

Prior Authorization Requirements for STAR Kids

Effective June 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** 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 providers 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 Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Nov. 1, 2016	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Nov. 1, 2016	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Cancer Supportive Care	Colony-Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	<p>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</p> <p>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 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</p>		
	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 J1447	Q5101		Oct. 1, 2017			
	Cardiology		93319				June 1, 2022	<p>Prior authorization is required for participating physicians for outpatient 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>
			33206	33207			Nov. 1, 2016	
		33208	33212					
		33213	33214					
		33221	33224					
		33225	33227					
		33228	33229					
		33230	33231					
		33240	33249					
		33262	33263					
		33264	93303					
		93304	93306					
		93307	93308					
		93350	93351					
		93452	93453					
		93454	93455					
		93456	93457					
		93458	93459					
		93460	93461					
		33270						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cardiovascular		93580			April 1, 2022	Prior authorization required for members age 18 or older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.
		95720 95724	95718 95722		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
Chemotherapy		J9071 J9359	J9273	Oncology DX Codes	July 1, 2022	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.</p> <p>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.</p> <p>Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.</p> <p>*deleted code effective 7/1</p>
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349			
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		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	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033	J0641 J9015 J9019 J9025 J9032 J9034		Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (continued)		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
		J9150	J9151		
		J9165	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		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	J9315*			
	J9308	J9328			
	J9320	J9340			
	J9330	J9352			
	J9351	J9355			
	J9354	J9360			
	J9357	J9371			
	J9370	J9395			
	J9390	J9600			
	J9400	Q2017			
	J9999	Q2050			
		Q2043			
		J1950		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	Jan. 1, 2017	
		J9217	J9225		
		J9226			
			Oncology DX Codes		
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		

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		69714 L8614 L8690 L8692	69930 L8619 L8691		Nov. 1, 2016	
	Cosmetic & Reconstructive procedures	14020 14041	14021 14061		July 1, 2021	
		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		Nov. 1, 2016	
	Continuous Glucose Monitor	A9276 A9278	A9277		Oct. 1, 2021	
	K0553 K0554			July 1, 2021		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Dental Anesthesia		00170	41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.
Durable Medical Equipment (DME)		E0639	E0640		Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p> <p>Prosthetics are not DME – see the Orthotics and Prosthetics section.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.</p>
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		A9279	E0194		Nov. 1, 2016	
		E0265	E0300			
		E0445	E0457			
		E0460	E0466			
		E0483	E0636			
		E0638	E0641			
		E0642	E0669			
		E0700	E0710			
		E0745	E0762			
		E0764	E0784			
		E1002	E1003			
		E1004	E1005			
		E1006	E1007			
		E1008	E1009			
		E1010	E1035			
		E1161	E1229			
		E1231	E1232			
		E1233	E1234			
		E1235	E1236			
		E1237	E1238			
		E1239	E1399			
		E2100	E2227			
		E2228	E2300			
		E2325	E2327			
		E2329	E2351			
		E2373	E2510			
		E2511	E2599			
		E2626	E2627			
		E2628	E2629			
		E2630	E8001			
		K0005	K0008			
		K0013	K0108			
		K0848	K0849			
		K0850	K0851			
		K0852	K0853			
		K0854	K0855			
		K0856	K0857			
		K0858	K0859			
		K0860	K0861			
		K0862	K0863			
		K0864	K0868			
		K0869	K0870			
		K0871	K0877			
		K0878	K0879			
		K0880	K0884			
	K0885	K0886				
	K0890	K0891				
	S1040	T1999				
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			
		B4149	B4153			
		B9002	B9998		Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Experimental & Investigational		33477 66180 E1831	36514 64722 A9274		Nov. 1, 2016		
Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		Nov. 1, 2016		
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018		
		31240 31255 31267 31287	31254 31256 31276 31288		Nov. 1, 2016		
Gender Dysphoria Treatment		55970	55980	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is required for these codes with any DX.	
		56805	57335		Prior authorization is only required for these codes with DX codes.		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic testing	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353		June 1, 2022	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>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.</p> <p>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.</p>	
		BRCA Genetic Testing	81212 81216				Feb. 1, 2019
			81163 81165	81164 81166			Jan. 1, 2019
			81162				Nov. 1, 2016
	Genetic Testing	81229					Oct. 1, 2021
		87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U				Nov. 1, 2020
		0111U 0136U	0129U 0137U				Nov. 1, 2019
		81167 81237	81233				April 1, 2019
		0040U 81106 81108 81110 81120	81105 81107 81109 81111 81121				Feb 1, 2019

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 (continued)		81161	81170			
		81200	81201			
		81205	81203			
		81209	81208			
		81218	81223			
		81220	81225			
		81222	81227			
		81224	81240			
		81226	81242			
		81241	81244			
		81243	81246			
		81245	81251			
		81250	81253			
		81252	81255			
		81254	81257			
		81256	81261			
		81260	81263			
		81262	81265			
		81264	81267			
		81266	81273			
		81268	81276			
		81272	81288			
		81287	81291			
		81290	81295			
		81292	81297			
		81294	81303			
		81298	81310			
		81300	81314			
		81302	81316			
		81304	81318			
		81313	81321			
		81315	81323			
		81317	81325			
		81319	81327			
		81322	81331			
		81324	81340			
		81326	81342			
		81330	81355			
		81332	81371			
		81341	81373			
		81350	81375			
		81370	81377			
		81372	81379			
		81376	81381			
		81378	81383			
		81380	81401			
		81382	81403			
		81400	81405			
		81402	81407			
		81404	81410			
	81406	81420				
	81408	81519				
	81411					
	81507					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Home Health Care		99503 G0300	G0299 S9474		Nov. 1, 2016	
Injectable Medications	Susvimo™	C9093			May 1, 2022	
	Nexviazyme®	J0219				
	Saphnelo™	J0491				
	Aduhelm®	J0172			Feb. 1, 2022	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 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.
	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				
	Vantas™****	J9225				
	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					
Cimzia®	J0717			April 1, 2020		
Rituxan®	J9312					

* Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
**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 888-397-8129.
***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.
For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210
**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above.
For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Rituxan Hycela®	J9311				your Provider Portal dashboard or call 877-842-3210	
	Stelara IV®	J3358					
	**Therapeutic Radio-Pharmaceuticals	A9590			March 1, 2020		
	Sodium Hyaluronate	J7331	J7332				Nov. 1, 2019
	**Therapeutic Radio-Pharmaceuticals	A9513					
	Evenity™	J3111					Oct. 1, 2019
	Gamifant®	J9210					
	Onpattro™	J0222					
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329				
	Ultomiris™	J1303					
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 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
	Sublocade™	Q9991	Q9992				July 1, 2018
	Ilaris®	J0638					April 1, 2018
	Exondys 51™	J1428					Jan. 1, 2018
	IVIG	J1555					
	Makena®	J1726	J1729				
Ocrevus™	J2350						
Spinraza™	J2326						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Lemtrada®	J0202			Oct. 1, 2017		
	Soliris®	J1300					
	Cinqair®	J2786			April 1, 2017		
	Nucala®	J2182					
	Probuphine®	J0570					
	IVIg	J1575			May 1, 2016		
	Acthar®	J0800			Nov. 1, 2016		
	Botulinum Toxin	J0585 J0587	J0586 J0588				
	IVIg	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572				
	Makena®	J2675					
	*Synagis®	90378					
	Xolair®	J2357					
	Aralast NP® Prolastin-C® Zemaira®	J0256				April 1, 2022	
	Glassia®	J0257					
	Nexviazyme®	J3490 C9085	J3590				
	Aldurazym®	J1931					
	Elaprase®	J1743					
	Fabrazyme®	J0180					
	Kanuma®	J2840					
	Lumizyme®	J0221					
Mepsevii®	J3397						
Naglazyme®	J1458						
Revcovi®	J3590						
Vimizim®	J1322						
Injectable Medications – Temporary and Unclassified	Cutaquig® Lupaneta Pack™	C9399			Nov. 1, 2016*		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 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 >
	Nexviazyme®	C9085			Feb. 1, 2022		

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	Saphnelo™	C9086			Feb. 1, 2022	Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868		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.
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	

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Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	Nov. 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Nov. 1, 2016	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
	Orthotics and Prosthetics		L1832		
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L0112	L0170	Nov. 1, 2016	
		L0456	L0462		
		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)						
Outpatient Therapy		70371 92627 92633 97024 97035 97139 97164 97533 97537 97545 97750 97761	92626 92630 96105 97032 97036 97150 97168 97535 97542* 97546 97760 G0283		July 1, 2017	<p>Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)</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 not required for DME providers</p>
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 97799 G0152 G0282	92508 97012 97016 97022 97028 97034 97110 97113 97124 97530 G0129 G0281 S8990		Nov. 1, 2016	
	OR billed with these revenue codes	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
Private Duty Nursing		T1000			Nov. 1, 2016	
Prostate Proceudres		37243 55874	53850		April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
		55866			Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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		0697T 0710T 0712T 76391 76390 78831 0501T 0503T 77046 77048 70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193	0698T 0711T 0713T 78830 78832 0502T 0504T 77047 77049 70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194		June 1, 2022 March 1, 2020 Jan. 1, 2020 Jan. 1, 2019 Nov. 1, 2016	Care providers ordering an advanced outpatient imaging procedure are responsible for providing 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/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
	78399	78428			
	78445	78451			
	78452	78453			
	78454	78456			
	78457	78458			
	78466	78468			
	78469	78472			
	78473	78481			
	78483	78494			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
		G0252	S8042		
		S8037	S8092		
	S8085				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Sinuplasty		31298			July 1, 2018		
		31295 31297	31296		Nov. 1, 2016		
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 66984	66982				
	Colonoscopy	45378 45384	45380 45385				
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552				
	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				
Female Genital System		68320	68720				
		68815					
		57240	57250				
		57461 58561	57520 58562				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Nov. 1, 2016	
Spinal Surgery		22510 22512 22515	22511 22513		April 1, 2022	
		22514			July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		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	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63250	63200			
		63252	63251			
		63267	63265			
		63270	63268			
		63272	63271			
		63300	63286			
		63302	63301			
		63304	63303			
		63306	63305			
		63308	63307			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Nov. 1, 2016	
Transplants	CAR T-Cell Therapy	C9098	J9999		July 1, 2022	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (continued)	Transplant Services	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			
		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			
		50380	50547			
		S2060	S2061			
		38232		Oncology DX Codes	Nov. 1, 2016	
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		37765	37766		July 1, 2021	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.
		36473			April 1, 2017	
		36475	36478		Nov. 1, 2016	
		37700	37718			
		37722	37780			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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 33929	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.
		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508		Nov. 1, 2016	
Wound Vac		E2402			Nov. 1, 2016	