

Prior Authorization Requirements for Texas STAR

Effective November 1, 2022

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR 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 Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Bone Growth Stimulator		20975	20979	Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		11971		Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
		19316	19318	Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
	19380	19396			
Cancer Supportive Care	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.
	Bone-Modifying Agents	J0897		June 1, 2018	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization			
Cancer Supportive Care (cont.)	Colony-Stimulating Factors	Q5120		July 1, 2020	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			
		Q5108	Q5111	Jan. 1, 2019				
		J2820		Oct. 1, 2017				
	Colony-Stimulating Factors	Q5122		Oncology DX Codes		Feb. 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 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	
		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			Oct. 1, 2016		
			33206	33207				
		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						
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older			
		37220	37221	Sept. 1, 2020				
		37224	37225					
		37226	37227					
		37228	37229					

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Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95720	95718	Jan. 1, 2020		
		95724	95722			
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	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.
		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	
		J9044	J9057		Jan. 1, 2019	
		J9153	J9173			
		J9229	J9311			
		J9312				
		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				
	J9050	J9055				
	J9060	J9065				
	J9070	J9098				
	J9100	J9120				
	J9130	J9145				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		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	J3490		Jan. 1, 2015
	J3590				
	J1950		Oncology DX	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, 2015	
	J9217	J9225			
	J9226				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Circumcision		54150 54161	54160 54162	Jan. 1, 2015	
Cochlear Implants and Other Auditory Implants		69714 L8614 L8690 L8692	69930 L8619 L8691	Jan. 1, 2015	
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech				
Cosmetic & Reconstructive		14020 14041	14021 14061	July 1, 2021	
	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	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183	Jan. 1, 2015	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
Continuous Glucose Monitor		A9276 A9278 K0554	A9277	Oct. 1, 2021 July 1, 2021	
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required for members younger than 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	<p>Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.</p> <p>Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.</p>
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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			
	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		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
		56805	57335	Gender Dysphoria Treatment DX Codes	
					Prior authorization is required for these codes with any DX.
					Prior authorization is only required for these DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81177	81178		Dec. 1, 2022
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
		81520			
	Genetic Testing	81238	81247		June 1, 2022
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81212			Feb. 1, 2019
		81216			
		81163	81164		Jan. 1, 2019
		81165	81166		
		81162			Jan. 1, 2018
Genetic Testing		81229			Oct. 1, 2021

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 (cont.)		87481	87482	Nov. 1, 2020	the test and the laboratory will notify UnitedHealthcare
		87505	87506		
		87507	87510		
		87511	87512		
		87623	87797		
		87800	87799		
		0068U	87801 0097U		
		0111U	0129U	Nov. 1, 2019	
		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			
	81370	81377			

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 (cont.)		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	S9474	Jan. 1, 2015	
Injectable Medications	Releuko®	Q5125		Oct. 1, 2022	<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>.</p> <p>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 authorization process, the provider may call Optum SGP (Specialty</p>
	Scenesse®	J7352		Aug 1, 2022	
	Apretude™	J7039			
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9093		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprased®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Saphnelo™	C9086			
	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (cont.)	IVIG	J1554			Guidance Program): 1-888-397-8129.	
	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				April 1, 2020
	Cimzia®	J0717				
	Rituxan®	J9312				
	Rituxan Hycela®	J9311				
	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	J7321				
	J7322	J7324				
	J7325	J7326				
	J7327	J7329				
Ultomiris™	J1303					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (cont.)	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				

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	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified	Fylintra®	C9399	J3490	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.
	Lupaneta Pack™	J3590			
Joint Replacement		23470	23472	Jan. 1, 2015	
Joint, total hip and knee replacement procedures		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
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		

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Orthognathic Surgery		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		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
	21255	21296			
	21299				
Orthotics and Prosthetics		L1832		May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L1834		March 1, 2019	
		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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	L5960			
	L5961	L5964			
	L5966	L5968			
	L5973	L5976			
	L5979	L5980			
	L5981	L5982			
	L5984	L5987			
	L5988	L5990			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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	
Outpatient Therapy		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97535	97537			
		97542*	97750	Nov. 7, 2016	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	
		97760	97761			
		97530				
		92507	92508			Jan. 1, 2015
		92526	97012			
		97014	97016			
		97018	97022			
	97026	97028				
	97033	97034				
	97039	97110				
	97112	97113				
	97116	97124				
	97140	97799				
	G0129	S8990				
	OR billed with these revenue codes	419	420			
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			
	978					
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018		
		T2002				
Private Duty Nursing		T1000	T1002	Jan. 1, 2015		
		T1003				
Prostate Procedures		37243	53850	April 1, 2022		
		55874				
		55866		Jan. 1, 2015		
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						

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Psychological Testing		96136	96131	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
			96133		
			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		March 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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78483	78494		
		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		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	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.
	Cardiovascular System	36590	36832		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	Carpal Tunnel Surgery	64721			Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520 69631	30140 69436		
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720		
	Female Genital System	57240 57461 58561	57250 57520 58562		
	Gynecologic Procedures	57522 58558 58565	58353 58563		
	Hemic and Lymphatic Systems	38500 38525	38510		
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)					
	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		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
		67228	67311		
		67312			
	Respiratory System	30802	30930		
		31525	31535		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Site of Service (SOS) – Outpatient Hospital (cont.)		31536 31624	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	21685 42145	41599		Jan. 1, 2015		
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea						
	Spinal Surgery		22510 22512 22515	22511 22513	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization	
			22514		July 1, 2020		
			22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Spinal Surgery (cont.)		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 Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760		Dec. 7, 2015		
		E0747	E0748	Jan. 1, 2015		
	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	C9098	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (cont.)		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
		50323	50325		
		50340	50360		
		50365	50370		
		S2060	50547		
	S2152	S2061			
	38232		Oncology DX Codes	Jan. 1, 2015	
Vein Procedures		37765	37766		
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473			July 1, 2021
		36475	36478		April 1, 2017
		37700	37718		Jan. 1, 2015
		37722	37780		
Ventricular Assist Device (VAD)		33927	33928		
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929			Jan. 1, 2018
		33975	33976		
		33979	33981		Jan. 1, 2015
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402			Jan. 1, 2015

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