

Prior authorization requirements for STAR+Plus

Effective July 1, 2023

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR+PLUS 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: 866-604-3267**
- **Fax: 877-940-1972.** The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Bariatric Surgery		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		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 Electronic stimulation or ultrasound to heal fractures		20975	20979	Jan. 1, 2015	
		11971		Oct. 1, 2022	

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Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	Breast Reconstruction on DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.	
		19325	19328				
		19330	19340				
		19342	19350				
		19357	19361				
		19364	19367				
		19368	19369				
		19370	19371				
	19380	19396			Prior authorization is required for all other DX codes.		
Cancer Supportive Care	Antiemetic Drugs	J1456			July 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	
		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
	Colony-Stimulating Factors	J2820					Oct. 1, 2017
		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 and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.	
		33270	33207		Oct. 1, 2016		
		33206	33212				
		33208	33214				
		33213	33224				
		33221	33227				
		33225	33229				
		33228	33231				
		33230	33249				
		33240	33263				
		33262	93303				
		33264	93306				
		93304	93308				
		93307	93351				
		93350	93453				
		93452	93455				
		93454	93457				
		93456	93459				
	93458	93461					

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Cardiovascular		93460				
		37230	37231	Jan. 1, 2023	Prior authorization requirements applies to members 18yrs and older	
		93580		April 1, 2022		
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
	37228	37229				
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		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9331	J9332		Oct. 1, 2022	
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9319				
		J9348	J9353		Oct. 1, 2021	
		Q5123				
		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	J9198		July 1, 2020	
		J9246	J9358			
		Q5119				
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119	J9204		Oct. 1, 2019	
		J9210	J9269			
		J9313				
		J9030	J9036		Aug. 1, 2019	
		J9153	J9057		Jan. 1, 2019	
		J9229	J9173			
		J9312	J9311			
		J9022	J9023		April 1, 2018	
	J9203	J9285				
	J0640	J0641		Jan. 1, 2017		
	J9000	J9015				
	J9017	J9019				
	J9020	J9025				
	J9027	J9032				
	J9033	J9034				
	J9035	J9039				
	J9040	J9041				
	J9042	J9043				
	J9045	J9047				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (cont.)		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	J9328		
		J9308	J9340		
		J9320	J9352		
		J9330	J9355		
	J9351	J9360			
	J9354	J9371			
	J9357	J9395			
	J9370	J9600			
	J9390	Q2017			
	J9400	Q2050			
	J9999				
	Q2043				
	C9399	J3590		Jan. 1, 2015	
	J3490				
	J1950		Oncology DX Codes	July 1, 2021	
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
Circumcision		54150	54160	Jan. 1, 2015	
		54161	54162		

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

Prior authorization is required for members older than age 1.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729	69730	Mar. 1, 2023	
		L8619		Jan. 1, 2017	
		69714	69930	Jan. 1, 2015	
		L8614	L8690		
		L8691	L8692		
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		
		11960	15821	Jan. 1, 2015	
		15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		21184	21256		
		21235	21280		
		21275	21295		
		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
		67903	67908		
		67906	67911		
	67909	67914			
	67912	67916			
	67915	67921			
	67917	67923			
	67922	67950			
	67924	67966			
	67961				
	Q2026				
Continuous Glucose Monitor		A4238	A4239	Feb. 1, 2023	
		E2102	E2103		
		A9276	A9277	Oct. 1, 2021	
		A9278			
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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
					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)		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 E0637	E0465	May 1, 2019	
		E0277	E0328	April 1, 2019	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		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		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
	B9002	B9998	Jan. 1, 2015		
Experimental & Investigational (and/or Linked Services)		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Oct. 1, 2015	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
	31287	31288			
Gender Dysphoria Treatment		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes.
		56805	57335		
			Gender Dysphoria Treatment DX Codes		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
		81520			
	Genetic testing	81238	81247	June 1, 2022	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.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
		81361	81364		
	BRCA Genetic Testing	81212		Feb. 1, 2019	
		81216			
81163		81164	Jan. 1, 2019		
	81165	81166			

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Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)	Genetic Testing	81162		May 2, 2016	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.
		81229		Oct. 1, 2021	
		87481	87482	Nov. 1, 2020	
		87505	87506		
		87507	87510		
		87511	87512		
		87623	87797		
		87800	87799		
		0068U	87801		
				0111U 0129U	
		0136U 0137U			
		81167 81233		April 1, 2019	
		81237			
		0040U 81105		Feb. 1, 2019	
		81106 81107			
		81108 81109			
		81110 81111			
		81120 81121			
		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			

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		81370	81377		
		81372	81379		
		81376	81381		
		81378	81383		
		81380	81401		
		81382	81403		
		81400	81405		
		81402	81407		
		81404	81410		
		81406	81420		
		81408	81519		
		81411			
		81507			
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	G0153	Jan. 1, 2015	
		S9474			
Injectable Medications	Cimerli™	Q5128		July 1, 2023	<p>Prior authorization through Optum SGP</p> <p>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.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>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</p>
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Sunlenca®	J1961			
	Tziel™	J9381			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Hemgenix®	J1411			
	Fylintra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
Prolia®	J0897		Jan. 1, 2023		
Therapeutic Radiopharmaceuticals	A9607				
Releuko®	Q5125		Oct. 1, 2022		
Scenesse®	J7352				
Tezspire®	J2356				
Apretude™	J7039		Aug 1, 2022		
Leqvio®	J1306				
Vyvgart™	J9332				
Cutaquig®	J1551				
Susvimo™	C9085		May 1, 2022		
Nexvazyme®	J0219				
Saphnelo™	J0491				
Aralast NP®	J0256		April 1, 2022		
Prolastin-C®					
Zemaira®					
Glassia®	J0257				

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Injectable Medications (cont.)	Nexviazyme®	J3490	J3590		authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129	
		C9085				
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
	Adulhelm®	J0172				Feb. 1, 2022
	Saphnelo™	C9086				
	Fensolvi®	J1951				Oct. 1, 2021
	Amondys 45	C9075	J3490			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		

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Injectable Medications (cont.)	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
	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					
Lemtrada®	J0202				Oct. 1, 2017	
Soliris®	J1300					
Cinqair®	J2786				April 1, 2017	
Nucala®	J2182					
Probuphine®	J0570					
IVIg	J1575				May 1, 2016	
Acthar®	J0800				Jan. 1, 2015	
Botulinum Toxin	J0585	J0586				
	J0587	J0588				
IVIg	90284	J1459				
	J1556	J1557				
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
	J1599					
Makena®	J2675					
Synagis®*	90378					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications – Unclassified	Xolair®	J2357		Jan. 1, 2015*	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.
		C9399	J3490		
		J3590			
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
	29867				
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.
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
	21196	21198			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
Orthotics and Prosthetics		L8000	L8001	Jan. 1, 2019	Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
		L8039			
		L8499		Jan. 1, 2015	
		L3763	L5683	April 1, 2019	
		L5999			
		L1810	L1832	Jan. 1, 2019	
	L1843	L1932			
	L1951	L1960			
	L2280	L2999			
	L3000	L3010			
	L3020	L3216			
	L3221	L3960			
	L4631	L5000			
	L5611	L5620			
	L5624	L5629			
	L5631	L5637			
	L5645	L5647			
	L5649	L5650			
	L5671	L5673			
	L5679	L5685			
	L5700	L5701			
	L5704	L5705			
	L5707	L5845			
	L5910	L5920			
	L5940	L5962			
	L5972	L5986			
	L8420	L8500			
	L1812	L1820	Jan. 1, 2018		
	L1830	L1831			
	L1836	L1847			
	L1834		March 1, 2016		
	L0112	L0170	Jan. 1, 2015		
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L1700	L1710		
		L1720	L1730		
		L1755	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	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			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
		L8040	L8042			
		L8043	L8044			
		L8045	L8046			
		L8047	L8610			
Outpatient Therapy		70371	92626	July 1, 2017	<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 not required for DME providers</p>	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97530	97533			
		97535	97542*			
		97545	97546			
		97750	97760			
		97761	G0281			
		G0282	G0283			
		S9152				
			92507	92508		Jan. 1, 2015
			92526	97012		
			97014	97016		
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97799			
		G0129	G0151			
		G0152	S8990			
	OR billed with these revenue codes:	419	420	Jan. 1, 2015	** Prior authorization required for nursing facilities only	
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	440**			
		441**	977			
		978				
		33289	C2624	Apr. 1, 2023		
Potentially Unproven Services						
Private Duty Nursing		T1000	T1002	Jan. 1, 2015		
		T1003				
Prostate Procedures		37243	53850	April 1, 2022		
		55874				
		55866		Jan. 1, 2015		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Proton Beam Therapy		77520	77522	Jan. 1, 2015	
		77523	77525		
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
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		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		Mar. 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	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.
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Jan. 1, 2015	For more details, please visit UHCprovider.com/TXCommunity Plan > 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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		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			
	78496	78499			
	78579	78580			
	78582	78597			
	78598	78599			
	78600	78601			
	78605	78606			
	78608	78609			
	78610	78630			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		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	Jan. 1, 2015	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		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			
	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			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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		
		42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
		21685	41599	Jan. 1, 2015	
		42145			
Sleep Apnea Procedures & Surgeries	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
		22512	22513		
		22515			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Spinal Surgery (cont.)		22514		July 1, 2020	reviewed as part of the prior authorization
		22100	22101	Jan 1, 2015	
		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			
Stimulators	Bone-Growth Stimulator	E0760		Dec. 7, 2015	
		E0747	E0748	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
electrical impulses	Neurostimulator	43648	43881	Jan. 1, 2015	
		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		
J9999				July 1, 2022	
Q2055				Feb. 1, 2022	
Q2053				July 1, 2021	
0537T	0538T			Jan. 1, 2019	
0539T	0540T				
Q2042					
Q2041				April 1, 2018	
Transplant Services	32850			32851	Jan. 1, 2015
	32852		32853		
	32854		32855		
	32856		33930		
	33933		33935		
	33940		33944		
	33945		38208		
	38209		38210		
	38212		38213		
	38214		38215		
	38240		38241		
	38242		44132		
	44133		44135		
	44136		44137		
	44715		44720		
	44721		47133		
	47135		47140		
	47141		47142		
	47143		47144		
	47145		47146		
	47147		48551		
	48552		48554		
	50300		50320		
	50323		50325		
50340	50360				
50365	50370				
S2060	50547				
S2152	S2061				
38232		Oncology DX codes	Jan. 1, 2015		
Vein Procedures		37765	37766	July 1, 2021	
		36473		April 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
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	Jan. 1, 2015	
		37700	37718		
		37722	37780		
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		
		Q0507	Q0508		
Wound Vac		E2402		Jan. 1, 2015	