

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

Effective March 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Connected TX (Medicare-Medicaid plan) inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 877-940-1972.** The 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 professionals 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	81164	Jan. 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	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.
		19325	L8600		
		19355			
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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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	69729	69730		Jan. 1, 2023	
	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	Type 2	Jan. 1, 2023	
	A4239		Diabetes DX		
	A9276	A9277		Oct. 1, 2021	
	A9278				
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	14020	14021		July 1, 2021	
	14060	14061			
	31299				
	31298			Oct. 1, 2018	
	21299	31295		July 1, 2017	
	31296	31297			
	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cosmetic & Reconstructive Procedures (cont.)		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		

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> .	E1239	K0813		July 1, 2017	
	K0814	K0815			
	K0816	K0820			
Some home health care services may qualify but are not subject to the cost threshold – see Home health care	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		E0466	E1230	Jan. 1, 2015	
		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	
		E0170	E0316	July 1, 2017	
		E0328	E0329		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Experimental & Investigational (and/or Linked Services) (cont.)		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Gender Dysphoria Treatment		55970	55980		Jan. 1, 2017	Prior authorization is required for these codes with any DX.
		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	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	Elevidys®	J1413			Jan. 1, 2024	
	Qalsody®	J1304				
	Rystiggo®	J9333				
	Vyjuvek®	J3401				
	Vyvgart Hytrulo®	J9334				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Syfovre® Vyeptri®	J2781 J3032		Oct. 1, 2023	
	Leqembi®	J0174		July 25, 2023	
	Panzyga®	J1576		July 1, 2023	Do Not Start Case – Direct Provider using the information below:
	Hemgenix® Spevigo®	J1411 J1747		April 1, 2023	
	Cutaquig®	J1551		Aug 1, 2022	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications
	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	For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129
				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	Adzynma® Omvoh®	C9399 J3590	J3490	April 1, 2024	
	Tzield®	C9149		April 1, 2023	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	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**

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
					SNP) UnitedHealthcare Nursing Home
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	
Orthognathic Surgery		21120	21121	Jan. 1, 2015	
Treatment of maxillofacial/jaw functional impairment		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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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

	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. Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com >
	70371	92507	July 1, 2017	
	92508	92626		
	92627	92630		
	92633	96105		
	97024	97032		
	97035	97036		
	97139	97150		
	97164*	97168*		
	97530	97533		
	97535	97537		
	97542	97545		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		97546	97750		UnitedHealthcare Provider Portal > Prior Authorization and Notification. *Prior authorization is not required for nursing facilities.
		97755	97760		
		97761	G0151		
		G0152	G0283		
		S9129	S9131		
		S9152			
		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
		L5960	L7499		
		L6895	L8049		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prosthetics (cont.)		L8039	L8604		cumulative rental cost of more than \$1,000.
		L8505			
		L8699			
		L5010	L5020		Jan. 1, 2015
		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		
		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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		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 Notification on your Provider Portal dashboard Or, call 866-889-8054 . For more details, please visit UHCprovider.com /TX > CommunityPlan > Prior Authorization and
		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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		78815 78999	78814 78816		Notification Resources > Radiology Prior Authorization and Notification Program.
Rhinoplasty and Septoplasty		30400 30420 30435 30460 30465	30410 30430 30450 30462 30520	Jan. 1, 2015	
Sleep Apnea Procedures & Surgeries		21685 41599 42299	41512 42145	Jan. 1, 2015	
Spinal Surgery		22510 22512 22514	22511 22513 22515	April 1, 2022	
		20930 20939 22858	20931 22854	July 1, 2021	
		0163T 0165T 0219T 0221T 0232T 22101 22103 22112 22116 22207 22210 22214 22220 22224 22526 22532 22534 22551 22554 22558 22590 22600 22612 22630 22633 22800	0098T 0202T 0220T 0222T 22100 22102 22110 22114 22206 22208 22212 22216 22222 22226 22527 22533 22548 22552 22556 22585 22595 22610 22614 22632 22634 22802	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (cont.)		22804	22808		
		22810	22812		
		22818	22819		
		22830	22840		
		22841	22842		
		22843	22844		
		22845	22846		
		22847	22848		
		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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
		61863	61864		Jan. 1, 2015		
		61867	61868				
		61885	61886				
		63650	63655				
		63685	64553				
		64555	64568				
		64570	64595				
Transplants	Temporary and Unclassified	Lantidra®	C9399 J3590	J3490	April 1, 2024	For transplant and CAR T-Cell therapy services including <u>Abecma®</u> (<u>Idecaptogene Cicleucel</u>), <u>Breyanzi®</u> (<u>Lisocabtagene Maralucecl</u>), <u>Kymriah™</u> (<u>tisagenlecleucel</u>) <u>Tecartus™</u> (<u>brexucabtagene autoleucel</u>) and <u>Yescarta™</u> (<u>axicabtagene ciloleucel</u>), 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.	
	CAR T-Cell Therapy		Q2055				Jan. 1, 2022
			Q2054				Oct 1, 2021
			Q2053				May 1, 2021
	Transplant Services		0537T	0538T			Jan. 1, 2019
			0539T	0540T			
			Q2042				
			Q2041				April 1, 2018
			32850	32851			Jan. 1, 2015
			32852	32853			
			32854	32855			
			32856	33930			
			33933	33935			
			33940	33944			
			33945	38208			
		38209	38210				
		38212	38213				
		38214	38215				
		38240	38241				
		38242	44132				
		44133	44135				
		44136	44137				
		44715	44720				
		44721	47133				
		47135	47140				
		47141	47142				
		47143	47144				
		47145	47146				
		47147	48551				
		48552	48554				
		50300	50320				
		50323	50325				
		50340	50360				
		50365	50370				
		S2060	50547				
		38232		Oncology DX codes			
Vagus Nerve Stimulation	Implantation of a device that sends electrical	61888	64569		Jan. 1, 2015		
		C1767	C1778				
		L8681	L8689				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
impulses into one of the cranial nerves						
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	37799	July 1, 2021		
		37765				
		36473 36478	36475	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	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 33979 33982	33976 33981 33983	Jan. 1, 2015		

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