

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

Effective December 1, 2022

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 and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972.** The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-----------------------------------|-------------|----------------|----------------|------------------------------------|--|
| Behavioral Health Services | | | | | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services. |
| Bone Growth Stimulator | | 20974 20979 | 20975 | Jan. 1, 2015 | |
| BRCA Genetic Testing | | 81163 81165 | 81164 81166 | Jan. 1, 2019 | |
| | | 81212 81216 | 81215 81217 | Jan. 1, 2015 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|---|-------------|-------|----------------|------------------------------------|--|---|
| Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy | | 19316 | 19318 | Breast Reconstruction DX codes | Jan. 1, 2015 | Prior authorization is not required for these codes with Breast Reconstruction DX codes. |
| | | 19325 | 19328 | | | |
| | | 19330 | 19340 | | | |
| | | 19342 | 19350 | | | |
| | | 19355 | 19357 | | | |
| | | 19361 | 19364 | | | |
| | | 19367 | 19368 | | | |
| | | 19369 | 19370 | | | |
| | | 19371 | 19380 | | | |
| | | 19396 | L8600 | | | |
| Cardiology | | 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 UHCprovider.com 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 866-889-8054 . |
| | | 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 | | | |
| Cardiovascular | Cardiology | 93580 | | | April 1, 2022 | Prior authorization required for members age 18 and older |
| | | 33285 | | | Feb. 1, 2022 | |
| | | E0616 | | | July 1, 2017 | |
| | | | | | | |
| Cartilage Implants | | 27415 | 27416 | | July 1, 2021 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--|-------------|----------------|--------------------|------------------------------------|--|--------------|
| Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | | 69710 | 69711 | Jan. 1, 2015 | | |
| | | 69714 | 69799 | | | |
| | | 69930 | 92601 | | | |
| | | 92602 | 92603 | | | |
| | | 92604 | L8614 | | | |
| | | L8619 | L8690 | | | |
| | | L8691 | L8692 | | | |
| Continuous Glucose Monitor | | A4239 | Type 2 Diabetes DX | Jan. 1, 2023 | | |
| | | A9276 A9278 | A9277 | Oct. 1, 2021 | | |
| | | K0554 | | July 1, 2021 | | |
| Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | | 14020 | 14021 | July 1, 2021 | | |
| | | 14060 | 14061 | | | |
| | | 31299 | | | | |
| | | 31298 | | | | Oct. 1, 2018 |
| | | 21299 31296 | 31295 31297 | | | July 1, 2017 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 11920 | 11921 | Jan. 1, 2015 | | |
| | | 11922 | 11950 | | | |
| | | 11951 | 11952 | | | |
| | | 11954 | 11960 | | | |
| | | 11971 | 15775 | | | |
| | | 15776 | 15780 | | | |
| | | 15781 | 15782 | | | |
| | | 15783 | 15786 | | | |
| | | 15787 | 15788 | | | |
| | | 15789 | 15792 | | | |
| | | 15793 | 15819 | | | |
| | | 15820 | 15821 | | | |
| | | 15822 | 15823 | | | |
| | | 15824 | 15825 | | | |
| | | 15826 | 15828 | | | |
| | | 15829 | 15830 | | | |
| | | 15832 | 15833 | | | |
| | | 15834 | 15835 | | | |
| | | 15836 | 15837 | | | |
| | | 15838 | 15839 | | | |
| | | 15847 | 15877 | | | |
| | 15878 | 15879 | | | | |
| | 17106 | 17107 | | | | |
| | 17108 | 17380 | | | | |
| | 17999 | 19300 | | | | |
| | 21172 | 21175 | | | | |
| | 21179 | 21180 | | | | |
| | 21181 | 21182 | | | | |
| | 21183 | 21184 | | | | |

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

Durable Medical Equipment (DME) – Incontinence Supplies

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

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

| | | | | | |
|---|-------|-------|--|--------------|--|
| Durable Medical Equipment (DME) | 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 | | | | | |
| | E0466 | E1230 | | Jan. 1, 2015 | |
| | E2310 | E2311 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | 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 | E0193 | | July 1, 2017 | |
| | E0246 | E0316 | | | |
| | E0328 | E0329 | | | |
| | E0350 | E0373 | | | |
| | E0459 | E0462 | | | |
| | E0603 | E0618 | | | |
| | E0617 | E0636 | | | |
| | E0635 | E0640 | | | |
| | E0639 | E0700 | | | |
| | E0642 | E0740 | | | |
| | E0710 | E0970 | | | |
| | E0785 | E0988 | | | |
| | E0983 | E1020 | | | |
| | E1017 | E1035 | | | |
| | E1029 | E1037 | | | |
| | E1036 | E1070 | | | |
| | E1050 | E1085 | | | |
| | E1084 | E1087 | | | |
| | E1086 | E1100 | | | |
| | E1089 | E1170 | | | |
| | E1110 | E1172 | | | |
| | E1171 | E1190 | | | |
| | E1180 | E1200 | | | |
| | E1195 | E1224 | | | |
| | E1222 | E1228 | | | |
| | E1227 | E1231 | | | |
| | E1229 | E1280 | | | |
| | E1270 | E1296 | | | |
| | E1295 | E1298 | | | |
| | E1297 | E1520 | | | |
| | E1510 | E1540 | | | |
| | E1530 | E1560 | | | |
| | E1550 | E1580 | | | |
| | E1575 | E1592 | | | |
| | E1590 | E1600 | | | |
| | E1594 | E1630 | | | |
| | E1620 | E1635 | | | |
| | E1632 | E1639 | | | |
| | E1637 | K0020 | | | |
| | E1699 | K0039 | | | |
| | K0037 | K0046 | | | |
| | K0044 | K0050 | | | |
| | K0047 | K0056 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | K0051 | K0072 | | |
| | | K0065 | K0098 | | |
| | | K0073 | K0455 | | |
| | | K0105 | | | |
| | | K0609 | | | |
| | | A9900 | A9999 | Jan. 1, 2015 | |
| | | B9999 | E0194 | | |
| | | E0277 | E0300 | | |
| | | E0302 | E0304 | | |
| | | E0465 | E0483 | | |
| | | E0486 | E0638 | | |
| | | E0670 | E0692 | | |
| | | E0693 | E0694 | | |
| | | E0745 | E0762 | | |
| | | E0764 | E0782 | | |
| | | E0783 | E0784 | | |
| | | E0786 | E0984 | | |
| | | E0986 | E1002 | | |
| | | E1003 | E1004 | | |
| | | E1005 | E1006 | | |
| | | E1007 | E1008 | | |
| | | E1009 | E1010 | | |
| | | E1011 | E1018 | | |
| | | E1030 | E1161 | | |
| | | E1232 | E1233 | | |
| | | E1234 | E1235 | | |
| | | E1236 | E1237 | | |
| | | E1238 | E1310 | | |
| | | E1399 | E1800 | | |
| | | E1801 | E1802 | | |
| | | E1805 | E1810 | | |
| | | E1811 | E1812 | | |
| | | 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 | L0462 | | |
| | | L0464 | L1000 | | |
| | | L1005 | L2136 | | |
| | | L3999 | L5000 | | |
| | | L5400 | L5420 | | |
| | | L5535 | L5585 | | |
| | | L5999 | L6380 | | |
| | | L6382 | L6384 | | |
| | | Q0479 | Q0480 | | |
| | | Q0481 | Q0482 | | |
| | | Q0483 | Q0484 | | |
| | | Q0489 | Q0495 | | |
| | | Q0496 | Q0503 | | |
| | | S1040 | T1999 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| | | V2786 | | | |
| Enteral Services | | B4100 | B4103 | Jan. 1, 2015 | |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | | B4104 | | | |
| Experimental & Investigational (and/or Linked Services) | | 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 | | |
| | | 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| Experimental & Investigational (and/or Linked Services) (cont.) | | 95251 | 95905 | | |
| | | 95965 | 95966 | | |
| | | 95967 | 96000 | | |
| | | 96001 | 96003 | | |
| | | 96004 | 96902 | | |
| | | 99174 | A4575 | | |
| | | A4638 | A9274 | | |
| | | E1831 | G0295 | | |
| | | G0329 | G0341 | | |
| | | G0342 | G0343 | | |
| | | G9147 | P2033 | | |
| | P2038 | S2325 | | | |
| Femoroacetabular Impingement Syndrome (FAI) | | 29914 | 29915 | July 1, 2017 | |
| | | 29916 | | | |
| Gender Dysphoria Treatment | | 55970 | 55980 | Jan. 1, 2017 | Prior authorization is required for these codes with any DX. |
| | | 14000 | 14001 | 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 | | | | |
| Hysterectomy – Inpatient Only Vaginal hysterectomies | | 58260 | 58262 | July 1, 2017 | |
| | | 58263 | 58267 | | |
| | | 58270 | 58275 | | |
| | | 58280 | 58290 | | |
| | | 58291 | 58292 | | |
| | | 58294 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|------------------|----------------|------------------------------------|--|
| Hysterectomy – Inpatient and Outpatient Procedures Abdominal and laparoscopic surgeries | | 58150 | 58152 | July 1, 2017 | |
| | | 58180 | 58541 | | |
| | | 58542 | 58543 | | |
| | | 58544 | 58550 | | |
| | | 58552 | 58553 | | |
| | | 58554 | 58570 | | |
| | | 58571 | 58572 | | |
| | 58573 | | | | |
| Injectable Medications | Cutaquig® | J1551 | | Aug 1, 2022 | Do Not Start Case – Direct Provider using the information below: |
| | Apretude™ | J0739 | | July 1, 2022 | |
| | Leqvio® | J1306 | | | To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway: |
| | 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 | |
| | Scenesse® | J7352 | | 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 | | |
| Injectable Medications – Temporary and Unclassified | Amvuttra™ | C9399 with J3490 | | Aug 1, 2022 | |
| | | DX E85.1 | | | |
| | | J3590 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|----------|-------------|------|----------------|------------------------------------|--|
|----------|-------------|------|----------------|------------------------------------|--|

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 acute setting to returning home.

Note: 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

Joint Replacement
Joint, total hip and knee replacement procedures

| | |
|-------|-------|
| 23470 | 23472 |
| 24360 | 24361 |
| 24362 | 24363 |
| 26340 | 27120 |
| 27122 | 27125 |
| 27130 | 27132 |
| 27134 | 27137 |
| 27138 | 27412 |
| 27445 | 27446 |
| 27447 | 27486 |
| 27487 | 29866 |
| 29867 | 29868 |

Jan. 1, 2015

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|---|---|------------------------------------|---|
| Joint Replacement (cont.) | | G0428 | J7330 | | |
| Non-Emergent Air Transport | | A0430 A0435 | A0431 A0436 | Jan. 1, 2015 | |
| Non-Emergent Air Ambulance Transport | | A0424 | | Jan. 1, 2015 | |
| Non-Emergent Ground Ambulance TX MANDATE | | A0398 A0422 A0425 A0428 A0434 | A0420 A0424 A0426 A0433 | April 1, 2016 | |
| | | A0382 | | Jan. 1, 2015 | |
| Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment | | 21120 21122 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21210 21240 21243 21245 21247 21249 | 21121 21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21215 21242 21244 21246 21248 21255 | Jan. 1, 2015 | |
| Orthopedic Surgeries | | 24365 25442 25446 27700 29837 29840 29845 29847 29892 29895 29898 | 25441 25444 25449 29834 29838 29844 29846 29891 29894 29897 29899 | July 1, 2021 | |
| Orthotics | | L0140 L0170 L0220 L0466 L0622 L0631 L1499 L1640 L1834 L1920 | L0150 L0200 L0452 L0468 L0623 L1001 L1630 L1730 L1904 L2000 | July 1, 2017 | Prior authorization is required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000. |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|-------------------|-------------|-------|----------------|------------------------------------|--|--|
| Orthotics (cont.) | | L2010 | L2030 | | | |
| | | L2040 | L2050 | | | |
| | | L2060 | L2070 | | | |
| | | L2080 | L2090 | | | |
| | | L2232 | L2320 | | | |
| | | L2387 | L2520 | | | |
| | | L2526 | L2800 | | | |
| | | L2861 | L3160 | | | |
| | | L3201 | L3202 | | | |
| | | L3203 | L3204 | | | |
| | | L3206 | L3207 | | | |
| | | L3208 | L3209 | | | |
| | | L3211 | L3212 | | | |
| | | L3213 | L3214 | | | |
| | | L3215 | L3250 | | | |
| | | L3251 | L3252 | | | |
| | | L3253 | L3254 | | | |
| | | L3255 | L3257 | | | |
| | | L3265 | L3320 | | | |
| | | L3485 | L3674 | | | |
| | | L3720 | L3764 | | | |
| | | L3765 | L3891 | | | |
| | | L3921 | L3956 | | | |
| | | L4030 | L4040 | | | |
| | | L4045 | L4050 | | | |
| | | L4055 | | | | |
| | | | L0112 | L0480 | Jan. 1, 2015 | |
| | | | L0482 | L0484 | | |
| | | | L0486 | L0624 | | |
| | | | L0629 | L0632 | | |
| | | | L0634 | L0636 | | |
| | | | L0638 | L0700 | | |
| | | | L0710 | L0810 | | |
| | | | L0820 | L0830 | | |
| | | | L0859 | L1200 | | |
| | | | L1300 | L1310 | | |
| | | | L1680 | L1685 | | |
| | | | L1700 | L1710 | | |
| | | | L1720 | L1755 | | |
| | | | L1844 | L1846 | | |
| | | | L2005 | L2020 | | |
| | | | L2034 | L2036 | | |
| | | | L2037 | L2038 | | |
| | | | L2126 | L2525 | | |
| | | | L2627 | L2628 | | |
| | | L3020 | L3649 | | | |
| | | L3766 | L3900 | | | |
| | | L3901 | L3904 | | | |
| | | L3961 | L3967 | | | |
| | | L3971 | L3973 | | | |
| | | L3975 | L3976 | | | |
| | | L3977 | L3978 | | | |
| | | L4000 | L4631 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--|-------------------------------------|--------|----------------|------------------------------------|---|--|
| Outpatient Therapy | | S9128 | | Jan. 1, 2018 | Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits) Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification. *Prior authorization is not required for nursing facilities. | |
| | | 70371 | 92507 | July 1, 2017 | | |
| | | 92508 | 92626 | | | |
| | | 92627 | 92630 | | | |
| | | 92633 | 96105 | | | |
| | | 97024 | 97032 | | | |
| | | 97035 | 97036 | | | |
| | | 97139 | 97150 | | | |
| | | 97164* | 97168* | | | |
| | | 97530 | 97533 | | | |
| | | 97535 | 97537 | | | |
| | | 97542 | 97545 | | | |
| | | 97546 | 97750 | | | |
| | | 97755 | 97760 | | | |
| | | 97761 | G0151 | | | |
| | | G0152 | G0283 | | | |
| | | S9129 | S9131 | | | |
| | | S9152 | | | | |
| | | | 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 | | | | |
| Pain Management | | 62350 | 62351 | July 1, 2021 | | |
| | | 62360 | 62361 | | | |
| | | 62362 | | | | |
| Potentially Unproven Services (and/or Linked Services) | | 28890 | 36514 | Jan. 1, 2015 | | |
| | | 64405 | | | | |
| Prostate Procedures | | 53850 | 53852 | April 1, 2022 | | |
| | | 55873 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-----------------------------|-------------|-------|----------------|------------------------------------|--|
| Prostate Procedures (cont.) | | 37243 | 52441 | July 1, 2021 | |
| | | 52442 | 55874 | | |
| | | 55866 | | Jan. 1, 2017 | |
| Prosthetics | | 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 | L6026 | | |
| | | L6895 | L7499 | | |
| | | L8039 | L8049 | | |
| | | L8505 | L8604 | | |
| | | L8699 | | | |
| | | L5010 | L5020 | Jan. 1, 2015 | |
| | | L5050 | L5060 | | |
| | | L5100 | L5105 | | |
| | | L5150 | L5160 | | |
| | | L5200 | L5210 | | |
| | | L5220 | L5230 | | |
| | | L5250 | L5270 | | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|------------------------------|-------------|-------|----------------|------------------------------------|--|
| Prosthetics (cont.) | | 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 | | |
| | | 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 | | | | |
| Psychological Testing | | 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 | | |
| Radiology | | 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 | |
| | | 78832 | | | |
| | | 76376 | 76377 | Jan. 1, 2015 | For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider |
| | | 78012 | 78013 | | |
| | | 78014 | 78015 | | |
| | | 78016 | 78018 | | |
| | | 78070 | 78071 | | |
| | | 78072 | 78075 | | |
| | | 78099 | 78102 | | |
| | | 78103 | 78104 | | |
| | | 78185 | 78195 | | |
| | | 78199 | 78201 | | |
| | 78202 | 78215 | | | |
| | 78216 | 78226 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont. | | 78227 | 78231 | | Portal dashboard Or, call 866-889-8054 . For more details, please visit UHCprovider.com /TX > CommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. |
| | | 78232 | 78258 | | |
| | | 78261 | 78262 | | |
| | | 78264 | 78265 | | |
| | | 78266 | 78278 | | |
| | | 78282 | 78290 | | |
| | | 78291 | 78299 | | |
| | | 78300 | 78305 | | |
| | | 78306 | 78315 | | |
| | | 78230 | 78399 | | |
| | | 78428 | 78445 | | |
| | | 78451 | 78452 | | |
| | | 78453 | 78454 | | |
| | | 78456 | 78457 | | |
| | | 78458 | 78459 | | |
| | | 78466 | 78468 | | |
| | | 78469 | 78472 | | |
| | | 78473 | 78481 | | |
| | | 78483 | 78491 | | |
| | | 78492 | 78494 | | |
| | | 78496 | 78499 | | |
| | | 78579 | 78580 | | |
| | | 78582 | 78597 | | |
| | | 78598 | 78599 | | |
| | | 78600 | 78601 | | |
| | | 78605 | 78606 | | |
| | | 78608 | 78609 | | |
| | | 78610 | 78630 | | |
| | | 78635 | 78645 | | |
| | | 78650 | 78660 | | |
| | | 78699 | 78700 | | |
| | | 78701 | 78707 | | |
| | | 78708 | 78709 | | |
| | | 78740 | 78761 | | |
| | | 78799 | 78800 | | |
| | 78801 | 78802 | | | |
| | 78803 | 78804 | | | |
| | 78811 | 78812 | | | |
| | 78813 | 78814 | | | |
| | 78815 | 78816 | | | |
| | 78999 | | | | |
| Rhinoplasty and Septoplasty | | 30400 | 30410 | Jan. 1, 2015 | |
| | | 30420 | 30430 | | |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | | |
| | | 30460 | 30462 | | |
| | | 30465 | 30520 | | |
| Sleep Apnea Procedures & Surgeries | | 21685 | 41512 | Jan. 1, 2015 | |
| | | 41599 | 42145 | | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | 42299 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|----------------|-------------|-------|----------------|------------------------------------|--|
| Spinal Surgery | | 22510 | 22511 | April 1, 2022 | |
| | | 22512 | 22513 | | |
| | | 22514 | 22515 | | |
| | | 20930 | 20931 | July 1, 2021 | |
| | | 20939 | 22854 | | |
| | | 22858 | | | |
| | | 0095T | 0098T | Jan. 1, 2015 | |
| | | 0163T | 0164T | | |
| | | 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 | | |
| | | 22849 | 22850 | | |
| | | 22852 | 22855 | | |
| | | 22856 | 22857 | | |
| | | 22861 | 22862 | | |
| | | 22864 | 22865 | | |
| | | 22899 | 62287 | | |
| | 63001 | 63003 | | | |
| | 63005 | 63011 | | | |
| | 63012 | 63015 | | | |
| | 63016 | 63017 | | | |
| | 63020 | 63030 | | | |
| | 63035 | 63040 | | | |
| | 63042 | 63043 | | | |
| | 63044 | 63045 | | | |
| | 63046 | 63047 | | | |
| | 63048 | 63050 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|------------------------|-------|----------------|------------------------------------|---|
| Spinal Surgery (cont.) | | 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 | | | | |
| Stimulators 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 | | | |
| Transplants | CAR T-Cell Therapy | Q2055 | | Jan. 1, 2022 | For transplant and CAR T-Cell therapy services including Abecma® (Idcaptagene Cicleucel) , Breyanzi® (Lisocabtagene Maralucel) , Kymriah™ (tisagenlecleucel) , Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel) , please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification |
| | | Q2054 | | Oct 1, 2021 | |
| | | Q2053 | | May 1, 2021 | |
| | | 0537T | 0538T | Jan. 1, 2019 | |
| | 0539T | 0540T | | | |
| | Q2042 | | | | |
| | Q2041 | | April 1, 2018 | | |
| | Transplant Services | 32850 | 32851 | Jan. 1, 2015 | |
| 32852 | | 32853 | | | |
| 32854 | | 32855 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|---|-------------|-------|-------------------|------------------------------------|--|--|
| Transplants (cont.) | | 32856 | 33930 | | number on the back of the member's health plan ID card. | |
| | | 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 | | | |
| Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves | | 61888 | 64569 | Jan. 1, 2015 | | |
| | | C1767 | C1778 | | | |
| | | L8681 | L8689 | | | |
| 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 | | 37766 | 37799 | July 1, 2021 | | |
| | | 37765 | | | | |
| | | 36473 | 36475 | Oct. 1, 2018 | | |
| | | 36478 | 37700 | | | |
| | | 37718 | 37722 | | | |
| | | 37780 | | | | |
| | | 36476 | 36479 | Jan. 1, 2015 | | |
| | | 37735 | 37785 | | | |
| | | | | | | |
| Ventricular Assist Device (VAD) 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 855-282-8929 . | |
| | | 33929 | | | | |
| | | 33975 | 33976 | Jan. 1, 2015 | | |
| | | 33979 | 33981 | | | |
| | | 33982 | 33983 | | | |

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