

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

Effective Oct. 1, 2020

## 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](http://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](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 19324 19328 19340 19350 19357 19364 19367 19369 19371 19396	19318 19325 19330 19342 19355 19361 19366 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 V5273	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	S2202				

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		E1239	K0812		July 1, 2017	Prior authorization is required <b>regardless of billed amount</b> .
		K0813	K0814			
		K0815	K0816			
		K0820	K0828			
		K0829	K0830			
		K0831	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	
		E0203	E0246			
		E0316	E0328			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0329	E0350			
		E0373	E0459			
		E0462	E0603			
		E0616	E0617			
		E0618	E0635			
		E0636	E0639			
		E0640	E0642			
		E0700	E0710			
		E0740	E0746			
		E0761	E0770			
		E0785	E0830			
		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	E1500			
		E1510	E1520			
		E1530	E1540			
		E1550	E1560			
		E1575	E1580			
		E1590	E1592			
		E1594	E1600			
		E1615	E1620			
		E1625	E1630			
		E1632	E1634			
		E1635	E1636			
		E1637	E1639			
		E1699	K0020			
		K0037	K0039			
		K0044	K0046			
		K0047	K0050			
		K0051	K0056			
		K0065	K0072			
		K0073	K0098			
K0105	K0455					
K0609	K0743					
K0744	K0745					
K0746						

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

A9280  
A9999  
E0194  
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  
T5999

A9900  
B9999  
E0231  
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  
V2786

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 B4103	B4102 B4104		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	
		0085T	0100T			
		0101T	0102T			
		0106T	0107T			
		0108T	0109T			
		0110T	0111T			
		0174T	0175T			
		0191T	0198T			
		0200T	0201T			
		0207T	0213T			
		0214T	0215T			
		0216T	0217T			
		0218T	0230T			
		0231T	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				

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>		94013	95250			
		95251	95905			
		95965	95966			
		95967	96000			
		96001	96003			
		96004	96902			
		99174	A4575			
		A4638	A6000			
		A9274	A9276			
		A9277	A9278			
		E0446	E1831			
		G0295	G0329			
		G0341	G0342			
		G0343	G9147			
		M0076	P2031			
		P2033	P2038			
		S0810	S1030			
		S1031	S2102			
		S2300	S2325			
		S3652	S3902			
	S9001	S9025				
	S9055	S9349				
	S9988	S9990				
	S9991					
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915		July 1, 2017	
		29916				
<b>Gender Dysphoria Treatment</b>		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				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Gender Dysphoria Treatment (continued)</b>		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			
<b>Hysterectomy – Inpatient Only</b> Vaginal hysterectomies		58260	58262		July 1, 2017	
		58263	58267			
		58270	58275			
		58280	58290			
		58291	58292			
		58293	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			
<b>Injectable Medications</b>	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	
<b>Injectable Medications – Step Therapy</b>	Colony-Stimulating Factors	Q5120			July 1, 2020	
	Hyaluronic Acid Polymers (FDA approved as medical devices)	J7333				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications – Step Therapy (continued)	Immuno-modulators	Q5121				
	Colony-Stimulating Factors	J1442 Q5108	J1447 Q5110		May 1, 2020	
	Erythropoiesis Stimulating Agents	J0881	J0885*		Jan. 1, 2020	* For code J0885, prior authorization is required for Procrit only (does not include Epogen).
	Hyaluronic Acid Polymers (FDA approved as medical devices)	J7320 J7322 J7324 J7327 J7331	J7321 J7323 J7326 J7329 J7332			
	Immuno-modulators	J1745				
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><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>	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470 24360 24362 26340 27122 27130 27134 27138 27445 27447 27487 29867 G0428 S2112	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>		A0140	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	
<b>Orthotics</b>		L0140 L0170 L0220 L0466 L0622 L0631 L1499 L1640 L1834	L0150 L0200 L0452 L0468 L0623 L1001 L1630 L1730 L1904		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)		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						
		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		92521 92523 92610 97162 97165 97167	92522 92524 97161 97163 97166		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		G0515	S9128		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>
		70371 92508 92627 92633 97024 97035 97139 97164* 97530 97535 97542 97546 97755 97761 G0152 S9129 S9152	92507 92626 92630 96105 97032 97036 97150 97168* 97533 97537 97545 97750 97760 G0151 G0283 S9131		July 1, 2017	All prior authorization requests will require: <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 Optum Physical Health 800-873-4575.</li> </ul>
		92526 97012 97016 97022 97028 97034 97110 97113 97124 97799 G0281 S8990	97010 97014 97018 97026 97033 97039 97112 97116 97140 G0129 G0282		Jan. 1, 2015	*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		
Potentially Unproven Services (and/or Linked Services)		28890 64405	36514		Jan. 1, 2015	
Private Duty Nursing		T1000			Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Prosthetics (continued)</b>		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					
<b>Psychological Testing</b>		96116	96121		Oct. 1, 2019	
		96130	96131			
		96132	96133			
		96136	96137			
<b>Radiology</b>		78830	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 <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.</p>
		78832			Jan. 1, 2015	
		76376	76377			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		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 78813 78815 78999	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 78814 78816			For more details, please visit <a href="http://UHCprovider.com/TX">UHCprovider.com/TX</a> > CommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
<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 S2080		Jan. 1, 2015	



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery		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				
	63051	63055				
	63056	63057				
	63064	63066				
	63075	63076				
	63077	63078				
	63081	63082				
	63085	63086				
	63087	63088				
	63090	63091				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63101	63102			
		63103	63170			
		63172	63173			
		63180	63182			
		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	S2348				
<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 61867 61885 63650 63685 64555 64570	61864 61868 61886 63655 64553 64568 64595		Jan. 1, 2015	
<b>Transplants</b>	CAR T-Cell Therapy	0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) 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.
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		47143 47145 47147 48552 50300 50323 50340 50365 50380 S2060 S2152	47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061			
		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		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	

CPT® is a registered trademark of the American Medical Association.