

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

Effective Nov. 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 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 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.
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 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
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	S2202				

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	K0812		July 1, 2017	Prior authorization is required regardless of billed amount .
		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 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	
		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
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4100 B4103	B4102 B4104		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	
		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
Experimental & Investigational (and/or Linked Services) (continued)		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					
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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Gender Dysphoria Treatment (continued)		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			
		58293	58294			
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			
	58573					
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 – Step Therapy	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"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Submit prior authorization requests through naviHealth 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</p>

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Inpatient Admissions Post-Acute Services (continued)						nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home
Joint Replacement 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	
Non-Emergent Air Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0140	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	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21120 21122 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21210 21240 21243 21245 21247 21249	21121 21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21215 21242 21244 21246 21248 21255		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics		L0140	L0150		July 1, 2017	Prior authorization is required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
		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					
			97165	97166					
		97167							
		G0515	S9128		Jan. 1, 2018	Prior authorization should be submitted online through the Optum Physical Health portal www.myoptumhealthphysicalhealth.com			
		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 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	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	
Private Duty Nursing		T1000			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	L5020 L5060 L5105 L5160 L5210 L5230 L5270 L5301 L5321 L5341 L5505 L5520 L5540 L5570 L5590 L5600 L5611 L5614 L5639 L5649 L5681		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		L5683	L5700			
		L5701	L5702			
		L5703	L5707			
		L5724	L5726			
		L5728	L5780			
		L5781	L5782			
		L5814	L5822			
		L5824	L5826			
		L5828	L5830			
		L5840	L5845			
		L5848	L5856			
		L5857	L5858			
		L5930	L5961			
		L5966	L5968			
		L5973	L5976			
		L5979	L5980			
		L5981	L5987			
		L5988	L5990			
		L6000	L6010			
		L6020	L6050			
		L6055	L6100			
		L6110	L6120			
		L6130	L6200			
		L6205	L6250			
		L6300	L6310			
		L6320	L6350			
		L6360	L6370			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			
		L6590	L6621			
		L6624	L6638			
		L6646	L6648			
		L6693	L6696			
		L6697	L6707			
		L6709	L6712			
		L6713	L6714			
		L6715	L6721			
		L6722	L6880			
		L6881	L6882			
		L6883	L6884			
		L6885	L6900			
		L6905	L6910			
		L6920	L6925			
		L6930	L6935			
		L6940	L6945			
		L6950	L6955			
		L6960	L6965			
	L6970	L6975				
	L7007	L7008				
	L7009	L7040				
	L7045	L7170				
	L7180	L7181				
	L7185	L7186				
	L7190	L7191				
	L8035	L8041				
	L8042	L8043				
	L8044	L8499				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		L8609 L8631 V2627	L8629 L8659			
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	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		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		78811 78813 78815 78999	78812 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 S2080		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	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		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		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	S2348				
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	0537T	0538T		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.
		0539T Q2042	0540T			
		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	S2061				
		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	
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			
		36476 37735	36479 37785		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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				
		33975	33976			
		33979	33981			
		33982	33983			

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