

Prior Authorization Requirements for STAR Kids

Effective March 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR Kids for 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
Bariatric Surgery		43644	43645	Nov. 1, 2016	
		43659	43770		
Inpatient and outpatient		43775	43842		
bariatric surgery		43845	43846		
and obesity-related services		43847	43848		
		43860			
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		20975	20979	Nov. 1, 2016	
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction (Non-Mastectomy)		11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
Reconstruction of the breast other than following mastectomy		19316	19318	Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		19368	19369		
		19370	19371		
		19380	19396		
Cancer Supportive Care	Colony-Stimulating Factors	J1449		Oct. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
		Q5125	Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	
	Bone-Modifying Agents	J0897		June 1, 2018	
	Colony-Stimulating Factors	Q5120		July 1, 2020	
		Q5108	Q5111	Jan. 1, 2019	
		J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021	
	Q5110		Jan. 1, 2019		
	J1442	Q5101	Oct. 1, 2017		
	J1447				
Cardiology		93319		June 1, 2022	Prior authorization is required for participating physicians for outpatient
		33206	33207	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		33208	33212		<p>and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <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>
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
		33270			

Cardiovascular	93580			April 1, 2022	Prior authorization required for members age 18 or older
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Cerebral Seizure Monitoring – Inpatient Video EEG	95726			March 1, 2020	Prior authorization is required for inpatient services.
	95720	95718		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
	95724	95722			

Chemotherapy	J9051	J9064		Jan. 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
	J9345	J9052			Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
	J9072	J9172			
	J9255	J9258			
	J9286	J9321			
	J9324				
	J9029	J9056		Oct. 1, 2023	
	J9058	J9059			
	J9063	J9259			
	J9322	J9323			
	J9347	J9350			
	J9380				
	J9274	J9298	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for the following codes regardless of cancer

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		J9331	J9332	Oct. 1, 2022	diagnosis. For prior authorization, please call 866-604-3267 .
		J9071 J9359	J9273	July 1, 2022	
		J9247 J9319	J9318	Jan. 1, 2022	
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037	J9349	May 1, 2021	
		J9317	J9118	Jan. 1, 2021	
		J9144	J9223		
		J9316	J9281		
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9165 J9175 J9178 J9181 J9190	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185	Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
		J9201	J9200			
		J9205	J9206			
		J9207	J9208			
		J9209	J9211			
		J9212	J9213			
		J9214	J9215			
		J9216	J9228			
		J9218	J9245			
		J9230	J9260			
		J9250	J9262			
		J9261	J9264			
		J9263	J9267			
		J9266	J9271			
		J9268	J9293			
		J9280	J9299			
		J9295	J9302			
		J9301	J9305			
		J9303	J9307			
		J9306	J9328			
		J9308	J9340			
		J9320	J9352			
		J9330	J9355			
		J9351	J9360			
		J9354	J9371			
		J9357	J9395			
		J9370	J9600			
		J9390	Q2017			
		J9400	Q2050			
		J9999				
		Q2043				
		J1950	Oncology	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	
		J9155	J9202	DX Codes		Jan. 1, 2017
		J9217	J9225			
		J9226				
Circumcision		54150	54160		Nov. 1, 2016	
		54161	54162			
Cochlear Implants and		69729	69730		Mar. 1, 2023	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Other Auditory Implants		69714 L8614 L8690 L8692	69930 L8619 L8691	Nov. 1, 2016	
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech				
Cosmetic & Reconstructive procedures		14020* 14041	14021* 14061*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256	Nov. 1, 2016	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
Continuous Glucose Monitor		E2102 A4238	E2103 A4239	Feb. 1, 2023	
		A9276 A9278	A9277	Oct. 1, 2021	
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME)		E0639 E0640		Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0465 E0637		May 1, 2019	
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		April 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		A9279 E0194 E0265 E0300 E0445 E0457 E0483 E0466 E0638 E0636 E0642 E0641 E0700 E0669 E0745 E0710 E0764 E0762 E1002 E0784 E1004 E1003 E1006 E1005 E1008 E1007 E1010 E1009 E1161 E1035 E1231 E1229 E1233 E1232 E1235 E1234 E1237 E1236 E1239 E1238 E2100 E1399 E2228 E2227 E2325 E2300 E2329 E2327 E2373 E2351 E2511 E2510 E2626 E2599 E2628 E2627 E2630 E2629 K0005 E8001 K0013 K0008 K0848 K0108 K0850 K0849 K0852 K0851 K0854 K0853 K0856 K0855 K0858 K0857 K0860 K0859 K0862 K0861 K0864 K0863		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		K0869	K0868		
		K0871	K0870		
		K0878	K0877		
		K0880	K0879		
		K0885	K0884		
		K0890	K0886		
	S1040	K0891			
			T1999		
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		
		B4036	B4104	May 1, 2019	
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998		Nov. 1, 2016
Experimental & Investigational		33477	36514		
		66180	64722	Nov. 1, 2016	
		E1831	A9274		
Femoroacetabular Impingement Syndrome (FAI)		29914	29915		
		29916		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		
		31259		July 1, 2018	
Gender Dysphoria Treatment		31240	31254		
		31255	31256	Nov. 1, 2016	
		31267	31276		
		31287	31288		
	55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
	56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81520		Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.
	Genetic testing				
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81229		Oct. 1, 2021	
		87505	87506	Nov. 1, 2020	
		87507			
	0111U	0129U		Nov. 1, 2019	
		81400	81401	Feb 1, 2019	
		81402	81403		
		81404	81405		
		81406	81407		
		81408	81410		
		81411	81519		
Home Health Care		99503	G0299	Nov. 1, 2016	
		G0300	S9474		
Injectable Medications	Acthar Gel®	J0801		Feb. 1, 2024	Prior authorization through Optum SGP. Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch</i> .
	Cortropin Gel™	J0802			
	Elevidys®	J1413			
	Elfabrio®	J2508			
	Lamzed®	J0217			
	Qalsody®	J1304			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Rystiggo® Vyvgart Hytrulo®	J9333 J9334		Jan. 1, 2024	<p><i>Medication List.</i> Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826. ** Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>
	Hemgenix® Legembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Sunlenca® Syfovre®	J2329 J1576 J1961 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Sunlenca® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J1961 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Flynetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse® Tezspire®	J7352 J2356			
	Apretude™ Leqvio® Vyvgart™ Cutaquig® Nexviazyme® Saphnelo™	J7039 J1306 J9332 J1551 J0219 J0491		Aug 1, 2022 May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Aldurazym® Elaprased® Fabrazyme® Kanuma®	J0256 J0257 J1931 J1743 J0180 J2840		April 1, 2022	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Nplate®	J2796			
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	**Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	**Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	**Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIIG	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Soliris®	J1300			
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIIG	J1575		May 1, 2016	

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Nov. 1, 2016

Botulinum Toxin	J0585	J0586
	J0587	J0588
IVIG	90284	J1459
	J1556	J1557
	J1559	J1561
	J1566	J1568
	J1569	J1572
	J1599	
Makena®	J2675	
*Synagis®	90378	
Xolair®	J2357	

Injectable Medications – Temporary and Unclassified

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*.

Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Joint Replacement Joint, total hip and knee replacement procedures	23470	23472
	23473	23474
	24360	24361
	24362	24363
	24370	24371
	27120	27130
	27125	27134
	27132	27138
	27137	27446
	27412	27486
	27447	29866
	27487	29868
	29867	

Nov. 1, 2016

Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)

Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization is not required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources > Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	
Orthognathic Surgery		21121 21125	21123 21127	Nov. 1, 2016	
Treatment of maxillofacial/jaw functional impairment		21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		
Orthotics and Prosthetics		L1832 L3763 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999	May 1, 2019 April 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L0112	L0170		
		L0456	L0462	Nov. 1, 2016	
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1834		
		L1840	L1844		
		L1845	L1846		
		L1860	L1945		
		L1950	L1970		
		L2000	L2005		
		L2010	L2020		
		L2030	L2034		
		L2036	L2037		
		L2038	L2060		
		L2106	L2108		
		L2126	L2136		
		L2350	L2510		
		L2526	L2627		
		L2628	L3230		
		L3265	L3649		
		L3671	L3674		
		L3720	L3730		
		L3740	L3764		
		L3900	L3901		
		L3904	L3905		
		L3961	L3971		
		L3975	L3976		
		L3977	L3999		
		L4000	L4010		
		L4020	L5010		
		L5020	L5050		
		L5060	L5100		
		L5105	L5150		
		L5160	L5200		
		L5210	L5220		
		L5230	L5250		
		L5270	L5280		
		L5301	L5312		
		L5321	L5331		
		L5341	L5400		
		L5420	L5460		
		L5500	L5505		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L5510	L5520		
		L5530	L5535		
		L5540	L5560		
		L5570	L5580		
		L5585	L5590		
		L5595	L5600		
		L5610	L5613		
		L5614	L5616		
		L5639	L5640		
		L5642	L5643		
		L5644	L5646		
		L5648	L5651		
		L5653	L5661		
		L5682	L5702		
		L5703	L5706		
		L5716	L5718		
		L5722	L5724		
		L5726	L5728		
		L5780	L5790		
		L5795	L5811		
		L5812	L5814		
		L5816	L5818		
		L5822	L5824		
		L5826	L5828		
		L5830	L5848		
		L5857	L5858		
		L5930	L5950		
		L5960	L5961		
		L5964	L5966		
		L5968	L5973		
		L5976	L5979		
		L5980	L5981		
		L5982	L5984		
		L5987	L5988		
		L5990	L6000		
		L6010	L6020		
		L6050	L6055		
		L6100	L6110		
		L6120	L6130		
		L6200	L6205		
		L6250	L6300		
		L6310	L6320		
		L6350	L6360		
		L6370	L6380		
		L6382	L6384		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
	L6590	L6621			
	L6623	L6624			
	L6646	L6648			
	L6686	L6687			
	L6689	L6690			
	L6692	L6693			
	L6694	L6695			
	L6696	L6697			
	L6704	L6707			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
		L6708	L6709			
		L6711	L6712			
		L6713	L6714			
		L6715	L6880			
		L6881	L6882			
		L6883	L6884			
		L6885	L6895			
		L6900	L6905			
		L6910	L6915			
		L6920	L6925			
		L6930	L6935			
		L6940	L6945			
		L6950	L6955			
		L6960	L6965			
		L6970	L6975			
		L7007	L7008			
		L7009	L7040			
		L7045	L7170			
		L7180	L7181			
		L7185	L7186			
		L7190	L7191			
		L7405	L8040			
		L8042	L8043			
		L8044	L8045			
		L8046	L8047			
		L8499	L8610			
Outpatient Therapy		S9152		Dec. 1, 2022	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 > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers	
		70371	92626	July 1, 2017		
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97533	97535			
		97537	97542*			
		97545	97546			
		97750	97760			
		97761	G0283			
		92507	92508			Nov. 1, 2016
		92526	97012			
		97014	97016			
		97018	97022			
	97026	97028				
	97033	97034				
	97039	97110				
	97112	97113				
	97116	97124				
	97140	97530				
	97799	G0129				
	G0152	G0281				
	G0282	S8990				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	OR billed with these revenue codes	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026	Oct. 1, 2018	
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Proceudres		37243 55874 55866	53850	April 1, 2022 Nov. 1, 2016	Prior authorization will not be required for dates of service on or after March 1, 2022
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525	Nov. 1, 2016	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		76391		March 1, 2020	
		76390 78831	78830 78832	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
		77046 77048	77047 77049	Jan. 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		70336	70450	Nov. 1, 2016	Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
	74263	75557			
	75559	75561			
	75563	75571			
	75572	75573			
	75574	75635			
	76376	76377			
	76380	76497			
	76498	77021			
	77084	78012			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78608	78609		
		78699	78707		
		78708	78709		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
	78813	78814			
	78815	78816			
	78999	G0235			
	G0252	S8092			
	S8037				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			
Site of service (SOS) – Outpatient Hospital	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of service (SOS) – Outpatient Hospital (cont.)	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
	46270	46275			
	46288	46505			
	46750	46910			
	46946				
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Site of service (SOS) – Outpatient Hospital (cont.)		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22903			
		22902	23075			
		23071	27327			
		24071	27632			
		27337	28039			
		28035	28060			
		28041	28090			
		28080	28110			
		28104	28119			
		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
		29819	29824			
		29823	29826			
		29825	29828			
		29827	29840			
		29835	29846			
		29845	29861			
		29848	29876			
		29875	29879			
	29877	29881				
	29880	29888				
	29882					
	29893					
	Nervous System	64561	64640			
	Ophthalmologic	65426	65730			
		65855	66170			
		66761	67028			
		67036	67040			
		67228	67311			
		67312				
	Respiratory System	30802	30930			
		31525	31535			
		31536	31541			
		31624				
	Tonsillectomy & Adenoidectomy	42820	42821			
42825		42826				
Adenoidectomy	42830					
Upper Gastrointestinal Endoscopy	43235	43239				
	43249					
Urinary System	52276	52287				
	52320	52344				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
Sleep Apnea Procedures & Surgeries		21685	41599	Nov. 1, 2016	
		42145			
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Nov. 1, 2016	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (cont.)		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	63200		
		63250	63251		
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
	63308				
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747	E0748	Nov. 1, 2016	
		E0760			
	Neurostimulator	43648	43881	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
L8686	L8687				
L8688					
Transplants	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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.
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
		0539T	0540T		
	Q2042				
	Transplant Services	Q2041		April 1, 2018	
		32850	32851	Nov. 1, 2016	
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
38240		38241			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		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		
		S2152	S2061		
		38232	Oncology DX Codes	Nov. 1, 2016	
Vein Procedures		37765	37766	July 1, 2021	
		36473		April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	Nov. 1, 2016	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD)		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			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	Nov. 1, 2016	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Nov. 1, 2016	