

Prior authorization requirements for STAR+Plus

Effective June 1, 2022

General Information

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

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at UHCprovider.com/TXCommunityPlan > Prior Authorization and Notification Resources > Prior Authorization Forms.

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Bariatric Surgery		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstructi on DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
Cancer Supportive Care	Colony-Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Cancer Supportive Care (continued)	Bone-Modifying Agents	J0897			June 1, 2018	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	
	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	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the 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	33207		Oct. 1, 2016		
		33206	33212				
		33208	33214				
		33213	33224				
		33221	33227				
		33225	33229				
		33228	33231				
		33230	33249				
		33240	33263				
		33262	93303				
		33264	93306				
		93304	93308				
		93307	93351				
		93350	93453				
		93452	93455				
		93454	93457				
	93456	93459					
	93458	93461					
	93460						
Cardiovascular		93580			April 1, 2022	Prior authorization requirements applies to members 18yrs and older	
		37220	37221		Sept. 1, 2020		
	37224	37225					
	37226	37227					
	37228	37229					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.	
		95720 95724	95718 95722		Jan. 1, 2020		
						Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
Chemotherapy		J9071 J9359	J9273	Oncology DX Codes	July 1, 2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.	
		J9247 J9319	J9318		Jan. 1, 2022		
		J9348 Q5123	J9353		Oct. 1, 2021		
		J9037	J9349		May 1, 2021		
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	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.	
		J9227	J9304		Nov. 1, 2020		
		Q5107	Q5117		Oct. 1, 2020		
		J9177 J9246 Q5119	J9198 J9358			July 1, 2020	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J0642			March 1, 2020		
		J9309			Feb. 1, 2020		
		J9119 J9210 J9313	J9204 J9269			Oct. 1, 2019	
		J9030	J9036			Aug. 1, 2019	*deleted code effective 7/1
		J9044 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 J9201 J9205 J9207 J9209	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211			Jan. 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (continued)		J9212	J9213			
		J9214	J9215			
		J9216	J9228			
		J9218	J9245			
		J9230	J9260			
		J9250	J9262			
		J9261	J9264			
		J9263	J9267			
		J9266	J9271			
		J9268	J9293			
		J9280	J9299			
		J9295	J9302			
		J9301	J9305			
		J9303	J9307			
		J9306	J9315*			
		J9308	J9328			
		J9320	J9340			
		J9330	J9352			
		J9351	J9355			
		J9354	J9360			
		J9357	J9371			
		J9370	J9395			
		J9390	J9600			
	J9400	Q2017				
	J9999	Q2050				
		Q2043				
		C9399	J3590		Jan. 1, 2015	
		J3490				
		J1950		Oncology DX Codes	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				
Circumcision		54150	54160		Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162			
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619			Jan. 1, 2017	
		69714	69930		Jan. 1, 2015	
		L8614	L8690			
		L8691	L8692			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020	14021		July 1, 2021		
		14041	14061		Jan. 1, 2015		
		11960	11971				
		15820	15821				
		15822	15823				
		15830	15847				
		17106	17107				
		17108	17999				
		21137	21138				
		21139	21172				
		21175	21179				
		21180	21181				
		21182	21183				
		21184	21230				
		21235	21256				
		21275	21280				
		21282	21295				
		21740	21742				
		21743	28344				
		30620	67900				
67901	67902						
67903	67904						
67906	67908						
67909	67911						
67912	67914						
67915	67916						
67917	67921						
67922	67923						
67924	67950						
67961	67966						
Q2026							
Continuous Glucose Monitor		A9276	A9277		Oct. 1, 2021		
		A9278			July 1, 2021		
		K0554					
Durable Medical Equipment (DME) – Incontinence Supplies						<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>To obtain incontinence supplies from Longhorn Health Solutions, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550.</p>	
Durable Medical Equipment (DME)		E0639	E0640		Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p>	
		A9900	E0465		May 1, 2019		
		E0637			April 1, 2019		
		E0277	E0328				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0329	E0470			Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section. Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E0471	E0652			
		E1130	E1825			
		E2310	E2311			
		E2512				
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279	E0194		Jan. 1, 2015	
		E0265	E0300			
		E0445	E0457			
		E0460	E0483			
		E0636	E0638			
		E0641	E0642			
		E0669	E0700			
		E0710	E0745			
		E0762	E0764			
		E0784	E1002			
		E1003	E1004			
		E1005	E1006			
		E1007	E1008			
		E1009	E1010			
		E1035	E1161			
		E1229	E1231			
		E1232	E1233			
		E1234	E1235			
		E1236	E1237			
		E1238	E1239			
		E1399	E2100			
		E2227	E2228			
		E2300	E2325			
		E2327	E2329			
		E2351	E2373			
		E2510	E2511			
		E2599	E2626			
		E2627	E2628			
		E2629	E2630			
		E8001	K0005			
		K0008	K0013			
		K0108	K0848			
		K0849	K0850			
		K0851	K0852			
		K0853	K0854			
		K0855	K0856			
		K0857	K0858			
		K0859	K0860			
		K0861	K0862			
	K0863	K0864				
	K0868	K0869				
	K0870	K0871				
	K0877	K0878				
	K0879	K0880				
	K0884	K0885				
	K0886	K0890				
	K0891	S1040				
	T1999					
Enteral Services In-home nutritional therapy, either		B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			

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enteral or through a gastrostomy tube		B4149	B4153			
		B4152	B4158			
		B4155	B4160			
		B4159				
		B4161				
		B9002	B9998			
Experimental & Investigational (and/or Linked Services)		S8262			Jan. 1, 2015	
					Sept. 1, 2016	
		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	E1831			
	A9274					
Femoroacetabular Impingement Syndrome (FAI)		29914	29915		Oct. 1, 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018	
		31259			May 2, 2016	
		31240	31254			
		31255	31256			
		31267	31276			
	31287	31288				
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	
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic testing	81238	81247		June 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. 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.
		81248	81249			
		81258	81259			
		81269	81278			
		81334	81351			
		81352	81353			
		81361	81364			
	BRCA Genetic Testing	81212			Feb. 1, 2019	
		81216			Jan. 1, 2019	
		81163	81164		May 2, 2016	
		81165	81166			
		81162				
	Genetic Testing	81229			Oct. 1, 2021	
		87481	87482		Nov. 1, 2020	
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing (continued)		81205	81203			
		81209	81208			
		81218	81223			
		81220	81225			
		81222	81227			
		81224	81240			
		81226	81242			
		81241	81244			
		81243	81246			
		81245	81251			
		81250	81253			
		81252	81255			
		81254	81257			
		81256	81261			
		81260	81263			
		81262	81265			
		81264	81267			
		81266	81273			
		81268	81276			
		81272	81288			
		81287	81291			
		81290	81295			
		81292	81297			
		81294	81303			
		81298	81310			
		81300	81314			
		81302	81316			
		81304	81318			
		81313	81321			
		81315	81323			
		81317	81325			
		81319	81327			
		81322	81331			
		81324	81340			
		81326	81342			
		81330	81355			
		81332	81371			
		81341	81373			
		81350	81375			
		81370	81377			
		81372	81379			
		81376	81381			
		81378	81383			
		81380	81401			
		81382	81403			
		81400	81405			
		81402	81407			
	81404	81410				
	81406	81420				
	81408	81519				
	81411					
	81507					
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503 S9474	G0153		Jan. 1, 2015	
Injectable Medications	Susvimo™	C9085			May 1, 2022	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-
	Nexvazyme®	J0219				
	Saphnelo™	J0491				

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Injectable Medications (continued)	Adulhelm®	J0172			Feb. 1, 2022	<p>to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.</p> <p>***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.</p> <p>For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> <p>**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above.</p> <p>For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>
	Saphnelo™	C9086				
	Fensolvi®	J1951			Oct. 1, 2021	
	Amondys 45	C9075	J3490		Sept. 1, 2021	
	Krystexxa®	J2507			Aug 1, 2021	
	Nplate®	J2796				
	Octreotide Acetate	J2354				
	Sandostatin® LAR	J2353				
	Signifor® LAR	J2502				
	Somatuline® Depot	J1930				
	Firmagon®****	J9155			July 1, 2021	
	IVIg	J1554				
	Lupron Depot®****	J1950				
	Lupron Depot, Eligard®****	J9217				
	Supprelin® LA****	J9226				
	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	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					

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Injectable Medications (continued)	Onpattro™	J0222				
	Sodium Hyaluronate	J7320	J7321			
		J7322	J7324			
		J7325	J7326			
		J7327	J7329			
	Ultomiris™	J1303				
	White blood cell colony-stimulating factors***	J1442	J1447			
		Q5101	Q5110			
	Therapeutic Radio-Pharmaceuticals**	A9699			May 1, 2019	
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606				Nov. 1, 2018
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIIG	J1555				
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202				Oct. 1, 2017
	Soliris®	J1300			April 1, 2017	
Cinqair®	J2786					
Nucala®	J2182					
Probuphine®	J0570					
IVIIG	J1575			May 1, 2016		
Acthar®	J0800			Jan. 1, 2015		
Botulinum Toxin	J0585	J0586				
	J0587	J0588				
IVIIG	90284	J1459				
	J1556	J1557				
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					
Aralast NP® Prolastin-C® Zemaira®	J0256			April 1, 2022		
Glassia®	J0257					
Nexviazyme®	J3490	J3590				

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Injectable Medications (cont.)		C9085				
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
Vimizim®	J1322					
Injectable Medications – Unclassified	Cutaquig® Lupaneta Pack™	C9399 J3590	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.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)						Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	

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Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Jan. 1, 2015	
Orthognathic Surgery (continued)						
Orthotics and Prosthetics		L8000 L8002 L8015 L8030 L8032 L8039	L8001 L8010 L8020 L8031 L8035		Jan. 1, 2019	Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8499			Jan. 1, 2015	
		L3763 L5999	L5683		April 1, 2019	Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707 L5910 L5940 L5972 L8420	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845 L5920 L5962 L5986 L8500		Jan. 1, 2019	
		L1812	L1820		Jan. 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2016	
		L0112	L0170		Jan. 1, 2015	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1840			
		L1844	L1845			
		L1846	L1860			
		L1945	L1950			
		L1970	L2000			
		L2005	L2010			
		L2020	L2030			
		L2034	L2036			
		L2037	L2038			
		L2060	L2106			
		L2108	L2126			
		L2136	L2350			
		L2510	L2526			
		L2627	L2628			
		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
	L5250	L5270				
	L5280	L5301				
	L5312	L5321				
	L5331	L5341				
	L5400	L5420				
	L5460	L5500				
	L5505	L5510				
	L5520	L5530				

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization		
Orthotics and Prosthetics (continued)		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	L8610						
Outpatient Therapy		70371	92626		July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits) 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		
		92627	92630					
		92633	96105					
		97024	97032					
		97035	97036					
		97139	97150					
		97164*	97168*					
		97530	97533					
		97535	97542					
		97545	97546					
		97750	97760					
		97761	G0281					
		G0282	G0283					
		92507	92508				Jan. 1, 2015	
		92526	97012					
		97014	97016					
		97018	97022					
		97026	97028					
		97033	97034					
		97039	97110					
		97112	97113					
		97116	97124					
		97140	97799					
		G0129	G0151					
		G0152	S8990					
		OR billed with these revenue codes:	419	420		** Prior authorization required for nursing facilities only		
			421	422				
			423	424				
			429	430				
			431	432				
		433	434					
		439	440**					
		441**	977					
		978						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Prostate Procedures		37243 55874	53850		April 1, 2022	
		55866			Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</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> <p>For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>
		76391			Mar. 1, 2020	
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125		Jan. 1, 2015	

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78494			
		78496	78499			
		78579	78580			
		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999	C8900			
		C8901	C8902			
		C8903	C8905			
		C8906	C8908			
		C8909	C8910			
		C8911	C8912			
		C8913	C8914			
		C8918	C8919			
		C8920	C8931			
		C8932	C8933			
		C8934	C8935			
		C8936	G0235			
	G0252	S8042				
	S8037	S8092				
	S8085					
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
Sinuplasty		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Cataract Surgery	66821 66984	66982			Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	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			
	Integumentary System	10121 11450 11770 15100 15240	11440 11624 13121 15120 19020			

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		52332 52352 52356 55700	52351 52353 55040 57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
Spinal Surgery		22510 22512 22515	22511 22513		April 1, 2022	
		22514			July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173 63190	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191		Jan 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Spinal Surgery (continued)		63250	63200			
		63252	63251			
		63267	63265			
		63270	63268			
		63272	63271			
		63300	63286			
		63302	63301			
		63304	63303			
		63306	63305			
		63308	63307			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Stimulators Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	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	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.
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		0537T	0538T		Jan. 1, 2019	
		0539T	0540T			
		Q2042				
		Q2041		April 1, 2018		
	Transplant Services	32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
44715		44720				
44721	47133					
47135	47140					
47141	47142					
47143	47144					
47145	47146					
47147	48551					
48552	48554					
50300	50320					
50323	50325					
50340	50360					
50365	50370					
50380	50547					
S2060	S2061					
S2152						
	38232		Oncology DX codes	Jan. 1, 2015		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
	Q0507	Q0508				
	Q0509					
Wound Vac		E2402			Jan. 1, 2015	