

Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) Effective January 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-940-1972; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Prior Authorization Forms > Standard Prior Authorization Form: Texas Department of Insurance

Prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69718 92602 L8619 V5273	69711 69799 92603 L8690	69714 69930 92604 L8691	69715 92601 L8614 L8692
Cosmetic and reconstructive 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	Prior authorization required	11920 11951 11971 15781 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183	11921 11952 15775 15782 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184	11922 11954 15776 15783 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230	11950 11960 15780 15786 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235

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Cosmetic and reconstructive (cont'd)		21256	21260	21261	21263
		21267	21268	21270	21275
		21299	21740	21742	21743
		28344	30120	30540	30545
		30560	30620	31295	31296
		31297	40500	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	67950
		67961	67966	69090	69300
		69320	Q2026	Q2027	Q2202
		S2202			
Durable medical equipment (DME) - incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Longhorn Health Solutions.</p> <p>For more information, please visit UHCommunityPlan.com > For Health Care Professionals > Texas > Bulletins > Alerts > DME Incontinent Supplies Change in Authorization Effective Sept. 1, 2016.</p>	To request incontinence supplies, please call Longhorn Health Solutions at 866-295-2319 .			
Durable medical equipment (DME): regardless of billed amount	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0650
		E0651	E0652	E0655	E0656
		E0660	E0665	E0666	E0667
		E0668	E0669	E0671	E0672
		E0673	E0675	E1230	E1239
		E2310	E2311	E2321	K0800
		K0801	K0802	K0806	K0808
		K0812	K0813	K0814	K0815
		K0816	K0820	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0835	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	K0898
		K0899			

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<p>Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	<p>A9280 E0170 E0231 E0302 E0329 E0462 E0486 E0618 E0639 E0692 E0710 E0761 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 E1801 E1811 E1825 E2312 E2328 E2402 E2506 E2512 K0037 K0047</p>	<p>A9900 E0193 E0246 E0304 E0350 E0465 E0603 E0635 E0640 E0693 E0740 E0762 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 E1802 E1812 E1830 E2322 E2329 E2500 E2508 K0005 K0039 K0050</p>	<p>A9999 E0194 E0277 E0316 E0373 E0466 E0616 E0636 E0642 E0694 E0745 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 E1805 E1815 E1840 E2325 E2330 E2502 E2510 K0007 K0044 K0051</p>	<p>B9999 E0203 E0300 E0328 E0459 E0483 E0617 E0638 E0670 E0700 E0746 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1800 E1810 E1818 E2227 E2327 E2376 E2504 E2511 K0020 K0046 K0056</p>

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<p>Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		K0065 K0105 K0730 K0746 L1005 L5400 L5999 Q0479 Q0483 Q0496 T5999	K0072 K0108 K0743 L0462 L2136 L5420 L6380 Q0480 Q0484 Q0503 V2786	K0073 K0455 K0744 L0464 L3999 L5535 L6382 Q0481 Q0489 S1040	K0098 K0609 K0745 L1000 L5000 L5585 L6384 Q0482 Q0495 T1999
<p>Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	Prior authorization required	B4100	B4102	B4103	B4104
<p>Experimental or investigational</p>	Prior authorization required	0019T 0085T 0103T 0109T 0124T 0175T 0190T 0199T 0206T 0215T 0223T 0231T 0244T 0253T 0259T 0266T 0270T 0274T 0281T 0285T 0291T 0299T 22505 27275 31634 43257 55840 61863 61886 62291 64722	0030T 0100T 0106T 0110T 0172T 0181T 0191T 0200T 0207T 0216T 0224T 0233T 0250T 0256T 0263T 0267T 0271T 0275T 0282T 0286T 0292T 0300T 22867 27860 33477 53855 58353 61864 62263 62292 64744	0054T 0101T 0107T 0111T 0173T 0183T 0192T 0201T 0213T 0217T 0225T 0239T 0251T 0257T 0264T 0268T 0272T 0276T 0283T 0287T 0293T 0301T 22869 28446 37204 53860 58356 61867 62264 64566 65765	0055T 0102T 0108T 0123T 0174T 0186T 0198T 0205T 0214T 0218T 0230T 0243T 0252T 0258T 0265T 0269T 0273T 0277T 0284T 0288T 0294T 20985 25259 29880 37210 54240 58563 61868 62290 64595 65767

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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent air ambulance transports	Prior authorization required	A0140	A0424		
Non-emergent ground ambulance	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
Orthognathic surgery	Prior authorization required	21120	21121	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		
Orthotics: more than \$1,000 Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140	L0150	L0170
		L0200	L0220	L0430	L0452
		L0466	L0468	L0480	L0482
		L0484	L0486	L0622	L0623
		L0624	L0629	L0631	L0632
		L0634	L0636	L0638	L0700
		L0710	L0810	L0820	L0830
		L0859	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1846	L1904	L1920
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2040	L2050	L2060
		L2070	L2080	L2090	L2126
		L2128	L2232	L2320	L2387
		L2520	L2525	L2526	L2627
		L2628	L2800	L2861	L3020
		L3160	L3201	L3202	L3203
		L3204	L3206	L3207	L3208

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Orthotics: more than \$1,000 (cont'd) Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L3209	L3211	L3212	L3213
		L3214	L3215	L3250	L3251
		L3252	L3253	L3254	L3255
		L3257	L3265	L3320	L3485
		L3649	L3674	L3720	L3764
		L3765	L3766	L3891	L3900
		L3901	L3904	L3921	L3956
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4000	L4030	L4040	L4045
		L4050	L4055	L4631	L6026
Outpatient therapy	<p>Prior authorization required</p> <p>For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.</p> <p>For patients age 16 and older: Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at myoptumhealthphysicalhealth.com > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at 800-873-4575.</p> <p>For patients younger than age 16: Care providers must also submit the top two sections of the Patient Summary Form PSF-750 online – you don't have to complete the patient section in the bottom third of the form. If you can't submit the form online, please call OptumHealth Physical Health at 800-873-4575.</p>	70371	92506	92507	92508
		92521	92522	92523	92524
		92526	92626	92627	92630
		92633	96105	97010	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97164*	97168*	97530
		97532	97533	97535	97537
		97542	97545	97546	97750
		97755	97760	97761	97762
		97799	G0129	G0151	G0152
		G0281	G0282	G0283	G9041
		G9043	G9044	S8990	S9128
		S9129	S9131	S9152	
		OR billed with the following revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	440**	441**	977
		978			
		* Prior authorization not required for nursing facilities			
		** Prior authorization required for nursing facilities only			
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000			

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<p>Prosthetics: more than \$1,000 Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	<p>L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968 L5980 L5990 L6025 L6100 L6200 L6310 L6370 L6550 L6584 L6621 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L7499 L8042 L8499 L8629</p>	<p>L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973 L5981 L6000 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8035 L8043 L8505 L8631</p>	<p>L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5976 L5987 L6010 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6638 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8039 L8044 L8604 L8659</p>	<p>L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5979 L5988 L6020 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8041 L8049 L8609 L8699</p>

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Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		V2627			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450 30520	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512 S2080	41599	42145
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	0092T 0164T 0202T 0222T 22102 22114 22208 22216 22226 22533 22552 22585 22610 22632 22802 22812 22840 22844 22848 22852 22861 22899 63005 63016 63035 63044 63048 63056 63066 63078 63086	0095T 0165T 0219T 0232T 22103 22116 22210 22220 22526 22534 22554 22590 22612 22633 22804 22818 22841 22845 22849 22855 22862 62287 63011 63017 63040 63045 63050 63057 63075 63081 63087	0098T 0195T 0220T 22100 22110 22206 22212 22222 22527 22548 22556 22595 22614 22634 22808 22819 22842 22846 22850 22856 22864 63001 63012 63020 63042 63046 63051 63060 63076 63082 63088	0163T 0196T 0221T 22101 22112 22207 22214 22224 22532 22551 22558 22600 22630 22800 22830 22843 22847 22851 22857 22865 63003 63015 63030 63043 63047 63055 63064 63077 63085 63090

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Spinal surgery (cont'd)		63091	63101	63102	63103
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
		64633	64634	S2348	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	61888	64568	64569
		64573	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	Prior authorization required	36469	36476	36479	37735
		37785			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Prior authorization required 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.
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations and stress echocardiograms prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program > Cardiology Prior Authorization CPT Code List and Crosswalk.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p>Radiology</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> • Certain PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.</p>																																																												
<p>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0" data-bbox="1055 1323 1494 1848"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47136</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47143</td><td>47144</td></tr> <tr><td>47145</td><td>47146</td><td>47147</td><td>48551</td></tr> <tr><td>48552</td><td>48554</td><td>50300</td><td>50320</td></tr> <tr><td>50323</td><td>50325</td><td>50340</td><td>50360</td></tr> <tr><td>50365</td><td>50370</td><td>50380</td><td>50547</td></tr> <tr><td>S2060</td><td>S2061</td><td>S2152</td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02</p>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152	
32850	32851	32852	32853																																																											
32854	32855	32856	33930																																																											
33933	33935	33940	33944																																																											
33945	38208	38209	38210																																																											
38212	38213	38214	38215																																																											
38232	38240	38241	38242																																																											
44132	44133	44135	44136																																																											
44137	44715	44720	44721																																																											
47133	47135	47136	47140																																																											
47141	47142	47143	47144																																																											
47145	47146	47147	48551																																																											
48552	48554	50300	50320																																																											
50323	50325	50340	50360																																																											
50365	50370	50380	50547																																																											
S2060	S2061	S2152																																																												

Additional Advance Notification and Prior Authorization Programs

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Transplants (cont'd)		along with codes: 38206 38999 J3490 J9999 M0075 S2107
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 . 33927 33928 33929 33975 33976 33979 33981 33982 33983