

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

Effective Oct. 1, 2021

## General Information

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

To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone: Call 866-604-3267.**
- **Fax to 877-940-1972.** Fax form is available at [UHCprovider.com/TXCommunityPlan](http://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 providers 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
<b>Behavioral Health Services</b>						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.
<b>Bone Growth Stimulator</b>		20974 20979	20975		Jan. 1, 2015	
<b>BRCA Genetic Testing</b>		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
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	Breast Reconstruction DX codes	Jan. 1, 2015	<p>Prior authorization is not required for these codes with Breast Reconstruction DX codes.</p> <p>Prior authorization is required for all other DX codes.</p>
		19325	19328			
		19330	19340			
		19342	19350			
		19355	19357			
		19361	19364			
		19367	19368			
		19369	19370			
		19371	19380			
		19396	L8600			
<b>Cardiology</b>		0571T	0614T		June 1, 2021	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://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 866-889-8054.</p>
		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>		75710	75716	Lower-Extremity Angiogram DX codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.
<b>Cartilage Implants</b>		27415	27416		July 1, 2021	

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<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		69710	69711		Jan. 1, 2015	
		69714	69715			
		69718	69799			
		69930	92601			
		92602	92603			
		92604	L8614			
		L8619	L8690			
		L8691	L8692			
<b>Continuous Glucose Monitor</b>		A9276	A9277	Type 2 Diabetes DX	Oct. 1, 2021	
		A9278			July 1, 2021	
		K0553	K0554			
<b>Cosmetic &amp; Reconstructive Procedures</b> 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	
Improving or restoring physiological function		21299	31295		July 1, 2017	
		31296	31297			
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				
	21230	21235				
	21256	21260				
	21261	21263				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive Procedures (continued)</b>		21267 21270 21740 21743 30120 30545 30620 67900 67902 67904 67908 67912 67961 69090 69320 Q2202	21268 21275 21742 28344 30540 30560 40500 67901 67903 67906 67909 67950 67966 69300 Q2026			
<b>Durable Medical Equipment (DME) – Incontinence Supplies</b>						<p>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 <b>866-295-2319</b>.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b>.</p>
<b>Durable Medical Equipment (DME)</b> Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  Some home health care services may qualify but are not subject to the cost threshold – see Home health care		E0766 E2617	E2609 E8001		July 1, 2021	Prior authorization is required <b>regardless of billed amount</b> .
		E1239 K0814 K0816 K0828 K0835 K0838 K0841 K0843	K0813 K0815 K0820 K0829 K0837 K0839 K0842 K0857		July 1, 2017	Prior authorization is required <b>regardless of billed amount</b> .

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		K0859 K0870 K0877 K0879 K0884 K0886 K0891 K0899	K0869 K0871 K0878 K0880 K0885 K0890 K0898			Prior authorization is required <b>regardless of billed amount.</b>
		E0466 E2310 E2321 K0801 K0806 K0821 K0823 K0825 K0827 K0840 K0849 K0851 K0853 K0855 K0858 K0861 K0863	E1230 E2311 K0800 K0802 K0808 K0822 K0824 K0826 K0836 K0848 K0850 K0852 K0854 K0856 K0860 K0862 K0864		Jan. 1, 2015	Prior authorization is required <b>regardless of billed amount.</b>
		E0787			May 1, 2020	Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000.</b>
		E0170 E0246 E0328 E0350 E0459 E0603 E0617 E0635 E0639 E0642 E0710 E0785 E0983 E1017 E1029	E0193 E0316 E0329 E0373 E0462 E0616 E0618 E0636 E0640 E0700 E0740 E0970 E0988 E1020 E1035		July 1, 2017	Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000.</b>

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Durable Medical Equipment (DME) (continued)		E1036	E1037			Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000.</b>				
		E1050	E1070							
		E1084	E1085							
		E1086	E1087							
		E1089	E1100							
		E1110	E1170							
		E1171	E1172							
		E1180	E1190							
		E1195	E1200							
		E1222	E1224							
		E1227	E1228							
		E1229	E1231							
		E1270	E1280							
		E1295	E1296							
		E1297	E1298							
		E1510	E1520							
		E1530	E1540							
		E1550	E1560							
		E1575	E1580							
		E1590	E1592							
		E1594	E1600							
		E1620	E1630							
		E1632	E1635							
		E1637	E1639							
		E1699	K0020							
		K0037	K0039							
		K0044	K0046							
		K0047	K0050							
		K0051	K0056							
		K0065	K0072							
		K0073	K0098							
		K0105	K0455							
		K0609								
		A9900	A9999						Jan. 1, 2015	Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000.</b>
		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									

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (continued)</b>		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			
	V2786					
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4100 B4104	B4103		Jan. 1, 2015	
<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			
		0174T	0175T			
		0191T	0198T			
		0200T	0201T			
		0207T	0213T			
		0214T	0215T			
		0216T	0217T			
		0218T	0253T			
		0263T	0264T			
	0265T	0266T				
	0267T	0268T				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Experimental & Investigational (and/or Linked Services) (continued)		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				
Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		July 1, 2017	
Gender Dysphoria Treatment		55970	55980		Jan. 1, 2017	Prior authorization is required for these codes with any DX.



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Gender Dysphoria Treatment (continued)</b>		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			
		55866	56800			
		56625	57106			
		56805	57291			
		57110	57295			
		57292	57335			
		57296	58661			
		57426	58940			
	58720	64892				
	64856	92507				
	64896					
	92508					
<b>Hysterectomy – Inpatient Only</b> Vaginal hysterectomies		58260	58262		July 1, 2017	
		58263	58267			
		58270	58275			
		58280	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>	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	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	There are currently no drugs that require prior authorization for these unlisted codes.	C9399 J3590	J3490		April 1, 2018*  * Reflects the effective date for the unlisted codes not the specific drug names listed	
Inpatient Admissions						Notification required
Inpatient Admissions Post-Acute Services:						<p>Prior authorization and notification of admission date is required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> <p>Submit prior authorization requests through naviHealth as part of the Continued Care program.</p> <p>Phone: <b>855-851-1127</b> Fax: <b>844-244-9482</b></p> <p>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.</p> <p><b>Note:</b> These plans are</p>

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Inpatient Admissions Post-Acute Services (continued)</b>						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> Joint, total hip and knee replacement procedures		23470 24360 24362 26340 27122 27130 27134 27138 27445 27447 27487 29867 G0428	23472 24361 24363 27120 27125 27132 27137 27412 27446 27486 29866 29868 J7330		Jan. 1, 2015	
<b>Non-Emergent Air Transport</b>		A0430 A0435	A0431 A0436		Jan. 1, 2015	
<b>Non-Emergent Air Ambulance Transport</b>		A0424			Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0398 A0422 A0425 A0428 A0434  A0382	A0420 A0424 A0426 A0433		April 1, 2016  Jan. 1, 2015	
<b>Orthognathic Surgery</b> 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	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Orthopedic Surgeries</b>		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	
<b>Orthotics</b>		L0140 L0170 L0220 L0466 L0622 L0631 L1499 L1640 L1834 L1920 L2010 L2040 L2060 L2080 L2232 L2387 L2526 L2861 L3201 L3203 L3206 L3208 L3211 L3213 L3215 L3251 L3253 L3255 L3265 L3485 L3720 L3765 L3921 L4030 L4045 L4055	L0150 L0200 L0452 L0468 L0623 L1001 L1630 L1730 L1904 L2000 L2030 L2050 L2070 L2090 L2320 L2520 L2800 L3160 L3202 L3204 L3207 L3209 L3212 L3214 L3250 L3252 L3254 L3257 L3320 L3674 L3764 L3891 L3956 L4040 L4050		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 (continued)		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			
Outpatient Therapy		92521	92522		Nov. 1, 2019	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)
		92523	92524			
		92610	97161			
		97162	97163			
		97165	97166			
	97167					
		G0515	S9128		Jan. 1, 2018	Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="http://UHCprovider.com">UHCprovider.com</a> > 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						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (continued)		92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	97012 97016 97022 97028 97034 97110 97113 97124 97799 G0281		Jan. 1, 2015	
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977			** Prior authorization is required for nursing facilities only.
Pain Management		62350 62360 62362	62351 62361		July 1, 2021	
Potentially Unproven Services (and/or Linked Services)		28890 64405	36514		Jan. 1, 2015	
Prostate Procedures		52441 55874	52442		July 1, 2021	
Prosthetics		L5795 L5960 L6895 L8039 L8505 L8699	L5818 L6026 L7499 L8049 L8604		July 1, 2017	Prior authorization is required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
		L5010 L5050 L5100 L5150 L5200 L5220 L5250 L5280 L5312 L5331 L5500 L5510 L5530 L5560 L5580	L5020 L5060 L5105 L5160 L5210 L5230 L5270 L5301 L5321 L5341 L5505 L5520 L5540 L5570 L5590		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		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				
	L6930	L6935				
	L6940	L6945				
	L6950	L6955				
	L6960	L6965				
	L6970	L6975				
	L7007	L7008				
	L7009	L7040				
	L7045	L7170				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		L7180	L7181			
		L7185	L7186			
		L7190	L7191			
		L8035	L8041			
		L8042	L8043			
		L8044	L8499			
		L8609	L8629			
		L8631	L8659			
	V2627					
Psychological Testing		96116	96121		Oct. 1, 2019	
		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	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.  For more details, please visit <a href="https://UHCprovider.com/TX">UHCprovider.com/TX</a> > CommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		78832				
		76376	76377		Jan. 1, 2015	
		78012	78013			
		78014	78015			
		78016	78018			
		78070	78071			
		78072	78075			
		78099	78102			
		78103	78104			
		78185	78195			
		78199	78201			
		78202	78215			
		78216	78226			
		78227	78231			
		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			



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		78610 78635 78650 78699 78701 78708 78740 78799 78801 78803 78811 78813 78815 78999	78630 78645 78660 78700 78707 78709 78761 78800 78802 78804 78812 78814 78816			
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462 30520		Jan. 1, 2015	
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 41599 42299	41512 42145		Jan. 1, 2015	
<b>Spinal Surgery</b>		20930 20939 22858  0095T 0163T 0165T 0219T 0221T 0232T 22101 22103 22112 22116	20931 22854  0098T 0164T 0202T 0220T 0222T 22100 22102 22110 22114 22206		July 1, 2021  Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		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				
	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	63194					
63195	63196					
63197	63198					
63199	63200					
63250	63251					
63252	63265					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
		63308	64633			
	64634					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0749	E0748 E0760		Jan. 1, 2015	
	Neurostimulator	L8682	L8683		July 1, 2021	
		64590			July 1, 2019	
		61850			July 1, 2018	
		61863 61867 61885 63650 63685 64555 64570	61864 61868 61886 63655 64553 64568 64595		Jan. 1, 2015	
<b>Transplants</b>	CAR T-Cell Therapy	C9076 J3490 J9999	C9399 J3590		July 1, 2021	Prior authorization is only required for Abecma® and Breyanzi®
		Q2053			May 1, 2021	For transplant and CAR T-Cell therapy services including <u>Abecma® (Idecaptagene Cicleucel)</u> , <u>Breyanzi® (Lisocabtagene Maralucecel)</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 888-936-7246 or the notification number on the back of the
		0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209	32851 32853 32855 33930 33935 33944 38208 38210		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		38212	38213			member's health plan ID card.
		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				
	50380	50547				
	S2060					
	38232			Oncology DX codes		
<b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves		61888 C1767 L8681	64569 C1778 L8689		Jan. 1, 2015	
<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		37243 37766	37765 37799		July 1, 2021	
		36473 36478 37718 37780	36475 37700 37722		Oct. 1, 2018	
		36476 37735	36479 37785		Jan. 1, 2015	
<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 33929	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> .
		33975 33979 33982	33976 33981 33983		Jan. 1, 2015	

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