

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

Effective Feb. 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 Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call 866-604-3267.
- **Fax to 877-940-1972.** 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 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 19325 19330 19342 19355 19361 19367 19369 19371 19396	19318 19328 19340 19350 19357 19364 19368 19370 19380 L8600	Breast Reconstruction DX codes	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.
<b>Cardiology</b>		33270  33206 33208 33213 33221 33225 33228 33230 33240 33262 33264 93351 93453 93455 93457 93459 93461	  33207 33212 33214 33224 33227 33229 33231 33249 33263 93350 93452 93454 93456 93458 93460		Oct. 1, 2016  Jan. 1, 2015	Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.  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 Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.
<b>Cardiovascular</b>		75710	75716	Lower-Extremity Angiogram DX codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.
<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 69714 69718 69930 92602 92604 L8619 L8691	69711 69715 69799 92601 92603 L8614 L8690 L8692		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<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		31298			Oct. 1, 2018	
		21299	31295		July 1, 2017	
		31296	31297			
		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			
		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				
	Q2202					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<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		K0813	K0813		July 1, 2017	Prior authorization is required <b>regardless of billed amount</b> .
		K0814	K0815			
		K0816	K0820			
		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	Prior authorization is required <b>regardless of billed amount</b> .
		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	Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000</b> .
		E0170	E0193		July 1, 2017	
		E0246	E0316			
		E0328	E0329			
		E0350	E0373			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0459	E0462			
		E0603	E0616			
		E0617	E0618			
		E0635	E0636			
		E0639	E0640			
		E0642	E0700			
		E0710	E0740			
		E0785	E0970			
		E0983	E0988			
		E1017	E1020			
		E1029	E1035			
		E1036	E1037			
		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						

**Durable Medical  
Equipment (DME)  
(continued)**

A9900  
B9999  
E0277  
E0302  
E0465  
E0486  
E0670  
E0693  
E0745  
E0764  
E0783  
E0786  
E0986  
E1003  
E1005  
E1007  
E1009  
E1011  
E1030  
E1232  
E1234  
E1236  
E1238  
E1399  
E1801  
E1805  
E1811  
E1815  
E1825  
E1840  
E2312  
E2325  
E2328  
E2330  
E2402  
E2502  
E2506  
E2510  
E2512  
K0007  
K0730  
L0464  
L1005  
L3999  
L5400  
L5535  
L5999  
L6382  
Q0479  
Q0481  
Q0483  
Q0489  
Q0496  
S1040  
V2786

A9999  
E0194  
E0300  
E0304  
E0483  
E0638  
E0692  
E0694  
E0762  
E0782  
E0784  
E0984  
E1002  
E1004  
E1006  
E1008  
E1010  
E1018  
E1161  
E1233  
E1235  
E1237  
E1310  
E1800  
E1802  
E1810  
E1812  
E1818  
E1830  
E2227  
E2322  
E2327  
E2329  
E2376  
E2500  
E2504  
E2508  
E2511  
K0005  
K0108  
L0462  
L1000  
L2136  
L5000  
L5420  
L5585  
L6380  
L6384  
Q0480  
Q0482  
Q0484  
Q0495  
Q0503  
T1999

Jan. 1, 2015

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Experimental &amp; Investigational (and/or Linked Services) (continued)</b>		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 29916	29915		July 1, 2017	
<b>Gender Dysphoria Treatment</b>		55970	55980		July 1, 2017	Prior authorization is required for these codes with any DX.
		14000 14041 15738 15757 19303 31599 53410 53425 54125 54401 54408 54660 55175 55866 56800	14001 15734 15750 15758 21899 31899 53420 53430 54400 54405 54520 54690 55180 56625 56805	Gender Dysphoria Treatment DX Codes	July 1, 2017	Prior authorization is only required for these codes with these DX codes.
		57106 57291 57295 57335 58661 58940 64892 92507	57110 57292 57296 57426 58720 64856 64896 92508	Gender Dysphoria Treatment DX Codes	July 1, 2017	Prior authorization is only required for these codes with these DX codes.
<b>Hysterectomy – Inpatient Only</b> Vaginal hysterectomies		58260 58263 58270 58280 58291 58294	58262 58267 58275 58290 58292		July 1, 2017	



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<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			
<b>Injectable Medications</b>	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		
<b>Injectable Medications - Unclassified</b>		C9399	J3490		April 1, 2018*	
		J3590			* Reflects the effective date for the unlisted codes not the specific drug names listed	
<b>Inpatient Admissions</b>						Notification required
<b>Inpatient Admissions Post-Acute Services:</b>						Prior authorization and notification of admission date is required for these facilities providing post-acute inpatient services: <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>

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Inpatient Admissions Post-Acute Services (continued)</b>						<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 excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home</p>
<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	

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>Orthotics</b>		L0140	L0150		
		L0170	L0200			
		L0220	L0452			
		L0466	L0468			
		L0622	L0623			
		L0631	L1001			
		L1499	L1630			
		L1640	L1730			
		L1834	L1904			
		L1920	L2000			
		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					

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		Jan. 1, 2018	Prior authorization should be submitted online through the Optum Physical Health portal <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a>
		97165	97166			
		97167				
		G0515	S9128			
		70371	92507		July 1, 2017	<p>All prior authorization requests will require:</p> <ul style="list-style-type: none"> <li>• Optum Physical Health Patient Summary Form (PSF-750)</li> <li>• Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only)</li> <li>• For questions about prior authorization or Optum Physical Health portal assistance, please contact</li> </ul>
		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
<b>Outpatient Therapy (continued)</b>		92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	97012 97016 97022 97028 97034 97110 97113 97124 97799 G0281		Jan. 1, 2015	Optum Physical Health 800-873-4575.  *Prior authorization is not required for nursing facilities.
	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.
<b>Potentially Unproven Services (and/or Linked Services)</b>		28890 64405	36514		Jan. 1, 2015	
<b>Prosthetics</b>		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 L5595 L5610 L5613 L5616 L5643 L5651 L5683 L5701 L5703 L5724	L5020 L5060 L5105 L5160 L5210 L5230 L5270 L5301 L5321 L5341 L5505 L5520 L5540 L5570 L5590 L5600 L5611 L5614 L5639 L5649 L5681 L5700 L5702 L5707 L5726		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		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			
		L7180	L7181			
		L7185	L7186			
		L7190	L7191			
	L8035	L8041				
	L8042	L8043				
	L8044	L8499				
	L8609	L8629				
	L8631	L8659				
	V2627					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)						
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
Radiology		78429 78431 78433	78430 78432		Jan. 1, 2021	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		78830 78832	78831		Jan. 1, 2020	
		76376 78012 78014 78016 78070 78072 78099 78103 78185 78199 78202 78216 78227 78232 78261 78264 78266 78282 78291 78300 78306 78230 78428 78451 78453 78456 78458 78466 78469 78473 78483 78492 78496 78579 78582 78598 78600 78605 78608 78610 78635 78650 78699 78701 78708 78740	76377 78013 78015 78018 78071 78075 78102 78104 78195 78201 78215 78226 78231 78258 78262 78265 78278 78290 78299 78305 78315 78399 78445 78452 78454 78457 78459 78468 78472 78481 78491 78494 78499 78580 78597 78599 78601 78606 78609 78630 78645 78660 78700 78707 78709 78761		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		78799 78801 78803 78811 78813 78815 78999	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>		0095T 0163T 0165T 0219T 0221T 0232T 22101 22103 22112 22116 22207 22210 22214 22220 22224 22526 22532 22534 22551 22554 22558 22590 22600 22612 22630 22633 22800 22804 22810 22818 22830 22841 22843 22845 22847	0098T 0164T 0202T 0220T 0222T 22100 22102 22110 22114 22206 22208 22212 22216 22222 22226 22527 22533 22548 22552 22556 22585 22595 22610 22614 22632 22634 22802 22808 22812 22819 22840 22842 22844 22846 22848		Jan. 1, 2015	



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		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			
		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	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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Transplants</b>	CAR T-Cell Therapy	C9073**	J3490**		Jan. 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.	
		J3590**	J9999**				
		**Prior authorization is only required for Tecartus™					
		0537T	0538T		Jan. 1, 2019		
		0539T	0540T				
		Q2042					
		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						
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		

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