

Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid Plan) Effective Apr. 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 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			
Behavioral health services	Prior authorization required 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 Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
BRCA genetic testing	Prior authorization required	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) 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		
Cardiology	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 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. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program .			
Cardiovascular	Prior authorization required for lower extremities angiogram only	75710*	75716*		
		*Prior authorization required for the following diagnosis codes: E08.51 E08.52 E08.59 E08.621			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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	
	I70.629	I70.631	I70.632	I70.633	
	I70.634	I70.635	I70.638	I70.639	
	I70.641	I70.642	I70.643	I70.644	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont'd)		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	
	Cochlear implants and other auditory implants	Prior authorization required	69710	69711	69714	69715
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69718	69799	69930	92601
			92602	92603	92604	L8614
			L8619	L8690	L8691	L8692
			V5273			
	Cosmetic and reconstructive procedures	Prior authorization required	11920	11921	11922	11950
	Cosmetic procedures that change or improve physical appearance, without		11951	11952	11954	11960
			11971	15775	15776	15780
			15781	15782	15783	15786

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd) significantly improving or restoring physiological function	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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		
Durable medical equipment (DME) - incontinence supplies	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 866-295-2319 .			
		To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550 .			
Durable medical equipment (DME)	Prior authorization required	Prior authorization required regardless of billed amount:			
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		E0466	E1230	E1239	E2310
		E2311	E2321	K0800	K0801
Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .		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
		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:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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
		E2508	E2510	E2511	E2512
		K0005	K0007	K0020	K0037
		K0039	K0044	K0046	K0047
		K0050	K0051	K0056	K0065
		K0072	K0073	K0098	K0105

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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			
		For dates of service May 1, 2020 or after the following code will also require prior authorization:			
		E0787			
	Enteral services	Prior authorization required	B4100	B4102	B4103
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Experimental and investigational (and/or linked services)	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	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	A6000	A9274
A9276	A9277	A9278	E0446		
E1831	G0295	G0329	G0341		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Experimental and investigational (and/or linked services) (cont'd)		G0342	G0343	G9147	M0076
		P2031	P2033	P2038	S0810
		S1030	S1031	S2102	S2300
		S2325	S3652	S3902	S9001
		S9025	S9055	S9349	S9988
		S9990	S9991		

For dates of service May 1, 2020 or after the following code will also require prior authorization:

		A4226			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization required	55970	55980		

These **surgical codes** with the following **DX codes**:

	F64.0	F64.1	F64.2	F64.8
	F64.9	Z87.890		
	14000	14001	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
	57291	57292	57295	57296
	57335	57426	58661	58720
	58940	64856	64892	64896
	92507	92508		

Hysterectomy – inpatient only	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58275	58280	58290
		58291	58292	58293	58294

Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	

Injectable medications	Prior authorization required	Crysvita®			
		J0584			
		Luxturna™			
		J3398			
		Onpattro™			
		J0222			
		Radicava®			
		J1301			
		Soliris®			
		J1300			
		Spinraza™			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J2326 Ultomiris™ J1303 Unclassified codes* C9399 J3490 J3590			
		* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Reblozyl®, and Zolgensma®			
Injectable medications – Step therapy	Prior authorization required	Erythropoiesis Stimulating Agents J0881 J0885* Hyaluronic acid polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 Immunomodulators J1745 * For code J0885 prior authorization is required for Procrit only (does not include Epogen)			
Inpatient admissions	Notification required				
Inpatient admissions-post acute services:	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement: <ul style="list-style-type: none"> UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare® Nursing Home </p>				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24362 27122 27134 27445 27487 G0428	23472 24363 27125 27137 27446 29866 J7330	24360 26340 27130 27138 27447 29867 S2112	24361 27120 27132 27412 27486 29868
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent air ambulance transport	Prior authorization required	A0140	A0424		
Non-emergent ground ambulance	Prior authorization required	A0382 A0424 A0433	A0398 A0425 A0434	A0420 A0426	A0422 A0428

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120	21121	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	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
		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					
Outpatient therapy	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
		92610	92626	92627	92630
	Prior Authorization should be submitted online through the Optum Physical Health portal	92633	96105	97010	97012
		97014	97016	97018	97022

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	www.myoptumphysicalhealth.com	97024	97026	97028	97032
	All Prior authorization requests will require:	97033	97034	97035	97036
	• Optum Physical Health Patient Summary Form(PSF-750)	97039	97110	97112	97113
		97116	97124	97139	97140
	• Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only)	97150	97161	97162	97163
		97164*	97165	97166	97167
		97168*	97530	97533	97535
	For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575 .	97537	97542	97545	97546
		97750	97755	97760	97761
		97799	G0129	G0151	G0152
		G0281	G0282	G0283	G0515
		S8990	S9128	S9129	S9131
		S9152			
		OR billed with these Revenue codes:			
		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			
Potentially unproven services (and/or linked services)	Prior authorization required	28890	36514	64405	
Private duty nursing	Prior authorization required	T1000			
Prosthetics	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont'd)		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
		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			
Psychological testing		96116	96121	96130	96131
		96132	96133	96136	96137
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures 	<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 tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program t.</p>			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41599	42145
Maxillomandibular		42299	S2080		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

Spinal surgery	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator				
		E0747	E0748	E0749	E0760	
		Neurostimulator				
		61850	61863	61864	61867	
		61868	61885	61886	63650	
		63655	63685	64553	64555	
		64568	64570	64590	64595	
		Transplants				
		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 800-418-4994 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		
	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				
	CAR-T Cell therapy					
	0537T	0538T	0539T	0540T		
	Q2041	Q2042				
	* Code 38232 will only require prior authorization for an oncology diagnosis					
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61888	64569	C1767	C1778	
		L8681	L8689			
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	Prior authorization required	36473	36475	36476	36478	
		36479	37700	37718	37722	
		37735	37780	37785		
Ventricular assist devices (VAD) 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 855-282-8929 .				
		33927	33928	33929	33975	
		33976	33979	33981	33982	
		33983				

