

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

Effective Jan. 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 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 > 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 |
|-----------------------------------|-------------|----------------|----------------|----------------|------------------------------------|---|
| 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 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. |
| Cardiology | | 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 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. Or, call 866-889-8054. |
| Cardiovascular | | 75710 | 75716 | Lower-Extremity Angiogram DX codes | Oct. 1, 2019 | Prior authorization is required for lower-extremity angiograms only. |
| 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 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 |
|---|-------------|-------|-------|----------------|------------------------------------|--|
| Cosmetic & Reconstructive Procedures 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 |
|---|-------------|-------|-------|----------------|------------------------------------|--|
| Durable Medical Equipment (DME) – Incontinence Supplies | | | | | | <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 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550.</p> |
| Durable Medical Equipment (DME) 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 | | E1239 | K0813 | | July 1, 2017 | Prior authorization is required regardless of billed amount . |
| | | 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 regardless of billed amount . |
| | | 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 retail purchase or cumulative rental cost of more than \$1,000 . |
| | | 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 |
|--|-------------|----------------|-------|----------------|------------------------------------|--|
| Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube | | B4100 B4104 | B4103 | | Jan. 1, 2015 | |
| 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 | | | | |
| | 95251 | 95905 | | | | |

| Category | Subcategory | Code | | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|-------|-------------------------------------|------------------------------------|---|
| Experimental & Investigational (and/or Linked Services) (continued) | | 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 | | July 1, 2017 | Prior authorization is required for these codes with any DX. |
| | | 14000 | 14001 | Gender Dysphoria Treatment DX Codes | July 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 | 56625 | | | | |
| | 56800 | 56805 | | | | |
| | | 57106 | 57110 | Gender Dysphoria Treatment DX Codes | July 1, 2017 | Prior authorization is only required for these codes with these DX codes. |
| | | 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 | | | |
| Injectable Medications | Tepezza® | J3241 | | | Oct. 1, 2020 | |
| | Adakveo® | J0791 | | | July 1, 2020 | |
| | Givlaari® | J0223 | | | | |
| | Reblozyl® | J0896 | | | | |
| | Zolgensma® | J3399 | | | | |
| | Onpattro™ | J0222 | | | Oct. 1, 2019 | |
| | Ultomiris™ | J1303 | | | July 1, 2019 | |
| | Soliris® | J1300 | | | | |
| | Crysvita® | J0584 | | | | |
| | Luxturna™ | J3398 | | | Jan. 1, 2019 | |
| | Radicava® | J1301 | | | | |
| Spinraza™ | J2326 | | | April 1, 2018 | | |
| Injectable Medications - Unclassified | Scenesse® Uplizna™ | C9399 | J3490 | | April 1, 2018* | |
| | | J3590 | | | * 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"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Submit prior authorization requests through naviHealth</p> |

| Category | Subcategory | Code | | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|---|---|----------------|------------------------------------|---|
| Inpatient Admissions Post-Acute Services (continued) | | | | | | <p>as part of the Continued Care program.</p> <p>Phone: 855-851-1127 Fax: 844-244-9482</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>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</p> |
| Joint Replacement 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 | |
| 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 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 |
|---|------------------|-------|-------|----------------|------------------------------------|--|
| Orthognathic Surgery 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 | | | |
| | Orthotics | | 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 | | | Prior authorization should be submitted online through the Optum Physical Health portal www.myoptumhealthphysicalhealth.com |
| | | 97165 | 97166 | | | |
| | | G0515 | S9128 | | Jan. 1, 2018 | |
| | | 70371 | 92507 | | July 1, 2017 | All prior authorization requests will require: <ul style="list-style-type: none"> Optum Physical Health Patient Summary Form (PSF-750) Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only) For questions about prior authorization or Optum Physical Health portal assistance, please contact |
| | | 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 | 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. |
| Potentially Unproven Services (and/or Linked Services) | | 28890 64405 | 36514 | | Jan. 1, 2015 | |
| 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 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 | | 78830 78832 | 78831 | | Jan. 1, 2020 | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to 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. Or, call 866-889-8054.</p> <p>For more details, please visit UHCprovider.com/TX > CommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p> |
| | | 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 78799 78801 78803 78811 | 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 78800 78802 78804 78812 | | Jan. 1, 2015 | |

| Category | Subcategory | Code | | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|---|---|----------------|------------------------------------|--|
| Radiology (continued) | | 78813 78815 78999 | 78814 78816 | | | |
| Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation | | 30400 30420 30435 30460 30465 | 30410 30430 30450 30462 30520 | | Jan. 1, 2015 | |
| Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | 21685 41599 42299 | 41512 42145 | | Jan. 1, 2015 | |
| Spinal Surgery | | 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 22849 22852 22856 22861 | 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 22850 22855 22857 22862 | | Jan. 1, 2015 | |

| Category | Subcategory | Code | | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|------------------------|-------|-------|----------------|------------------------------------|--|
| Spinal Surgery (continued) | | 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 | | | | | |
| Stimulators Implantation of a device that sends electrical impulses | Bone Growth Stimulator | E0747 | E0748 | | Jan. 1, 2015 | |
| | | E0749 | E0760 | | | |
| | 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 | |
|--|---------------------|--|-------------------------|----------------|------------------------------------|--|--------------|
| Transplants | CAR T-Cell Therapy | C9399** J3590** | J3490** J9999** | | 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. | |
| | | **Prior authorization is only required for Tecartus™ | | | | | |
| | | 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 | | | | | | |
| 50380 | 50547 | | | | | | |
| S2060 | | | | | | | |
| | 38232 | | Oncology DX codes | | | | |
| Vagus Nerve Stimulation 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 |
|---|-------------|-------------------------|-------------------------|----------------|------------------------------------|--|
| 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 | | 36473 | 36475 | | Oct. 1, 2018 | |
| | | 36478 37718 37780 | 37700 37722 | | Jan. 1, 2015 | |
| 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 | | | Jan. 1, 2015 | |
| | | 33975 33979 33982 | 33976 33981 33983 | | | |

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