

# Prior Authorization Requirements for STAR Kids

Effective April 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services.

## Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 877-940-1972.** The fax form is available at [UHCprovider.com/TXcommunityplan](https://UHCprovider.com/TXcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Forms

**Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by an In-Network provider 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	
<b>Bariatric Surgery</b>		43644	43645	Nov. 1, 2016		
		43659	43770			
	Inpatient and outpatient	43775	43842			
	bariatric surgery	43845	43846			
	and obesity-related services	43847	43848			
		43860				
<b>Behavioral Health Services</b>					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services	
<b>Bone Growth Stimulator</b>		20975	20979	Nov. 1, 2016		
					Electronic stimulation or ultrasound to heal fractures	
<b>Breast Reconstruction (Non-Mastectomy)</b>		11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.	
	Reconstruction of the breast other than following mastectomy	19316	19318		Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328			
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			



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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		33208	33212		<p>and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.</p>
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
		33270			

<b>Cardiovascular</b>		93580		April 1, 2022	Prior authorization required for members age 18 or older
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<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		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		

<b>Chemotherapy</b>		J9051	J9064	Jan. 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9345	J9052		
		J9072	J9172		
		J9255	J9258		
		J9286	J9321		
		J9324			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.
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			Prior authorization is required for the following codes regardless of cancer
		J9274	J9298	Jan. 1, 2023	
			Oncology DX Codes		

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Other Auditory Implants</b>		69714 69930 L8614 L8619 L8690 L8691 L8692		Nov. 1, 2016	
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech				
<b>Cosmetic &amp; Reconstructive procedures</b>		14020* 14021* 14041 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960 15821 15820 15823 15822 15847 15830 17107 17106 17999 17108 21138 21137 21172 21139 21179 21175 21181 21180 21183 21182 21230 21184 21256		Nov. 1, 2016	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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			
<b>Continuous Glucose Monitor</b>		E2102 E2103 A4238 A4239		Feb. 1, 2023	
		A9276 A9277 A9278		Oct. 1, 2021	
<b>Dental Anesthesia</b>		00170 41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		K0869	K0868		
		K0871	K0870		
		K0878	K0877		
		K0880	K0879		
		K0885	K0884		
		K0890	K0886		
		S1040	K0891 T1999		
<b>Enteral Services</b> 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	Nov. 1, 2016	
<b>Experimental &amp; Investigational</b>		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	Nov. 1, 2016	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
<b>Gender Dysphoria Treatment</b>		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
<b>Gender Dysphoria Treatment</b>		55970	55980	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.
			Gender Dysphoria Treatment DX Codes		



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<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81520		Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.  Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	
	Genetic testing					
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81229			Oct. 1, 2021	
			87505	87506		Nov. 1, 2020
			87507			
		0111U	0129U		Nov. 1, 2019	
		81400	81401		Feb 1, 2019	
		81402	81403			
		81404	81405			
		81406	81407			
		81408	81410			
		81411	81519			
<b>Home Health Care</b>		99503	G0299		Nov. 1, 2016	
		G0300	S9474			
<b>Injectable Medications</b>	Daxxify®	J0589			Prior authorization through Optum SGP. Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch</i> .	
	Eylea HD®	J0177		April 1, 2024		
	Izervay®	J2782				
	Pombiliti®	J1203				
	Roctavian®	J1412				
	Veopoz®	J9376				
Vyjuvek®	J3401					

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	Acthar Gel®	J0801		Feb. 1, 2024	<i>Medication List.</i> Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="https://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies >
	Cortropin Gel™	J0802			
	Elevidys®	J1413			
	Elfabrio®	J2508			
	Lamzed®	J0217			
	Qalsody®	J1304			
	Rystiggo®	J9333		Jan. 1, 2024	Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Vyvgart	J9334			
	Hytrulo®				
	Hemgenix®	J1411		Dec. 1, 2023	<p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</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 <a href="https://UHCProvider.com">UHCProvider.com</a> and follow this pathway:</p> <p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>
	Legembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzylga®	J1576			
	Sunlenca®	J1961			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	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	
	Fylnetra®	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			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Nplate®	J2796			
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			

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	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			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	**Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIg	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	

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	Soliris®	J1300			
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIG	J1575		May 1, 2016	
				Nov. 1, 2016	
	Botulinum Toxin	J0585 J0586 J0587 J0588			
	IVIG	90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599			
	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
<b>Injectable Medications – Temporary and Unclassified</b>	Adzynma®	C9167 J3490 J3590		April 1, 2024	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Cosentyx IV®	C9166 J3490 J3590			
	Omvoh®	C9168 J3490 J3590			
<b>Joint Replacement</b>		23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27130 27125 27134 27132 27138 27137 27446 27412 27486 27447 29866 27487 29868 29867		Nov. 1, 2016	

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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"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> <li>• Inpatient/residential</li> <li>• Intensive outpatient</li> <li>• Nursing facility services</li> <li>• Partial hospitalization program</li> <li>• Psychological testing</li> </ul> <p>Prior authorization is <b>not</b> 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 <b>877-450-6011</b>. Fax form is available at <b>UHCprovider.com/TXCommunityPlan</b> &gt;Prior Authorization and Notification Resources &gt; Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	

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<b>Orthognathic Surgery</b> 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		
	21299				
<b>Orthotics and Prosthetics</b>		L1832		May 1, 2019	Prior authorization is required only for orthotics 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		
		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			
	L2010	L2020			
	L2030	L2034			
	L2036	L2037			
	L2038	L2060			
	L2106	L2108			
	L2126	L2136			

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



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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	
Outpatient Therapy		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.	
		70371	92626	July 1, 2017		
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97533	97535			
		97537	97542*			
		97545	97546			
		97750	97760			
		97761	G0283			
			92507	92508	Nov. 1, 2016	Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
			92526	97012		
			97014	97016		
			97018	97022		
			97026	97028		
			97033	97034		
			97039	97110		
			97112	97113		
			97116	97124		
			97140	97530		
			97799	G0129		
			G0152	G0281		
			G0282	S8990		
		OR billed with these revenue codes	419	420		
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			
		978				
Potentially Unproven Services		33289	C2624	Apr. 1, 2023		
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018		
		T2002				
Private Duty Nursing		T1000		Nov. 1, 2016		
Prostate Proceudres		37243	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022	
		55874				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Proton Beam Therapy</b>		77520	77522	Nov. 1, 2016	
		77523	77525		
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					

<b>Psychological Testing</b>		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		

<b>Radiology</b>		75580		Jan. 1, 2024	
		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	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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.
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Nov. 1, 2016	
		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		

For more details, please visit [UHCprovider.com/TXcommunityplan](https://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 (cont.)		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
	78579	78580			
	78582	78597			
	78598	78599			
	78608	78609			
	78699	78707			
	78708	78709			
	78799	78800			
	78801	78802			
	78803	78804			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		78811	78812		
		78813	78814		
		78815	78816		
		78999	G0235		
		G0252	S8092		
		S8037			
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			
<b>Site of service (SOS) – Outpatient Hospital</b>	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		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
	46270	46275			
	46288	46505			
	46750	46910			
	46946				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Site of service (SOS) – Outpatient</b>	ENT	21320	30140			
	Procedures	30520	69436			
		69631				
<b>Hospital (cont.)</b>	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			
		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
	29819	29824				
	29823	29826				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Site of service (SOS) – Outpatient Hospital (cont.)</b>		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			
<b>Sleep Apnea Procedures &amp; Surgeries</b>		21685	41599	Nov. 1, 2016		
		42145				
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal Surgery</b>		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization	
		22512	22513			
		22515				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (cont.)		22514		July 1, 2020	
		22100	22101	Nov. 1, 2016	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
	63087	63102			
	63101	63172			
	63170	63185			
	63173	63191			
	63190	63200			
	63250	63251			
	63252	63265			
	63267	63268			
	63270	63271			
	63272	63286			
	63300	63301			
	63302	63303			
	63304	63305			
	63306	63307			
	63308				
Stimulators	Bone Growth Stimulator	E0747 E0760	E0748	Nov. 1, 2016	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
		L8688			
<b>Transplants</b>	Unclassified*	C9399	J3490	April 1, 2024	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.  *Casgevy, Lantidra, Lyfgenia
		J3590			
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
	0539T	0540T			
	Q2042				
	Transplant Services	Q2041		April 1, 2018	
		32850	32851	Nov. 1, 2016	
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
47141		47142			
47143		47144			
47145		47146			
47147		48551			
48552		48554			
50300	50320				
50323	50325				
50340	50360				
50365	50370				
S2060	50547				
S2152	S2061				
	38232	Oncology DX Codes	Nov. 1, 2016		
<b>Vein Procedures</b>		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 37700 37722	36478 37718 37780	Nov. 1, 2016	
<b>Ventricular Assist Device (VAD)</b>		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.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508	Nov. 1, 2016	
<b>Wound Vac</b>		E2402		Nov. 1, 2016	