

Prior authorization requirements for UnitedHealthcare Connected (Medicare-Medicaid Plan) Texas

Effective October 1, 2024

This list contains prior authorization review requirements for participating UnitedHealthcare Connected® (Medicare-Medicaid plan) Texas health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page
- **Fax:** 877-940-1972. The prior authorization request form is available at [Prior Authorization Forms](#).

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

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	81164		Jan. 1, 2019
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19355	19318 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.



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
Cardiology		0571T	0614T	June 1, 2021	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054 .	
		33270		Oct. 1, 2016		
		33206	33207			Jan. 1, 2015
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93350			
		93351	93452			
		93453	93454			
		93455	93456			
	93457	93458				
	93459	93460				
	93461					
Cardiovascular		37230	37231	Feb 1, 2023	Prior authorization required for members age 18 and older	
	Cardiology	93580		April 1, 2022		
		33285		Feb. 1, 2022		
		E0616		July 1, 2017		
Cartilage Implants		27415	27416	July 1, 2021		
Cochlear Implants and Other Auditory Implants		69729	69730	Jan. 1, 2023	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	
		69710	69711			
		69714	69799	Jan. 1, 2015		
		69930	92601			
		92602	92603			
		92604	L8614			
		L8619	L8690			
		L8691	L8692			
Continuous Glucose Monitor		E2102		Feb. 1, 2023		
		A4238	E2103	Jan. 1, 2023	Type 2 Diabetes DX	
		A4239				
		A9276	A9277	Oct. 1, 2021		
		A9278				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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Cosmetic & Reconstructive Procedures		14020	14021	July 1, 2021	
		14060	14061		
		31299			
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		31298		Oct. 1, 2018	
		21299	31295	July 1, 2017	
		31296	31297		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11951	11950	Jan. 1, 2015	
		11954	11952		
		11971	11960		
		15776	15775		
		15781	15780		
		15783	15782		
		15787	15786		
		15789	15788		
		15793	15792		
		15820	15819		
		15822	15821		
		15824	15823		
		15826	15825		
		15829	15828		
		15832	15830		
		15834	15833		
		15836	15835		
		15838	15837		
		15847	15839		
		15878	15877		
		17106	15879		
		17108	17107		
		17999	17380		
		21172	19300		
		21179	21175		
		21181	21180		
		21183	21182		
		21230	21184		
		21256	21235		
		21261	21260		
		21267	21263		
		21270	21268		
		21740	21275		
	21743	21742			
	30120	28344			
	30545	30540			
	30620	30560			
	67900	40500			
	67902	67901			
	67904	67903			
	67908	67906			
	67912	67909			
	67961	67950			
	69090	67966			
	69320	69300			
		Q2026			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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Durable Medical Equipment (DME) – Incontinence Supplies

Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call **866-295-2319**.

To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at **800-349-0550**.

Durable Medical Equipment (DME)		E0766	E2609	July 1, 2021	Prior authorization is required regardless of billed amount.
		E2617	E8001		
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	K0813	July 1, 2017	
		K0814	K0815		
		K0816	K0820		
		K0828	K0829		
		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		
	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	
	E0170	E0316	July 1, 2017		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
Durable Medical Equipment (DME) (cont.)		E0328	E0329		cumulative rental cost of more than \$1,000.	
		E0635	E0373			
		E0639	E0462			
		E0642	E0618			
		E0983	E0636			
		E1017	E0640			
		E1029	E0740			
		E1036	E0970			
		E1050	E0988			
		E1084	E1020			
		E1086	E1035			
		E1089	E1037			
		E1110	E1070			
		E1171	E1085			
		E1180	E1087			
		E1195	E1100			
		E1222	E1170			
		E1227	E1172			
		E1229	E1190			
		E1270	E1200			
		E1295	E1224			
		E1297	E1228			
		K0037	E1231			
		K0044	E1280			
		K0047	E1296			
		K0051	E1298			
		K0065	K0020			
		K0073	K0039			
			K0046			
			K0050			
			K0056			
			K0072			
			K0098			
			K0455			
		A9900	A9999			Jan. 1, 2015
		B9999	E0194			
		E0277	E0300			
		E0302	E0304			
		E0486	E0483			
		E0670	E0638			
		E0693	E0692			
		E0745	E0694			
		E0764	E0762			
		E0986	E0784			
		E1003	E0984			
		E1005	E1002			
		E1007	E1004			
		E1009	E1006			
	E1011	E1008				
	E1030	E1010				
	E1232	E1018				
	E1234	E1161				
	E1236	E1233				
	E1238	E1235				
	E1399	E1237				
	E1801	E1800				
	E1805	E1802				
	E1811	E1810				
	E1815	E1818				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E1825	E1830		
		E1840	E2227		
		E2312	E2322		
		E2325	E2327		
		E2328	E2329		
		E2330	E2376		
		E2402	E2500		
		E2502	E2504		
		E2506	E2508		
		E2510	E2511		
		E2512	K0005		
		K0007	K0108		
		K0730	L5000		
		L3999	Q0480		
		L5999	Q0482		
		Q0479	Q0484		
		Q0481	Q0495		
		Q0483	Q0503		
		Q0489	T1999		
		Q0496			
	S1040				
	V2786				
Enteral Services		B4100	B4103	Jan. 1, 2015	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4104			
Experimental & Investigational (and/or Linked Services)		A4226		May 1, 2020	
		22867	22869	Jan. 1, 2017	
		33477		March 1, 2016	
		0054T	0055T	Jan. 1, 2015	
		0100T	0101T		
		0102T	0106T		
		0107T	0108T		
		0109T	0110T		
		0174T	0175T		
		0191T	0198T		
		0200T	0201T		
		0207T	0213T		
		0214T	0215T		
		0216T	0217T		
		0218T	0253T		
		0263T	0264T		
		0265T	0266T		
		0267T	0268T		
		0269T	0270T		
		0271T	0272T		
	0273T	0274T			
	0275T	20985			
	22505	25259			
	27275	27860			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Experimental & Investigational (and/or Linked Services) (cont.)		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		
		94013	95250		
		95251	95905		
		95965	95966		
		95967	96000		
		96001	96003		
		96004	96902		
		99174	A4575		
		A4638	A9274		
		E1831	G0295		
		G0329	G0341		
		G0342	G0343		
	G9147	P2033			
	P2038	S2325			
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	July 1, 2017	
		29916			
Gender Dysphoria Treatment		55970	55980	Jan. 1, 2017	Prior authorization is required for these codes with any DX.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		14000	14001	Jan. 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		
		56625	56800		
		56805	57106		
		57110	57291		
		57292	57295		
		57296	57335		
		57426	58661		
		58720	58940		
		64856	64892		
		64896	92507		
		92508			
Hysterectomy – Inpatient Only		58260	58262	July 1, 2017	
Vaginal hysterectomies		58263	58267		
		58270	58290		
		58291	58292		
		58294			
Hysterectomy – Inpatient and Outpatient Procedures		58150	58152	July 1, 2017	
Abdominal and laparoscopic surgeries		58180	58541		
		58542	58543		
		58544	58550		
		58552	58553		
		58554	58570		
		58571	58572		
		58573			
Injectable Medications	Zymfentra			Oct. 1, 2024	
	Cosentyx IV	J3247		July 1, 2024	
	OmvoH	J2267			
	Daxxify®	J0589		April 1, 2024	
	Izervay®	J2782			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	Elevidys®	J1413		Jan. 1, 2024	
	Qalsody®	J1304			
	Rystiggo®	J9333			
	Vyjuvek®	J3401			
	Vyvgart Hytrulo®	J9334			
	Syfovre®	J2781		Oct. 1, 2023	
	Vyepti®	J3032			
	Leqembi®	J0174		July 25, 2023	
	Panzyga®	J1576		July 1, 2023	
	Hemgenix®	J1411		April 1, 2023	
	Spevigo®	J1747			
	Cutaquig®	J1551		Aug 1, 2022	
	Apretude™	J0739		July 1, 2022	
	Leqvio®	J1306			
	Entyvio™	J3380			
	Ocrevus™	J2350			
	Orencia™	J0129			
	Ryplazim™	J2998			
	Vyvgart™	J9332			
	Saphnelo™	C9086		Jan. 1, 2022	
	Evkeeza™	J1305		Oct. 1, 2021	
	Oxlumo™	J0224		July 1, 2021	
				Jan. 1, 2021	
	Uplizna™	J1823			
	Tepezza®	J3241		Oct. 1, 2020	
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Zolgensma®	J3399			
	Onpattro™	J0222		Oct. 1, 2019	
	Ultomiris™	J1303			
	Soliris®	J1300		July 1, 2019	
Crysvita®	J0584		Jan. 1, 2019		
Luxturna™	J3398				
Radicava®	J1301				
Spinraza™	J2326		April 1, 2018		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications Temporary and Unclassified	Beqvez Yimmugo	C9172 C9399 J3590	J3490	Oct. 1, 2024	
	PiaSky	C9399 J3590	J3490	Aug. 9, 2024	
	Winrevair	C9399 J3590	J3490	June 1, 2024	
	Adzynma®	C9167 J3590	J3490	April 1, 2024	
	Tzield®	C9149		April 1, 2023	
	Amvuttra™	C9399 J3590	J3490	Aug 1, 2022	

Inpatient Admissions

Notification required

Inpatient Admissions Post-Acute Services:

Prior authorization and notification of admission date is required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Submit prior authorization requests through naviHealth as part of the Continued Care program.

Phone: **855-851-1127**

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
					<p>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 nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home</p>
Joint Replacement		23470	23472	Jan. 1, 2015	
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		26340	27120		
		27122	27125		
		27130	27132		
		27134	27137		
		27138	27412		
		27445	27446		
		27447	27486		
		27487	29866		
		29867	29868		
		G0428	J7330		
Non-Emergent Air Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Air Ambulance Transport		A0424		Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0398	A0420	April 1, 2016	
		A0422	A0424		
		A0425	A0426		
		A0428	A0433		
		A0434			
		A0382		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21120	21121	Jan. 1, 2015	
		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			

Orthopedic Surgeries		24365	25441	July 1, 2021	
		25442	25444		
		25446	25449		
		27700	29834		
		29837	29838		
		29840	29844		
		29845	29846		
		29847	29891		
		29892	29894		
		29895	29897		
		29898	29899		

Orthotics

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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		L3020	L1846	Jan. 1, 2015	Prior authorization is required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
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Outpatient Therapy		S9128		Jan. 1, 2018	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.
	70371	92507		July 1, 2017	
	92508	92626			Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification.
	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				*Prior authorization is not required for nursing facilities.	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		92526	97012	Jan. 1, 2015	
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
		97140	97799		
		G0129	G0281		
	OR billed with these revenue codes:	419	420		** Prior authorization is required for nursing facilities only.
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		
		978			
Pain Management		62350	62351	July 1, 2021	
		62360	62361		
		62362			
Potentially Unproven Services (and/or Linked Services)		33289	C2624	April 1, 2023	
		28890	36514	Jan. 1, 2015	
		64405			
Prostate Procedures		53850	53852	April 1, 2022	
		55873			
		37243	52441	July 1, 2021	
		52442	55874		
		55866		Jan. 1, 2017	
Prosthetics		L5795	L5818	July 1, 2017	Prior authorization is required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.
		L5960	L7499		
		L6895	L8049		
		L8039	L8604		
		L8505			
		L8699			
		L5010	L5020	Jan. 1, 2015	
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Prosthetics (cont.)		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5500	L5505		
		L5510	L5520		
		L5530	L5540		
		L5560	L5570		
		L5580	L5590		
		L5595	L5600		
		L5610	L5611		
		L5613	L5614		
		L5616	L5639		
		L5643	L5649		
		L5651	L5681		
		L5683	L5700		
		L5701	L5702		
		L5703	L5707		
		L5724	L5726		
		L5728	L5780		
		L5781	L5782		
		L5814	L5822		
		L5824	L5826		
		L5828	L5830		
		L5840	L5845		
		L5848	L5856		
		L5857	L5858		
		L5930	L5961		
		L5966	L5968		
		L5973	L5976		
		L5979	L5980		
		L5981	L5987		
		L5988	L5990		
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
		L8035	L8041		
		L8042	L8043		
		L8044	L8499		
		L8609	L8629		
		L8631	L8659		
		V2627			
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		78429	78430	Jan. 1, 2021	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		78431	78432		
		78433			
		78830	78831	Jan. 1, 2020	<p>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal 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>
		78832			
		76376	76377	Jan. 1, 2015	
		78012	78013		
		78014	78015		
		78016	78018		
		78070	78071		
		78072	78075		
		78099	78226		
		78199	78299		
		78227	78399		
		78492	78459		
		78579	78491		
		78582	78499		
		78598	78580		
		78608	78597		
		78699	78599		
		78799	78609		
		78801	78800		
		78803	78802		
		78811	78804		
		78813	78812		
		78815	78814		
		78999	78816		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Jan. 1, 2015	
		30420	30430		
		30435	30450		
		30460	30462		
		30465	30520		
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41512	Jan. 1, 2015	
		41599	42145		
		42299			
Spinal Surgery		22510	22511	April 1, 2022	
		22512	22513		
		22514	22515		
		20930	20931	July 1, 2021	
		20939	22854		
		22858			
		0163T	0098T	Jan. 1, 2015	
		0165T	0202T		
		0219T	0220T		
		0221T	0222T		
		0232T	22100		
		22101	22102		
		22103	22110		
		22112	22114		
		22116	22206		
		22207	22208		
		22210	22212		
		22214	22216		
		22220	22222		
		22224	22226		
		22526	22527		
		22532	22533		
		22534	22548		
		22551	22552		
		22554	22556		
		22558	22585		
		22590	22595		
		22600	22610		
		22612	22614		
		22630	22632		
		22633	22634		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22840		
		22841	22842		
		22843	22844		
		22845	22846		
		22847	22848		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
Spinal Surgery (cont.)		22849	22850			
		22852	22855			
		22856	22857			
		22861	22862			
		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			
		63185	63190			
		63191	63200			
		63197	63251			
		63250	63265			
		63252	63268			
		63267	63271			
		63270	63286			
		63272	63301			
		63300	63303			
		63302	63305			
		63304	63307			
		63306	64633			
		63308				
		64634				
	Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747	E0748	Jan. 1, 2015	
			E0749	E0760		
Neurostimulator		L8682	L8683	July 1, 2021		
		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			
Transplants			J3393		July 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization		
Transplants (cont.)	Temporary and Unclassified	Amtagvi Lenmeldy	C9399 J3590	J3490		For transplant and CAR T-Cell therapy services including Abecma® (Idcaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel), and Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
	Temporary and Unclassified	Casgevy® Lantidra®	C9399 J3590	J3490	April 1, 2024		
	CAR T-Cell Therapy		Q2055				Jan. 1, 2022
			Q2054				Oct 1, 2021
			Q2053				May 1, 2021
	Transplant Services		0537T 0539T Q2042	0538T 0540T			Jan. 1, 2019
			Q2041				April 1, 2018
			32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547			Jan. 1, 2015
			38232		Oncology DX codes		
			61888 C1767 L8681	64569 C1778 L8689			Jan. 1, 2015
	Vein Procedures		37766 37765	37799			July 1, 2021

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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			
		36476	36479	Jan. 1, 2015	
		37735	37785		
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	Jan. 1, 2015	
		33979	33981		
	33982	33983			

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