

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

Effective February 1, 2025

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.
Cardiology		0571T 33270	0614T		June 1, 2021 Oct. 1, 2016 Prior authorization is required for participating



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		33206	33207	Jan. 1, 2015	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 .
		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	Cardiology	37230	37231	Feb 1, 2023	Prior authorization required for members age 18 and older
		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	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	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
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	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		
		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			

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> .		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			
	Some home health care services may qualify but are not subject to the cost threshold – see Home health care		E0466		
		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	96902		
		96004	A4575		
		99174	A9274		
		A4638	G0295		
		E1831	G0341		
		G0329	G0343		
		G0342	P2033		
	G9147	S2325			
	P2038				
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	Tremfya IV	J1628		Feb. 1, 2025	
	Beqvez	J1414		Jan. 1, 2025	

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	Jubbonti Wyost	Q5136		Nov. 1, 2024	
Injectable Medications (cont.)	Zymfentra	J1748		Oct. 1, 2024	
	Cosentyx IV OmvoH	J3247 J2267		July 1, 2024	
	Daxxify® Izervay®	J0589 J2782		April 1, 2024	
	Elevidys® Qalsody® Rystiggo® Vyjuvek® Vyvgart Hytrulo®	J1413 J1304 J9333 J3401 J9334		Jan. 1, 2024	
	Syfovre® Vyepiti®	J2781 J3032		Oct. 1, 2023	
	Leqembi®	J0174		July 25, 2023	
	Panzyga®	J1576		July 1, 2023	
	Hemgenix® Spevigo®	J1411 J1747		April 1, 2023	
	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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	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	Hypnavzi	C9399 J3590	J3490		Jan. 1, 2025
	Pavblu	C9399 J3590	J3490		Dec. 1, 2024
	Ocrevus Zunovo	C9399	J3490		Nov. 1, 2024
	Yimmugo	C9399	J3490 J3590		Oct. 1, 2024
	PiaSky	C9399 J3590	J3490		Aug. 9, 2024
	Winrevair	C9399 J3590	J3490		June 1, 2024
	Tzield	C9149			April 1, 2023
	Amvuttra	C9399 J3590	J3490		Aug 1, 2022

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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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

Joint Replacement
Joint, total hip and knee replacement procedures

23470	23472
24360	24361
24362	24363
26340	27120
27122	27125
27130	27132
27134	27137
27138	27412

Jan. 1, 2015

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		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		
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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
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.	
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				
			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			
		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				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Prosthetics (cont.)		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		
		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
		78431	78432		
		78433			
		78830	78831	Jan. 1, 2020	
		78832			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		76376	76377	Jan. 1, 2015	notification prior to scheduling the procedure. 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 Notification Resources > Radiology Prior Authorization and Notification Program.
		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		
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			
		0163T	0098T	Jan. 1, 2015	
		0165T	0202T		
		0219T	0220T		
		0221T	0222T		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Spinal Surgery (cont.)		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		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
		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	Temporary and Unclassified	J3392		Jan. 1, 2025	For transplant and CAR T-Cell therapy services including Abecma® (<u>Idecaptagene Cicleucel</u>), Breyanzi® (<u>Lisocabtagene Maralucel</u>), 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.	
		Tecelra	C9399			
		J3490	J3590			
	Temporary and Unclassified	J3393		July 1, 2024		
		Amtagvi	C9399	J3490		
		Lenmeldy	J3590			
	Temporary and Unclassified	Casgevy®	C9399	J3490		April 1, 2024
		Lantidra®	J3590			
	CAR T-Cell Therapy	Q2055		Jan. 1, 2022		
		Q2054		Oct 1, 2021		
	Q2053		May 1, 2021			
	Q2042		Jan. 1, 2019			
	Q2041		April 1, 2018			
Transplant Services	32850	32851	Jan. 1, 2015			
	32852	32853				
	32854	32855				
	32856	33930				
	33933	33935				
	33940	33944				
	33945	38208				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Transplants (cont.)		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	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			
		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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