

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

Effective September 1, 2022

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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal 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	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19355 19361 19367 19369 19371 19396	19318 19328 19340 19350 19357 19364 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.

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		93580			April 1, 2022	Prior authorization required for members age 18 and older
	Cardiology	33285			Feb. 1, 2022	
		75710	75716	Lower-Extremity Angiogram DX codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.
Cardiology	E0616			July 1, 2017		
Cartilage Implants		27415	27416		July 1, 2021	
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	69711		Jan. 1, 2015	
		69714	69799			
		69930	92601			
		92602	92603			
		92604	L8614			
		L8619	L8690			
		L8691	L8692			
Continuous Glucose Monitor		A9276 A9278	A9277	Type 2 Diabetes DX	Oct. 1, 2021	
		K0553	K0554		July 1, 2021	

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		14020 14060 31299	14021 14061		July 1, 2021	
		31298			Oct. 1, 2018	
		21299 31296	31295 31297		July 1, 2017	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11920 11922 11951 11954 11971 15776 15781 15783 15787 15789 15793 15820 15822 15824 15826 15829 15832 15834 15836 15838 15847 15878 17106 17108 17999 21172 21179 21181 21183 21230 21256 21261 21267 21270 21740 21743 30120 30545 30620 67900 67902 67904 67908 67912 67961 69090 69320	11921 11950 11952 11960 15775 15780 15782 15786 15788 15792 15819 15821 15823 15825 15828 15830 15833 15835 15837 15839 15877 15879 17107 17380 19300 21175 21180 21182 21184 21235 21260 21263 21268 21275 21742 28344 30540 30560 40500 67901 67903 67906 67909 67950 67966 69300 Q2026		Jan. 1, 2015	

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		E0766 E2617	E2609 E8001		July 1, 2021	Prior authorization is required regardless of billed amount .
		E1239 K0814 K0816 K0828 K0835 K0838 K0841 K0843 K0859 K0870 K0877 K0879 K0884 K0886 K0891 K0899	K0813 K0815 K0820 K0829 K0837 K0839 K0842 K0857 K0869 K0871 K0878 K0880 K0885 K0890 K0898		July 1, 2017	Prior authorization is required regardless of billed amount .
						Prior authorization is required regardless of billed amount .

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0466 E2310 E2321 K0801 K0806 K0821 K0823 K0825 K0827 K0840 K0849 K0851 K0853 K0855 K0858 K0861 K0863	E1230 E2311 K0800 K0802 K0808 K0822 K0824 K0826 K0836 K0848 K0850 K0852 K0854 K0856 K0860 K0862 K0864		Jan. 1, 2015	Prior authorization is required regardless of billed amount.
		E0787			May 1, 2020	Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000.
		E0170 E0246 E0328 E0350 E0459 E0603 E0617 E0635 E0639 E0642 E0710 E0785 E0983 E1017 E1029	E0193 E0316 E0329 E0373 E0462 E0618 E0636 E0640 E0700 E0740 E0970 E0988 E1020 E1035 E1037		July 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E1036 E1050 E1084 E1086 E1089 E1110 E1171 E1180 E1195 E1222 E1227 E1229 E1270 E1295 E1297 E1510 E1530 E1550 E1575 E1590 E1594 E1620 E1632 E1637 E1699 K0037 K0044 K0047 K0051 K0065 K0073 K0105 K0609	E1070 E1085 E1087 E1100 E1170 E1172 E1190 E1200 E1224 E1228 E1231 E1280 E1296 E1298 E1520 E1540 E1560 E1580 E1592 E1600 E1630 E1635 E1639 K0020 K0039 K0046 K0050 K0056 K0072 K0098 K0455			Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000.
		A9900 B9999 E0277 E0302 E0465 E0486 E0670 E0693 E0745 E0764 E0783 E0786 E0986 E1003 E1005 E1007 E1009 E1011 E1030 E1232 E1234 E1236 E1238 E1399 E1801 E1805	A9999 E0194 E0300 E0304 E0483 E0638 E0692 E0694 E0762 E0782 E0784 E0984 E1002 E1004 E1006 E1008 E1010 E1018 E1161 E1233 E1235 E1237 E1310 E1800 E1802 E1810		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		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	K0108			
		K0730	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			
	V2786					
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4100 B4104	B4103		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	
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Experimental & Investigational (and/or Linked Services) (continued)		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			
		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 29916	29915		July 1, 2017	
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
Gender Dysphoria Treatment (continued)		14000	14001	Gender Dysphoria Treatment DX Codes	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 Vaginal hysterectomies		58260	58262		July 1, 2017	
		58263	58267			
		58270	58275			
		58280	58290			
		58291	58292			
		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	Cutaquig®	J1551			Aug 1, 2022	Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into
	Apretude™	J0739			July 1, 2022	
	Leqvio®	J1306				
	Entyvio™	J3380				
	Ocrevus™	J2350				
	Orencia™	J0129				
	Ryplazim™	J2998				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (cont.)	Vyvgart™	J9332			<p>UHCProvider.com and follow this pathway:</p> <p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>
	Saphnelo™	C9086		Jan. 1, 2022	
	Evkeeza™	J1305		Oct. 1, 2021	
	Oxlumo™	J0224		July 1, 2021	
	Scenesse®	J7352		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		
Injectable Medications – Temporary and Unclassified	Amvuttra™	C9399 with DX E85.1	J3490		Aug 1, 2022
		J3590			
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>

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Inpatient Admissions Post-Acute Services (continued)						Phone: 855-851-1127 Fax: 844-244-9482 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. 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
Joint Replacement Joint, total hip and knee replacement procedures		23470 24360 24362 26340 27122 27130 27134 27138 27445 27447 27487 29867 G0428	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		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	

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			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						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics (continued)		L3255 L3265 L3485 L3720 L3765 L3921 L4030 L4045 L4055	L3257 L3320 L3674 L3764 L3891 L3956 L4040 L4050			
		L0112 L0482 L0486 L0629 L0634 L0638 L0710 L0820 L0859 L1300 L1680 L1700 L1720 L1844 L2005 L2034 L2037 L2126 L2627 L3020 L3766 L3901 L3961 L3971 L3975 L3977 L4000	L0480 L0484 L0624 L0632 L0636 L0700 L0810 L0830 L1200 L1310 L1685 L1710 L1755 L1846 L2020 L2036 L2038 L2525 L2628 L3649 L3900 L3904 L3967 L3973 L3976 L3978 L4631		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy		S9128			Jan. 1, 2018	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)
		70371 92508 92627 92633 97024 97035 97139 97164* 97530 97535 97542 97546 97755 97761 G0152 S9129 S9152	92507 92626 92630 96105 97032 97036 97150 97168* 97533 97537 97545 97750 97760 G0151 G0283 S9131		July 1, 2017	
		92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	97012 97016 97022 97028 97034 97110 97113 97124 97799 G0281		Jan. 1, 2015	
	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.
Pain Management		62350 62360 62362	62351 62361		July 1, 2021	
Potentially Unproven Services (and/or Linked Services)		28890 64405	36514		Jan. 1, 2015	
Prostate Procedures		53850 55873	53852		April 1, 2022	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prostate Procedures (continued)		37243 52442	52441 55874		July 1, 2021	
		55866			Jan. 1, 2017	
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 L5683 L5701 L5703 L5724 L5728 L5781 L5814 L5824 L5828 L5840 L5848 L5857 L5930 L5966 L5973 L5979 L5981 L5988 L6000 L6020 L6055 L6110 L6130 L6205 L6300 L6320 L6360	L5020 L5060 L5105 L5160 L5210 L5230 L5270 L5301 L5321 L5341 L5505 L5520 L5540 L5570 L5590 L5600 L5611 L5614 L5639 L5649 L5681 L5700 L5702 L5707 L5726 L5780 L5782 L5822 L5826 L5830 L5845 L5856 L5858 L5961 L5968 L5976 L5980 L5987 L5990 L6010 L6050 L6100 L6120 L6200 L6250 L6310 L6350 L6370		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (continued)		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			
		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	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
		78832				
		76376	76377		Jan. 1, 2015	
		78012	78013			
		78014	78015			
		78016	78018			
		78070	78071			
		78072	78075			
		78099	78102			
		78103	78104			
		78185	78195			
		78199	78201			
	78202	78215				
	78216	78226				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		78227	78231			<p>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>
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78230	78399			
		78428	78445			
		78451	78452			
		78453	78454			
		78456	78457			
		78458	78459			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78491			
		78492	78494			
		78496	78499			
		78579	78580			
		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999				
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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery		22510	22511		April 1, 2022	
		22512	22513			
		22514	22515			
		20930	20931		July 1, 2021	
		20939	22854			
		22858				
		0095T	0098T		Jan. 1, 2015	
		0163T	0164T			
		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			
		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		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 E0749	E0748 E0760		Jan. 1, 2015	
	Neurostimulator	L8682	L8683		July 1, 2021	
		64590			July 1, 2019	
		61850			July 1, 2018	
		61863 61867 61885 63650 63685 64555 64570	61864 61868 61886 63655 64553 64568 64595		Jan. 1, 2015	
Transplants	CAR T-Cell Therapy	Q2055			Jan. 1, 2022	For transplant and CAR T-Cell therapy services including <u>Abecma® (Idecaptagene Cicleucel)</u> , <u>Breyanzi® (Lisocabtagene Maralucel)</u> , <u>Kymriah™ (tisagenlecleucel)</u> , <u>Tecartus™ (brexucabtagene autoleucel)</u> and <u>Yescarta™ (axicabtagene ciloleucel)</u> , please call the UnitedHealthcare Community and State Transplant Case Management team at 888-
		Q2054			Oct 1, 2021	
		Q2053			May 1, 2021	
		0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852	32851 32853		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (continued)		32854	32855			936-7246 or the notification number on the back of the member's health plan ID card.
		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			
		S2060	50547			
		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		37766 37765	37799		July 1, 2021	
		36473 36478 37718 37780	36475 37700 37722		Oct. 1, 2018	
		36476 37735	36479 37785		Jan. 1, 2015	
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 33929	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 .
		33975 33979 33982	33976 33981 33983		Jan. 1, 2015	

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