

Prior Authorization Requirements for STAR Kids

Effective September 1, 2023

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

Submitting prior authorization requests

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

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone:** 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	Nov. 1, 2016	
		43659	43770		
Inpatient and outpatient		43775	43842		
bariatric surgery		43845	43846		
and obesity-related services		43847	43848		
		43860			
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services
Bone Growth Stimulator		20975	20979	Nov. 1, 2016	
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction (Non-Mastectomy)		11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
Reconstruction of the breast other than following mastectomy		19316	19318	Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		



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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		33208	33212		<p>and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.</p>
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93303		
		93304	93306		
		93307	93308		
		93350	93351		
		93452	93453		
		93454	93455		
		93456	93457		
		93458	93459		
		93460	93461		
		33270			
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older

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

Chemotherapy		J9029	J9056	Oct. 1, 2023	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Jan. 1, 2023	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.
			Oncology DX Codes		
		J9331	J9332	Oct. 1, 2022	
		J9071	J9273	July 1, 2022	Prior authorization is required for the following codes regardless of cancer
		J9359			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		J9247	J9318	Jan. 1, 2022	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		
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		J9218	J9245		
		J9230	J9260		
		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9328		
		J9308	J9340		
		J9320	J9352		
		J9330	J9355		
		J9351	J9360		
		J9354	J9371		
		J9357	J9395		
		J9370	J9600		
		J9390	Q2017		
		J9400	Q2050		
		J9999			
		Q2043			
		J1950	Oncology	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155	J9202	Jan. 1, 2017	
		J9217	J9225		
		J9226			
			DX Codes		
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		
Cochlear Implants and Other Auditory Implants		69729	69730	Mar. 1, 2023	
		69714	69930	Nov. 1, 2016	
		L8614	L8619		
		L8690	L8691		
		L8692			
Cosmetic & Reconstructive procedures		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		11960	15821	Nov. 1, 2016	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		21184	21256		
	Reconstructive procedures that treat a medical condition or improve or restore physiological 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			
Continuous Glucose Monitor		E2102	E2103	Feb. 1, 2023	
		A4238	A4239		
		A9276	A9277	Oct. 1, 2021	
		A9278			
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.
Durable Medical Equipment (DME)		E0639	E0640	Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900	E0465	May 1, 2019	
		E0637			
		E0277	E0328	April 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		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.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		E0766		April 1, 2017	
		A9279	E0194	Nov. 1, 2016	
		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		
		K0869	K0868		
		K0871	K0870		
		K0878	K0877		
		K0880	K0879		
		K0885	K0884		
		K0890	K0886		
	S1040	K0891			
		T1999			
Enteral Services In-home		B4034	B4035	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		B9002 B9998		Nov. 1, 2016	
Experimental & Investigational		33477 36514 66180 64722 E1831 A9274		Nov. 1, 2016	
Femoroacetabular Impingement Syndrome (FAI)		29914 29915 29916		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253 31257 31259		July 1, 2018	
		31240 31254 31255 31256 31267 31276 31287 31288		Nov. 1, 2016	
Gender Dysphoria Treatment		55970 55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805 57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81177 81178 81179 81180 81181 81184 81185 81186 81336 81337 81520		Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
	Genetic testing	81238 81247 81248 81249 81258 81259 81269 81278 81334 81351 81352 81353 81361		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.
	BRCA Genetic Testing	81212 81216		Feb. 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.
		81163 81164 81165 81166 81162		Jan. 1, 2019	
				Nov. 1, 2016	
	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.)		87505	87506	Nov. 1, 2020	
		87507			
		87623			
		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		

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.)		81330	81355			
		81332	81371			
		81341	81373			
		81350	81375			
		81370	81377			
		81372	81379			
		81376	81381			
		81378	81383			
		81380	81401			
		81382	81403			
		81400	81405			
		81402	81407			
		81404	81410			
		81406	81420			
		81408	81519			
	81411					
	81507					
Home Health Care		99503	G0299		Nov. 1, 2016	
		G0300	S9474			
Injectable Medications	Briumvi™	J2329			Oct. 1, 2023	<p>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 Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826. ** Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>
	Cimerli™	Q5128			July 1, 2023	
	Rolvedon™	J1449				
	Spevigo®	J1747				
	Sunlenca®	J1961				
	Tzield™	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				
	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					

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	Cutaquig®	J1551			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	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			

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	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan	J9311			
	Hycela®				
	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	
	Sublocade™	Q9991	Q9992	July 1, 2018	
	Ilaris®	J0638		April 1, 2018	

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	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		Nov. 1, 2016	
	Botulinum Toxin	J0585	J0586		
		J0587	J0588		
	IVIg	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1599			
	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Temporary and Unclassified	Lamzede™	C9399	J3490	Oct. 1, 2023	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.
		J3590			
Joint Replacement		23470	23472	Nov. 1, 2016	
		23473	23474		
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization is not required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources > Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Nov. 1, 2016	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
	21299				
Orthotics and Prosthetics		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 UHCprovider.com > 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				
		55866		Nov. 1, 2016		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Proton Beam Therapy		77520	77522	Nov. 1, 2016	
		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		March 1, 2020	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	
		0503T	0504T		
		77046	77047		
		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			
	72158	72159			
	72191	72192			
	72193	72194			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
	78399	78428			
	78445	78451			
	78452	78453			
	78454	78456			
	78457	78458			
	78466	78468			
	78469	78472			
	78473	78481			
	78483	78494			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
	G0252	S8042			
	S8037	S8092			
	S8085				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			
Site of service (SOS) – Outpatient Hospital	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
Sleep Apnea Procedures & Surgeries		21685	41599	Nov. 1, 2016	
		42145			
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Nov. 1, 2016	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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Spinal Surgery (cont.)		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	E0747	E0748	Nov. 1, 2016	
		E0760			
	Neurostimulator	43648	43881	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
L8688					

Transplants	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
		J9999		July 1, 2022		
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
	0539T	0540T				
	Transplant Services	Q2042				
		Q2041		April 1, 2018		
		32850	32851	Nov. 1, 2016		
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
38214		38215				
38240	38241					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
		50323	50325		
		50340	50360		
		50365	50370		
		S2060	50547		
		S2152	S2061		
		38232	Oncology DX Codes	Nov. 1, 2016	
Vein Procedures		37765	37766	July 1, 2021	
		36473		April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	Nov. 1, 2016	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD)		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.
		33929			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	Nov. 1, 2016	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Nov. 1, 2016	