

# Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid Plan) Effective November 1, 2019

## 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 tool on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call <b>888-887-9003</b> when referring for mental health and substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization required	81163	81164	81165	81166
		81212	81215	81216	81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		19396	L8600		
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance  Prior authorization 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 tool on your Link dashboard. Or, call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/TXCommunityPlan</b> >Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program.			

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Doc#: PCA-1-015760-05072019\_0522019

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular	Prior authorization required for lower extremities angiogram only	75710*	75716*		
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\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431
I70.432	I70.433	I70.434	I70.435
I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448
I70.449	I70.461	I70.462	I70.463
I70.468	I70.469	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518
I70.519	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.591	I70.592	I70.593
I70.598	I70.599	I70.601	I70.602
I70.603	I70.608	I70.609	I70.611
I70.612	I70.613	I70.618	I70.619
I70.621	I70.622	I70.623	I70.628

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (cont'd)		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

<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	Prior authorization required	69710	69711	69714	69715
		69718	69799	69930	92601
		92602	92603	92604	L8614
		L8619	L8690	L8691	L8692
		V5273			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11920	11921	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
		21299	21740	21742	21743
		28344	30120	30540	30545
		30560	30620	31295	31296
		31297	31298	40500	67900
67901	67902	67903	67904		
67906	67908	67909	67912		
67950	67961	67966	69090		
69300	69320	Q2026	Q2027		
		Q2202	S2202		
<b>Durable medical equipment (DME) - incontinence supplies</b>	Prior authorization 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> .  To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b> .			
<b>Durable medical equipment (DME)</b>	Prior authorization required  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 <i>Home health care</i> .	Prior authorization required <b>regardless of billed amount</b> :			
		E0466	E1230	E1239	E2310
		E2311	E2321	K0800	K0801
		K0802	K0806	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870
		K0871	K0877	K0878	K0879

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Durable medical equipment (DME) (cont'd)		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899

Prior authorization required only for a **retail purchase or cumulative rental cost of more than \$1,000:**

- |       |       |       |       |
|-------|-------|-------|-------|
| A9280 | A9900 | A9999 | B9999 |
| E0170 | E0193 | E0194 | E0203 |
| E0231 | E0246 | E0277 | E0300 |
| E0302 | E0304 | E0316 | E0328 |
| E0329 | E0350 | E0373 | E0459 |
| E0462 | E0465 | E0483 | E0486 |
| E0603 | E0616 | E0617 | E0618 |
| E0635 | E0636 | E0638 | E0639 |
| E0640 | E0642 | E0670 | E0692 |
| E0693 | E0694 | E0700 | E0710 |
| E0740 | E0745 | E0746 | E0761 |
| E0762 | E0764 | E0770 | E0782 |
| E0783 | E0784 | E0785 | E0786 |
| E0830 | E0970 | E0983 | E0984 |
| E0986 | E0988 | E1002 | E1003 |
| E1004 | E1005 | E1006 | E1007 |
| E1008 | E1009 | E1010 | E1011 |
| E1017 | E1018 | E1020 | E1029 |
| E1030 | E1035 | E1036 | E1037 |
| E1050 | E1070 | E1084 | E1085 |
| E1086 | E1087 | E1089 | E1100 |
| E1110 | E1161 | E1170 | E1171 |
| E1172 | E1180 | E1190 | E1195 |
| E1200 | E1222 | E1224 | E1227 |
| E1228 | E1229 | E1231 | E1232 |
| E1233 | E1234 | E1235 | E1236 |
| E1237 | E1238 | E1270 | E1280 |
| E1295 | E1296 | E1297 | E1298 |
| E1310 | E1399 | E1500 | E1510 |
| E1520 | E1530 | E1540 | E1550 |
| E1560 | E1575 | E1580 | E1590 |
| E1592 | E1594 | E1600 | E1615 |
| E1620 | E1625 | E1630 | E1632 |
| E1634 | E1635 | E1636 | E1637 |
| E1639 | E1699 | E1800 | E1801 |
| E1802 | E1805 | E1810 | E1811 |
| E1812 | E1815 | E1818 | E1825 |
| E1830 | E1840 | E2227 | E2312 |
| E2322 | E2325 | E2327 | E2328 |
| E2329 | E2330 | E2376 | E2402 |
| E2500 | E2502 | E2504 | E2506 |

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd)</b>		E2508	E2510	E2511	E2512
		K0005	K0007	K0020	K0037
		K0039	K0044	K0046	K0047
		K0050	K0051	K0056	K0065
		K0072	K0073	K0098	K0105
		K0108	K0455	K0609	K0730
		K0743	K0744	K0745	K0746
		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	T5999
		V2786			
	<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4100	B4102	B4103
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		29880	31634	33477	37204
		37210	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	0019T	0030T	0054T
		0055T	0085T	0100T	0101T
		0102T	0103T	0106T	0107T
		0108T	0109T	0110T	0111T
		0123T	0124T	0174T	0175T
		0191T	0198T	0199T	0200T
		0201T	0205T	0206T	0207T
		0213T	0214T	0215T	0216T
		0217T	0218T	0230T	0231T
		0253T	0263T	0264T	0265T
		0266T	0267T	0268T	0269T
		0270T	0271T	0272T	0273T
0274T	0275T	A4575	A4638		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental and investigational (and/or linked services) (cont'd)</b>		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>	Prior authorization required	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
These <b>surgical codes</b> with the following <b>DX codes</b> :					
		F64.0	F64.1	F64.2	<b>F64.8</b>
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>Crysvita®</b> J0584 <b>Luxturna™</b> J3398 <b>Onpattro™</b> J0222 <b>Radicava®</b> J1301 <b>Soliris®</b> J1300 <b>Spinraza™</b> J2326 <b>Ultomiris™</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		J1303			
		<b>Unclassified codes*</b>			
		C9399	J3490	J3590	
		* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®			
<b>Inpatient admissions</b>	Notification required				
<b>Inpatient admissions-post acute services:</b>	Prior authorization and notification of admission date 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>				
	<b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:				
	<ul style="list-style-type: none"> <li>UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare® Nursing Home</li> </ul>				
<b>Joint replacement</b>	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement procedures		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0140	A0424		
<b>Non-emergent ground ambulance</b>	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
Treatment of maxillofacial/jaw functional impairment		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>	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (cont'd)</b>		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L1001	L1200	L1300	L1310
		L1499	L1630	L1640	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1834	L1844
		L1846	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2232
		L2320	L2387	L2520	L2525
		L2526	L2627	L2628	L2800
		L2861	L3020	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
	L4631				
<b>Outpatient therapy</b>	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)	70371	92507	92508	92521
		92522	92523	92524	92526
	Prior Authorization should be submitted online through the Optum Physical Health portal <a href="http://www.myoptumphysicalhealth.com">www.myoptumphysicalhealth.com</a>	92610	92626	92627	92630
		92633	96105	97010	97012
	All Prior authorization requests will require:	97014	97016	97018	97022
		97024	97026	97028	97032
	<ul style="list-style-type: none"> <li>Optum Physical Health Patient Summary Form(PSF-750)</li> </ul>	97033	97034	97035	97036
		97039	97110	97112	97113
	<ul style="list-style-type: none"> <li>Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only)</li> </ul>	97116	97124	97139	97140
		97150	97161	97162	97163
	For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health <b>800-873-4575</b> .	97164*	97165	97166	97167
		97168*	97530	97533	97535
		97537	97542	97545	97546
		97750	97755	97760	97761
		97799	G0129	G0151	G0152
		G0281	G0282	G0283	G0515
		S8990	S9128	S9129	S9131
	S9152				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Outpatient therapy (cont'd)</b>		<b>OR billed with these Revenue codes:</b>			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	440**	441**	977
		978			

\* Prior authorization not required for nursing facilities

\*\* Prior authorization required for nursing facilities only

<b>Potentially unproven services (and/or linked services)</b>	Prior authorization required	28890	36514	64405
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<b>Private duty nursing</b>	Prior authorization required	T1000		
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<b>Prosthetics</b>	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	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	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6026	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont'd)</b>		L6885	L6895	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	L7499	L8035	L8039
		L8041	L8042	L8043	L8044
		L8049	L8499	L8505	L8604
		L8609	L8629	L8631	L8659
	L8699	V2627			
<b>Psychological testing</b>		96116	96121	96130	96131
		96132	96133	96136	96137
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 tool on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/TXCommunityPlan &gt;Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program t.</b></p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (cont'd)</b>		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	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
		0095T	0098T	0163T	0164T
		0165T	0202T	0219T	0220T
		0221T	0222T	0232T	S2348

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64553	64555
		64568	64570	64590	64595

<b>Transplants</b>	Prior authorization required	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 <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Transplants (cont'd)</b>		33945	38208	38209	38210	
		38212	38213	38214	38215	
		38232	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	
		S2061	S2152			
			<b>CAR-T Cell therapy</b>			
			0537T	0538T	0539T	0540T
		Q2041	Q2042			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61888	64569	C1767	C1778	
		L8681	L8689			
<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	Prior authorization required	36473	36475	36476	36478	
		36479	37700	37718	37722	
		37735	37780	37785		
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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> .				
		33927	33928	33929	33975	
		33976	33979	33981	33982	
		33983				