

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

Effective May 1, 2023

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: 866-604-3267**
- **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 81165 | 81164 81166 | Jan. 1, 2019 | |
| | | 81212 81216 | 81215 81217 | Jan. 1, 2015 | |

| 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 | Breast Reconstruction DX codes | Jan. 1, 2015 | Prior authorization is not required for these codes with Breast Reconstruction DX codes. |
| | | 19325 | 19328 | | | |
| | | 19330 | 19340 | | | |
| | | 19342 | 19350 | | | |
| | | 19355 | 19357 | | | |
| | | 19361 | 19364 | | | |
| | | 19367 | 19368 | | | |
| | | 19369 | 19370 | | | |
| | | 19371 | 19380 | | | |
| | 19396 | L8600 | | | Prior authorization is required for all other DX codes. | |
| 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 | |
| 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 | | | |
| | 11920 | 11921 | | Jan. 1, 2015 | |
| | 11922 | 11950 | | | |
| | 11951 | 11952 | | | |
| | 11954 | 11960 | | | |
| | 11971 | 15775 | | | |
| | 15776 | 15780 | | | |
| | 15781 | 15782 | | | |
| | 15783 | 15786 | | | |
| | 15787 | 15788 | | | |
| | 15789 | 15792 | | | |
| | 15793 | 15819 | | | |
| | 15820 | 15821 | | | |
| | 15822 | 15823 | | | |
| | 15824 | 15825 | | | |
| | 15826 | 15828 | | | |
| | 15829 | 15830 | | | |
| | 15832 | 15833 | | | |
| | 15834 | 15835 | | | |
| | 15836 | 15837 | | | |
| | 15838 | 15839 | | | |
| | 15847 | 15877 | | | |
| | 15878 | 15879 | | | |
| 17106 | 17107 | | | | |
| 17108 | 17380 | | | | |
| 17999 | 19300 | | | | |
| 21172 | 21175 | | | | |
| 21179 | 21180 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| Cosmetic & Reconstructive Procedures (cont.) | | 21181 | 21182 | | |
| | | 21183 | 21184 | | |
| | | 21230 | 21235 | | |
| | | 21256 | 21260 | | |
| | | 21261 | 21263 | | |
| | | 21267 | 21268 | | |
| | | 21270 | 21275 | | |
| | | 21740 | 21742 | | |
| | | 21743 | 28344 | | |
| | | 30120 | 30540 | | |
| | | 30545 | 30560 | | |
| | | 30620 | 40500 | | |
| | | 67900 | 67901 | | |
| | | 67902 | 67903 | | |
| | | 67904 | 67906 | | |
| | | 67908 | 67909 | | |
| | | 67912 | 67950 | | |
| | | 67961 | 67966 | | |
| | 69090 | 69300 | | | |
| | 69320 | Q2026 | | | |

Durable Medical Equipment (DME) – Incontinence Supplies

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**.

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

| | | | | | |
|---|-------|-------|--|--------------|--|
| Durable Medical Equipment (DME) | 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 | | | |
| Some home health care services may qualify but are not subject to the cost threshold – see Home health care | 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 | | | | |

| 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 | E0193 | July 1, 2017 | |
| | | E0246 | E0316 | | |
| | | E0328 | E0329 | | |
| | | E0350 | E0373 | | |
| | | E0459 | E0462 | | |
| | | E0603 | E0618 | | |
| | | E0617 | E0636 | | |
| | | E0635 | E0640 | | |
| | | E0639 | E0700 | | |
| | | E0642 | E0740 | | |
| | | E0710 | E0970 | | |
| | | E0785 | E0988 | | |
| | | E0983 | E1020 | | |
| | | E1017 | E1035 | | |
| | | E1029 | E1037 | | |
| | | E1036 | E1070 | | |
| | E1050 | E1085 | | | |
| | E1084 | E1087 | | | |
| | E1086 | E1100 | | | |
| | E1089 | E1170 | | | |
| | E1110 | E1172 | | | |
| | E1171 | E1190 | | | |
| | E1180 | E1200 | | | |
| | E1195 | E1224 | | | |
| | E1222 | E1228 | | | |
| | E1227 | E1231 | | | |
| | E1229 | E1280 | | | |
| | E1270 | E1296 | | | |
| | E1295 | E1298 | | | |
| | E1297 | E1520 | | | |
| | E1510 | E1540 | | | |
| | E1530 | E1560 | | | |
| | E1550 | E1580 | | | |
| | E1575 | E1592 | | | |
| | E1590 | E1600 | | | |
| | E1594 | E1630 | | | |
| | E1620 | E1635 | | | |
| | E1632 | E1639 | | | |
| | E1637 | K0020 | | | |
| | E1699 | K0039 | | | |
| | K0037 | K0046 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | K0044 | K0050 | | |
| | | K0047 | K0056 | | |
| | | K0051 | K0072 | | |
| | | K0065 | K0098 | | |
| | | K0073 | K0455 | | |
| | | K0105 | | | |
| | | K0609 | | | |
| | A9900 | A9999 | | Jan. 1, 2015 | |
| | B9999 | E0194 | | | |
| | E0277 | E0300 | | | |
| | E0302 | E0304 | | | |
| | E0465 | E0483 | | | |
| | E0486 | E0638 | | | |
| | E0670 | E0692 | | | |
| | E0693 | E0694 | | | |
| | E0745 | E0762 | | | |
| | E0764 | E0782 | | | |
| | E0783 | E0784 | | | |
| | E0786 | E0984 | | | |
| | E0986 | E1002 | | | |
| | E1003 | E1004 | | | |
| | E1005 | E1006 | | | |
| | E1007 | E1008 | | | |
| | E1009 | E1010 | | | |
| | E1011 | E1018 | | | |
| | E1030 | E1161 | | | |
| | E1232 | E1233 | | | |
| | E1234 | E1235 | | | |
| | E1236 | E1237 | | | |
| | E1238 | E1310 | | | |
| | E1399 | E1800 | | | |
| | E1801 | E1802 | | | |
| | E1805 | E1810 | | | |
| | E1811 | E1812 | | | |
| | E1815 | E1818 | | | |
| | E1825 | E1830 | | | |
| | E1840 | E2227 | | | |
| | E2312 | E2322 | | | |
| | E2325 | E2327 | | | |
| | E2328 | E2329 | | | |
| | E2330 | E2376 | | | |
| | E2402 | E2500 | | | |
| | E2502 | E2504 | | | |
| | E2506 | E2508 | | | |
| | E2510 | E2511 | | | |
| | E2512 | K0005 | | | |
| | K0007 | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|---|-------------------------|----------------|------------------------------------|--|
| | | Q0496 S1040 V2786 | Q0503 T1999 | | |
| Enteral Services | | B4100 B4104 | B4103 | Jan. 1, 2015 | |
| | In-home nutritional therapy, either enteral or through a gastrostomy tube | | | | |
| 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 | | |
| | | 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 | | |

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

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| 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 | | |
| Injectable Medications | Hemgenix® | J1411 | | April 1, 2023 | Do Not Start Case – Direct Provider using the information below: |
| | Spevigo® | J1747 | | | |
| | 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: |
| | 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 | |
| | Scenesse® | J7352 | | Jan. 1, 2021 | For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129 |
| | 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 | | |
| Luxtorna™ | J3398 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|---------------------------------------|----------------|------------------------------------|--|
| Injectable Medications – Temporary and Unclassified | Radicava® | J1301 | | | |
| | Spinraza™ | J2326 | | April 1, 2018 | |
| | Tzield® | C9149 | | April 1, 2023 | |
| | Amvuttra™ | C9399 with J3490 DX E85.1 J3590 | | 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 SNP) UnitedHealthcare Nursing Home

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| Joint Replacement Joint, total hip and knee replacement procedures | | 23470 | 23472 | Jan. 1, 2015 | |
| | | 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 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 | | | |

| 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 | | L0140 | | |
| | | 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 | | |
| | | L3255 | L3257 | | |
| | | L3265 | L3320 | | |
| | | L3485 | L3674 | | |
| | | L3720 | L3764 | | |
| | | L3765 | L3891 | | |
| | | L3921 | L3956 | | |
| | L4030 | L4040 | | | |
| | L4045 | L4050 | | | |
| | L4055 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-------------------|-------------|-------|----------------|------------------------------------|--|
| Orthotics (cont.) | | L0112 | L0480 | Jan. 1, 2015 | |
| | | L0482 | L0484 | | |
| | | L0486 | L0624 | | |
| | | L0629 | L0632 | | |
| | | L0634 | L0636 | | |
| | | L0638 | L0700 | | |
| | | L0710 | L0810 | | |
| | | L0820 | L0830 | | |
| | | L0859 | L1200 | | |
| | | L1300 | L1310 | | |
| | | L1680 | L1685 | | |
| | | L1700 | L1710 | | |
| | | L1720 | L1755 | | |
| | | L1844 | L1846 | | |
| | | L2005 | L2020 | | |
| | | L2034 | L2036 | | |
| | | L2037 | L2038 | | |
| | | L2126 | L2525 | | |
| | | L2627 | L2628 | | |
| | | L3020 | L3649 | | |
| | | L3766 | L3900 | | |
| | | L3901 | L3904 | | |
| | | L3961 | L3967 | | |
| | | L3971 | L3973 | | |
| | | L3975 | L3976 | | |
| | | L3977 | L3978 | | |
| | L4000 | L4631 | | | |

| | | | | | |
|--------------------|--------|--------|--|--------------|---|
| Outpatient Therapy | S9128 | | | Jan. 1, 2018 | <p>Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.</p> <p>Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification.</p> <p>*Prior authorization is not required for nursing facilities.</p> |
| | 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 | | | |
| | 97546 | 97750 | | | |
| | 97755 | 97760 | | | |
| | 97761 | G0151 | | | |
| | G0152 | G0283 | | | |
| S9129 | S9131 | | | | |
| S9152 | | | | | |

| 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 | | |
| | | 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 | L6026 | | |
| | | L6895 | L7499 | | |
| | | L8039 | L8049 | | |
| | | L8505 | L8604 | | |
| | | 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 | |
| | | 78832 | | | |
| | | 76376 | 76377 | Jan. 1, 2015 | <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> |
| | | 78012 | 78013 | | |
| | | 78014 | 78015 | | |
| | | 78016 | 78018 | | |
| | | 78070 | 78071 | | |
| | | 78072 | 78075 | | |
| | | 78099 | 78102 | | |
| | | 78103 | 78104 | | |
| | | 78185 | 78195 | | |
| | | 78199 | 78201 | | |
| | | 78202 | 78215 | | |
| | | 78216 | 78226 | | |
| | | 78227 | 78231 | | |
| | | 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|---|-------|----------------|------------------------------------|--|
| Radiology (cont.) | | 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 | | 30400 | 30410 | | Jan. 1, 2015 |
| | | 30420 | 30430 | | |
| | Treatment of nasal functional impairment and septal deviation | 30435 | 30450 | | |
| | | 30460 | 30462 | | |
| | | 30465 | 30520 | | |
| Sleep Apnea Procedures & Surgeries | | 21685 | 41512 | | Jan. 1, 2015 |
| | | 41599 | 42145 | | |
| | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | 42299 | | | |
| 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|------------------------|-------------|-------|----------------|------------------------------------|--|
| Spinal Surgery (cont.) | | 22214 | 22216 | | |
| | | 22220 | 22222 | | |
| | | 22224 | 22226 | | |
| | | 22526 | 22527 | | |
| | | 22532 | 22533 | | |
| | | 22534 | 22548 | | |
| | | 22551 | 22552 | | |
| | | 22554 | 22556 | | |
| | | 22558 | 22585 | | |
| | | 22590 | 22595 | | |
| | | 22600 | 22610 | | |
| | | 22612 | 22614 | | |
| | | 22630 | 22632 | | |
| | | 22633 | 22634 | | |
| | | 22800 | 22802 | | |
| | | 22804 | 22808 | | |
| | | 22810 | 22812 | | |
| | | 22818 | 22819 | | |
| | | 22830 | 22840 | | |
| | | 22841 | 22842 | | |
| | | 22843 | 22844 | | |
| | | 22845 | 22846 | | |
| | | 22847 | 22848 | | |
| | | 22849 | 22850 | | |
| | | 22852 | 22855 | | |
| | | 22856 | 22857 | | |
| | | 22861 | 22862 | | |
| | | 22864 | 22865 | | |
| | | 22899 | 62287 | | |
| | | 63001 | 63003 | | |
| | | 63005 | 63011 | | |
| | | 63012 | 63015 | | |
| | | 63016 | 63017 | | |
| | | 63020 | 63030 | | |
| | | 63035 | 63040 | | |
| | | 63042 | 63043 | | |
| | | 63044 | 63045 | | |
| | | 63046 | 63047 | | |
| | | 63048 | 63050 | | |
| | | 63051 | 63055 | | |
| | | 63056 | 63057 | | |
| | | 63064 | 63066 | | |
| | | 63075 | 63076 | | |
| | | 63077 | 63078 | | |
| | | 63081 | 63082 | | |
| | | 63085 | 63086 | | |
| | | 63087 | 63088 | | |
| | | 63090 | 63091 | | |
| | | 63101 | 63102 | | |
| | | 63103 | 63170 | | |
| | 63172 | 63173 | | | |
| | 63185 | 63190 | | | |
| | 63191 | 63200 | | | |
| | 63197 | 63251 | | | |
| | 63250 | 63265 | | | |
| | 63252 | 63268 | | | |
| | 63267 | 63271 | | | |
| | 63270 | 63286 | | | |
| | 63272 | 63301 | | | |
| | 63300 | 63303 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|---|------------------------|-------|----------------|------------------------------------|---|---------------|
| | | 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 | CAR T-Cell Therapy | Q2055 | | Jan. 1, 2022 | For transplant and CAR T-Cell therapy services including <u>Abecma® (Idcaptagene 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 888-936-7246 or the notification number on the back of the member's health plan ID card. | |
| | | Q2054 | | Oct 1, 2021 | | |
| | | Q2053 | | May 1, 2021 | | |
| | | 0537T | 0538T | Jan. 1, 2019 | | |
| | | 0539T | 0540T | | | |
| | Q2042 | | | | | |
| | | | Q2041 | | | April 1, 2018 |
| | Transplant Services | | 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 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|---|---|-------|----------------|------------------------------------|--|--|
| Transplants (cont.) | | 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 | 64569 | Jan. 1, 2015 | | |
| | | C1767 | C1778 | | | |
| | | L8681 | L8689 | | | |
| | | | | | | |
| Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 37766 | 37799 | July 1, 2021 | | |
| | | 37765 | | | | |
| | | 36473 | 36475 | Oct. 1, 2018 | | |
| | | 36478 | 37700 | | | |
| | | 37718 | 37722 | | | |
| | | 37780 | | | | |
| | | 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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