therapy services including <u>Abecma® (Idelcaptive Cicleucel)</u> , <u>Breyanzi® (Lisocabtagene Maralucel)</u> , <u>Kymriah™ (tisagenlecleucel)</u> , <u>Tecartus™ (brexucabtagene autoleucel)</u> and <u>Yescarta™ (axicabtagene ciloleucel)</u> , please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.	
	CAR T-Cell Therapy	Q2055		Jan. 1, 2022		
		Q2054		Oct 1, 2021		
		Q2053		May 1, 2021		
			0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019
			Q2041			April 1, 2018
	Transplant Services		32850	32851		Jan. 1, 2015
			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				
	S2060	50547				
		38232	Oncology DX codes			
<b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves		61888	64569	Jan. 1, 2015		
		C1767	C1778			
		L8681	L8689			
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the		37766	37799	July 1, 2021		
		37765				
		36473	36475	Oct. 1, 2018		

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saphenous veins for treating venous disease and varicose veins of the extremities		36478			
		36476	36479	Jan. 1, 2015	
		37735	37785		
<b>Ventricular Assist Device (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	Jan. 1, 2018	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> .
		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		

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