

# Prior Authorization Requirements for STAR+PLUS

## Effective July 1, 2019

### General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR+PLUS for 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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	95980
		95981	95982		
<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	20975	20979		
<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	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<u><b>Injectable colony-stimulating factor drugs that require prior authorization –</b></u> <b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442 <b>Filgrastim-aafi (Nivestym<sup>™</sup>)</b> Q5110 <b>Filgrastim-sndz (Zarxio<sup>®</sup>)</b> Q5101 <b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505 <b>Pegfilgrastim-cbqv (UDENYCA<sup>™</sup>)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b>			

CPT<sup>®</sup> is a registered trademark of the American Medical Association.

Doc#: PCA-1-015740-05102019\_05212019

© 2019 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive care (cont'd)</b>		Q5108			
		<b>Sargramostim (Leukine<sup>®</sup>)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix<sup>®</sup>)</b>			
		J1447			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Xgeva<sup>®</sup>)</b>			
		J0897			
		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>888-397-8129</b>			
<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			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95951			
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis				
		<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		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>888-397-8129</b>			
<b>Circumcision</b>	Prior authorization required for members older than age 1	54150	54160	54161	54162
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69714	69715	69718	69930
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8690	L8691
		L8692			

Procedures and Services	Additional Information	CPT <sup>®</sup> 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  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<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 only for codes listed with a retail purchase or a cumulative rental cost of more than \$500  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> .	A9279	A9900	E0194	E0265
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0481
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0669
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1035	E1130	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1399	E1825	E2100
		E2227	E2228	E2300	E2310
		E2311	E2325	E2327	E2329
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8001
		K0005	K0008	K0013	K0108
K0848	K0849	K0850	K0851		
K0852	K0853	K0854	K0855		
K0856	K0857	K0858	K0859		
K0860	K0861	K0862	K0863		
K0864	K0868	K0869	K0870		
K0871	K0877	K0878	K0879		
K0880	K0884	K0885	K0886		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b> (cont'd)		K0890	K0891	S1040	T1999
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4103 B4152 B4159 B9998	B4035 B4104 B4153 B4160	B4036 B4149 B4155 B4161	B4100 B4150 B4158 B9002
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 66180	36514 A9274	55866 E1831	64722 S8262
<b>Femoracetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	56805*	57335*
* These <b>surgical codes</b> with the following <b>DX codes</b> :					
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105 81109 81121	81106 81110 81161	81107 81111 81162	81108 81120 81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164 81170 81203 81208 81215 81219 81223 81227	81165 81200 81205 81209 81216 81220	81166 81201 81206 81210 81217 81221	81167 81202 81207 81212 81218 81222
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81223 81227 81240 81244 81251 81255 81261 81265 81270 81276 81291 81295 81299	81224 81233 81241 81245 81252 81256 81262 81266 81272 81287 81292 81296 81300	81225 81235 81242 81246 81253 81257 81263 81267 81273 81288 81293 81297 81301	81226 81237 81243 81250 81254 81260 81264 81268 81275 81290 81294 81298 81302
		81303 81314 81318 81323 81327 81340 81355 81373	81304 81315 81319 81324 81330 81341 81370 81374	81310 81316 81321 81325 81331 81342 81371 81375	81313 81317 81322 81326 81332 81350 81372 81376

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont'd)		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81420	81450
		81455	81507	81519	0011M
		0012M	0013M	0036U	0037U
		0040U	0104U		
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503 G0300	G0153 S9123	G0162 S9124	G0299 S9474
Injectable medications	Prior authorization required	<b>Actemra<sup>®</sup></b> J3262 <b>Acthar<sup>®</sup></b> J0800 <b>Botulinum toxins</b> J0585            J0586            J0587            J0588 <b>Brineura<sup>™</sup></b> J0567 <b>Cinqair<sup>®</sup></b> J2786 <b>Crysvita<sup>®</sup></b> J0584 <b>Entyvio<sup>®</sup></b> J3380 <b>Exondys 51<sup>™</sup></b> J1428 <b>Fasenra<sup>™</sup></b> J0517 <b>Ilaris<sup>®</sup></b> J0638 <b>Ilumya<sup>™</sup></b> J3245 <b>Inflectra<sup>®</sup></b> Q5103 <b>IVIG</b> 90284            J1459            J1555            J1556 J1557            J1559            J1561            J1566 J1568            J1569            J1572            J1575 J1599 <b>Lemtrada<sup>®</sup></b> J0202 <b>Luxturna<sup>™</sup></b> J3398 <b>Makena<sup>®</sup></b> J1726            J1729            J2675 <b>Nucala<sup>®</sup></b>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (cont'd)		J2182	
		<b>Ocrevus™</b>	
		J2350	
		<b>Onpattro™</b>	
		C9036	J3490** J3590**
		<b>Orencia®</b>	
		J0129	
		<b>Parsabiv™</b>	
		J0606	
		<b>Probuphine®</b>	
		J0570	
		<b>Radicava®</b>	
		J1301	
		<b>Remicade®</b>	
		J1745	
		<b>Renflexis®</b>	
		Q5104	
		<b>Simponi Aria®</b>	
		J1602	
		<b>Soliris®</b>	
		J1300	
		<b>Spinraza™</b>	
		J2326	
		<b>Sublocade™</b>	
		Q9991	Q9992
		<b>Synagis®</b>	
		90378	
		<b>Therapeutic Radiopharmaceuticals***</b>	
		A9699	
		<b>Trogarzo™</b>	
		J1746	
		<b>Unclassified codes*</b>	
		C9399	J3490 J3590
		<b>Xolair®</b>	
		J2357	
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>	
		<p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</p>	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization																																							
<b>Injectable medications (cont'd)</b>		<p>** For unclassified codes C9399, J3490 and J3590 prior authorization is only required for Gamifant<sup>®</sup>, Onpatro<sup>™</sup> and Ulltomiris<sup>™</sup>.</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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>888-397-8129</b></p>																																							
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866																																				
<b>Long-term services and supports (LTSS)/Home- and Community-Based Services (HCBS)</b>	Prior authorization obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs																																								
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436																																				
<b>Non-emergent ground ambulance</b>	Prior authorization required	A0382 A0424 A0433	A0398 A0425 A0434	A0420 A0426	A0422 A0428																																				
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21299	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21255	21127 21145 21151 21160 21195 21206 21215 21245 21296																																				
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetics regardless of cost.	<p><b>The following codes require prior authorization for all STAR+PLUS members:</b></p> <table border="0"> <tr> <td>L8000</td> <td>L8001</td> <td>L8002</td> <td>L8010</td> </tr> <tr> <td>L8015</td> <td>L8020</td> <td>L8030</td> <td>L8031</td> </tr> <tr> <td>L8032</td> <td>L8039</td> <td>L8499</td> <td></td> </tr> </table> <p><b>The following codes require prior authorization for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members):</b></p> <table border="0"> <tr> <td>L0112</td> <td>L0170</td> <td>L0456</td> <td>L0462</td> </tr> <tr> <td>L0464</td> <td>L0480</td> <td>L0482</td> <td>L0484</td> </tr> <tr> <td>L0486</td> <td>L0624</td> <td>L0629</td> <td>L0631</td> </tr> <tr> <td>L0632</td> <td>L0634</td> <td>L0636</td> <td>L0637</td> </tr> <tr> <td>L0638</td> <td>L0640</td> <td>L0700</td> <td>L0710</td> </tr> <tr> <td>L0810</td> <td>L0820</td> <td>L0830</td> <td>L0859</td> </tr> </table>				L8000	L8001	L8002	L8010	L8015	L8020	L8030	L8031	L8032	L8039	L8499		L0112	L0170	L0456	L0462	L0464	L0480	L0482	L0484	L0486	L0624	L0629	L0631	L0632	L0634	L0636	L0637	L0638	L0640	L0700	L0710	L0810	L0820	L0830	L0859
L8000	L8001	L8002	L8010																																						
L8015	L8020	L8030	L8031																																						
L8032	L8039	L8499																																							
L0112	L0170	L0456	L0462																																						
L0464	L0480	L0482	L0484																																						
L0486	L0624	L0629	L0631																																						
L0632	L0634	L0636	L0637																																						
L0638	L0640	L0700	L0710																																						
L0810	L0820	L0830	L0859																																						

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1810	L1812	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1843	L1844
		L1845	L1846	L1847	L1860
		L1932	L1945	L1950	L1951
		L1960	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2280	L2350	L2510	L2526
		L2627	L2628	L2999	L3000
		L3010	L3020	L3216	L3221
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3960	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4631	L5000	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5611	L5613	L5614	L5616
		L5620	L5624	L5629	L5631
		L5637	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5650
		L5651	L5653	L5661	L5671
		L5673	L5679	L5682	L5683
		L5685	L5700	L5701	L5702
		L5703	L5704	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L5845	L5848	L5857	L5858
		L5910	L5920	L5930	L5940
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5972
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8420
		L8500	L8610		
<b>Outpatient therapy</b>	Prior authorization required	70371	92506	92507	92508
	For prior authorization, please call	92526	92626	92627	92630
	OptumHealth Physical Health at <b>800-</b>	92633	96105	97012	97014
	<b>873-4575</b> or the notification number	97016	97018	97022	97024
	on the back of the member's health	97026	97028	97032	97033
	plan ID card..	97034	97035	97036	97039
	<b>For patients ages 21 and older:</b>	97110	97112	97113	97116
	Care providers must also complete	97124	97139	97140	97150
	the Patient Summary Form PSF-750	97164*	97168*	97530	97533
	online. If you're registered with	97535	97537	97542	97545
	Optum, you can edit and submit the	97546	97750	97760	97761
	form at	97762	97799	G0129	G0152
	<b>myoptumhealthphysicalhealth.com</b>	G0281	G0282	G0283	G0515
	> Resource Library > Clinical				
	Submission Forms. If you can't submit				
	the form online, please call				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient therapy (cont'd)</b>	OptumHealth Physical Health at <b>800-873-4575</b> .  <b>For patients younger than 21:</b> Care providers must submit the top two sections of the Patient Summary Form PSF-750 and TX Pediatric Supplement Form - you don't have to complete the patient section in the bottom third of the form. If you are not able to submit the form online or have questions, please call Optum Physical Health at <b>800-873-4575</b> .	G9041 S9152	G9043	G9044	S8990
		<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>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/TXcommunityplan</b> >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63180	63182	63185
		63190	63191	63194	63195
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
	<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>		
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
<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
		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		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 37718	36475 37722	36478 37780	37700
<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 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
<b>Wound vac</b>	Prior authorization required	E2402			