

# Prior Authorization Requirements for Texas STAR

Effective June 1, 2022

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR 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](http://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](http://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
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
<b>Bone Growth Stimulator</b>		20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> 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 Reconstruction 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.
<b>Cancer Supportive Care</b>	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 required for these codes with all other DX.
	Bone-Modifying Agents	J0897			June 1, 2018	
		Q5120			July 1, 2020	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cancer Supportive Care (continued)</b>	Colony-Stimulating Factors	Q5108	Q5111		Jan. 1, 2019	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
		J2820			Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
	<b>Cardiology</b>		93319			June 1, 2022
33270				Oct. 1, 2016		
33206			33207	Jan. 1, 2015		
33208			33212			
33213			33214			
33221			33224			
33225			33227			
33228			33229			
33230			33231			
33240			33249			
33262			33263			
33264			93303			
93304			93306			
93307			93308			
93350			93351			
93452			93453			
93454			93455			
93456			93457			
93458	93459					
93460	93461					
<b>Cardiovascular</b>		93580			April 1, 2022	Prior authorization required for members age 18 and older
		37220	37221		Sept. 1, 2020	
		37224	37225			
		37226	37227			
		37228	37229			

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Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.	
		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 an 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		
		J0642			March 1, 2020		Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9309			Feb. 1, 2020		
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019		
		J9030	J9036		Aug. 1, 2019		
		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	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145		Jan. 1, 2017		

\*deleted code effective 7/1

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (continued)		J9150	J9151			
		J9165	J9160			
		J9175	J9171			
		J9178	J9176			
		J9181	J9179			
		J9190	J9185			
		J9201	J9200			
		J9205	J9206			
		J9207	J9208			
		J9209	J9211			
		J9212	J9213			
		J9214	J9215			
		J9216	J9228			
		J9218	J9245			
		J9230	J9260			
		J9250	J9262			
		J9261	J9264			
		J9263	J9267			
		J9266	J9271			
		J9268	J9293			
		J9280	J9299			
		J9295	J9302			
		J9301	J9305			
		J9303	J9307			
		J9306	J9315*			
		J9308	J9328			
		J9320	J9340			
		J9330	J9352			
		J9351	J9355			
		J9354	J9360			
		J9357	J9371			
		J9370	J9395			
		J9390	J9600			
		J9400	Q2017			
		J9999	Q2050			
		Q2043				
		C9399	J3490			Jan. 1, 2015
	J3590					
	J1950		Oncology DX		July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202			Jan. 1, 2015	
	J9217	J9225				
	J9226					

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<b>Circumcision</b>		54150 54161	54160 54162		Jan. 1, 2015	
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8690 L8692	69930 L8619 L8691		Jan. 1, 2015	
<b>Cosmetic &amp; Reconstructive</b> 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 14041  11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	14021 14061  11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		July 1, 2021  Jan. 1, 2015	
<b>Continuous Glucose Monitor</b>		A9276 A9278 K0554	A9277		Oct. 1, 2021  July 1, 2021	
<b>Dental Anesthesia</b>		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0639	E0640		Feb. 1, 2021	Prior authorization is required only for the codes listed with a

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		A9900 E0637	E0465		May 1, 2019	retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.  Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628 E2630 K0005 K0013 K0848 K0850 K0852 K0854 K0856 K0858 K0860 K0862 K0864 K0869 K0871 K0878 K0880 K0885 K0890 S1040	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2300 E2327 E2351 E2510 E2599 E2627 E2629 E8001 K0008 K0108 K0849 K0851 K0853 K0855 K0857 K0859 K0861 K0863 K0868 K0870 K0877 K0879 K0884 K0886 K0891 T1999		Jan. 1, 2015	

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<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019			
		B9002	B9998		Jan. 1, 2015			
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		33477			May 2, 2016			
		36514 64722 A9274	66180 E1831		Jan. 1, 2015			
		29914 29916	29915		Oct. 1 2015			
<b>Functional Endoscopic Sinus Surgery (FESS)</b> <b>Functional Endoscopic Sinus Surgery (FESS) (continued)</b>		31253 31259	31257		July 1, 2018			
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016			
<b>Gender Dysphoria Treatment</b>		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 DX codes.		
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364		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.		
		BRCA Genetic Testing	81212 81216				Feb. 1, 2019	
			81163 81165	81164 81166			Jan. 1, 2019	
			81162				Jan. 1, 2018	
		Genetic Testing	81229				Oct. 1, 2021	
			87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U			Nov. 1, 2020	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.
			0111U 0136U	0129U 0137U			Nov. 1, 2019	
	81167 81237	81233		April 1, 2019				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (continued)</b>		0040U	81105		Feb. 1, 2019	
		81106	81107			
		81108	81109			
		81110	81111			
		81120	81121			
		81161	81170			
		81200	81201			
		81205	81203			
		81209	81208			
		81218	81223			
		81220	81225			
		81222	81227			
		81224	81240			
		81226	81242			
		81241	81244			
		81243	81246			
		81245	81251			
		81250	81253			
		81252	81255			
		81254	81257			
		81256	81261			
		81260	81263			
		81262	81265			
		81264	81267			
		81266	81273			
		81268	81276			
		81272	81288			
		81287	81291			
		81290	81295			
		81292	81297			
		81294	81303			
		81298	81310			
		81300	81314			
		81302	81316			
		81304	81318			
		81313	81321			
		81315	81323			
		81317	81325			
		81319	81327			
		81322	81331			
		81324	81340			
		81326	81342			
		81330	81355			
		81332	81371			
		81341	81373			
	81350	81375				
	81370	81377				
	81372	81379				
	81376	81381				
	81378	81383				
	81380	81401				
	81382	81403				
	81400	81405				
	81402	81407				
	81404	81410				
	81406	81420				
	81408	81519				
	81411					
	81507					



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Home Health Care		G0162			Jan. 1, 2018		
		G0299	G0300		March 1, 2016		
		99503	S9474		Jan. 1, 2015		
Injectable Medications	Susvimo™	C9093			May 1, 2022		
	Nexviazyme®	J0219					
	Saphnelo™	J0491					
	Aralast NP®	J0256			April 1, 2022	<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; 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> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://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 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. For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a>&gt;link&gt;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.</p>	
	Prolastin-C® Zemaira®						
	Glassia®	J0257					
	Nexviazyme®	J3490 C9085	J3590				
	Aldurazym®	J1931					
	Elaprased®	J1743					
	Fabrazyme®	J0180					
	Kanuma®	J2840					
	Lumizyme®	J0221					
	Mepsevii®	J3397					
	Naglazyme®	J1458					
	Revcovi®	J3590					
	Vimizim®	J1322					
	Aduhelm®	J0172					Feb. 1, 2022
	Saphnelo™	C9086					
	Fensolvi®	J1951					Oct. 1, 2021
	Amondys 45	C9075					Sept. 1, 2021
	Krystexxa®	J2507					Aug. 1, 2021
	Nplate®	J2796					
	Octreotide Acetate	J2354					
	Sandostatin® LAR	J2353					
	Signifor® LAR	J2502					
	Somatuline® Depot	J1930					
	Firmagon®****	J9155					July 1, 2021
IVIG	J1554						
Lupron Depot®****	J1950						
Lupron Depot, Eligard®****	J9217						
Supprelin® LA****	J9226						
Trelstar®	J3315						
Triptodur®	J3316						
Truxima®	Q5115						
Vantas™****	J9225						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (cont.)	Viltepso™	J1427				For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="https://UHCProvider.com">UHCProvider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210	
	Zoladex®****	J9202					
	Avsola®	Q5121			April 1, 2021		
	Uplizna®	J1823					
	Spravato®	S0013					Feb. 1, 2021
	Vyepti™	J3032					Jan. 1, 2021
	Tepezza®	J3241					Dec. 1, 2020
	Cinryze®	J0598					Oct. 1, 2020
	Ruconest®	J0596					
	Adakveo®	J0791					July 1, 2020
	Givlaari®	J0223					
	Reblozyl®	J0896					
	Ruxience®	Q5119					
	Vyondys 53®	J1429					
	Xembify®	J1558					
	Zolgensma®	J3399					
	Benlysta	J0490					April 1, 2020
	Cimzia®	J0717					
	Rituxan®	J9312					
	Rituxan Hycela®	J9311					
	Stelara IV®	J3358					
	**Therapeutic Radio-pharmaceuticals	A9590					March 1, 2020
	Sodium Hyaluronate	J7331	J7332				Nov. 1, 2019
	**Therapeutic Radio-pharmaceuticals	A9513					
	Evenity™	J3111					Oct. 1, 2019
	Gamifant®	J9210					
	Onpattro™	J0222					
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329				
	Ultomiris™	J1303					
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110				
**Therapeutic Radio-pharmaceuticals	A9699				May 1, 2019		
Actemra®	J3262				Jan. 1, 2019		

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Injectable Medications (cont.)	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					
	Cinqair®	J2786				April 1, 2017	
	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				
J1599							
Makena®	J2675						
*Synagis®	90378						
Xolair®	J2357						

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<b>Injectable Medications – Unclassified</b>	Cutaquig® Lupaneta Pack™	C9399			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 <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.
<b>Joint Replacement</b> 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	
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	

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Orthognathic Surgery		21121	21123		Jan. 1, 2015	
		21125	21127			
		21141	21142			
		21143	21145			
		21146	21147			
		21150	21151			
		21154	21155			
		21159	21160			
		21188	21193			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
	21255	21296				
	21299					
Orthotics and Prosthetics		L1832			May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631		April 1, 2019	
		L5647	L5649			
		L5673	L5683			
		L5700	L5705			
		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2019	
		L0112	L0170		Jan. 1, 2015	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1840			
		L1844	L1845			
		L1846	L1860			
		L1945	L1950			
	L1970	L2000				
	L2005	L2010				
	L2020	L2030				
	L2034	L2036				
	L2037	L2038				
	L2060	L2106				
	L2108	L2126				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L2136	L2350			
		L2510	L2526			
		L2627	L2628			
		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
		L5250	L5270			
		L5280	L5301			
		L5312	L5321			
		L5331	L5341			
		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
	L5828	L5830				
	L5848	L5857				
	L5858	L5930				
	L5950	L5960				
	L5961	L5964				
	L5966	L5968				
	L5973	L5976				
	L5979	L5980				
	L5981	L5982				
	L5984	L5987				
	L5988	L5990				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L6000	L6010			
		L6020	L6050			
		L6055	L6100			
		L6110	L6120			
		L6130	L6200			
		L6205	L6250			
		L6300	L6310			
		L6320	L6350			
		L6360	L6370			
		L6380	L6382			
		L6384	L6400			
		L6450	L6500			
		L6550	L6570			
		L6580	L6582			
		L6584	L6586			
		L6588	L6590			
		L6621	L6623			
		L6624	L6646			
		L6648	L6686			
		L6687	L6689			
		L6690	L6692			
		L6693	L6694			
		L6695	L6696			
		L6697	L6704			
		L6707	L6708			
		L6709	L6711			
		L6712	L6713			
		L6714	L6715			
		L6880	L6881			
		L6882	L6883			
		L6884	L6885			
		L6895	L6900			
		L6905	L6910			
		L6915	L6920			
		L6925	L6930			
		L6935	L6940			
		L6945	L6950			
		L6955	L6960			
		L6965	L6970			
		L6975	L7007			
		L7008	L7009			
		L7040	L7045			
		L7170	L7180			
		L7181	L7185			
		L7186	L7190			
		L7191	L7405			
		L8040	L8042			
	L8043	L8044				
	L8045	L8046				
	L8047	L8499				
		L8610				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy		70371 92627 92633 97024 97035 97139 97164 97535 97542* 97760	92626 92630 96105 97032 97036 97150 97168 97537 97750 97761		July 1, 2017	<p>Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)</p> <p>Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com&gt; UnitedHealthcare Provider Portal &gt; Prior Authorization and Notification.</p> <p>* Prior authorization not required for DME providers</p>
		97530			Nov. 7, 2016	
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	92508 97012 97016 97022 97028 97034 97110 97113 97124 97799 S8990		Jan. 1, 2015	
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
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	



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Psychological Testing		96136	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 <a href="http://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> <p>For more details, please visit <a href="http://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunity plan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>
		76391			March 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 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218 73220 73222	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198 73201 73206 73219 73221 73223		Jan. 1, 2015	

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		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					
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		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.
	Cardiovascular System	36590	36832			

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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					
29825	29828					
29827	29840					
29835	29846					
29845	29861					
29848	29876					
29875	29879					
29877	29881					
29880	29888					
29882						
29893						
Nervous System Ophthalmologic	64561	64640				
	65426	65730				
	65855	66170				
	66761	67028				
	67036	67040				
	67228	67311				
	67312					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
<b>Spinal Surgery</b>		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	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		22818	22819			
		22830	22849			
		22850	22852			
		22855	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63250	63200			
		63252	63251			
		63267	63265			
		63270	63268			
		63272	63271			
	63300	63286				
	63302	63301				
	63304	63303				
	63306	63305				
	63308	63307				
<b>Stimulators</b>	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
		<b>Transplants</b>	CAR T-Cell Therapy	<b>C9098</b>		
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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		33933	33935			number on the back of the member's health plan ID card.
		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				
		38232		Oncology DX Codes	Jan. 1, 2015	
<b>Vein Procedures</b> 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			
<b>Ventricular Assist Device (VAD)</b> 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 <b>855-282-8929</b> .
		33929			Jan. 1, 2015	
		33975	33976			
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
<b>Wound Vac</b>		E2402			Jan. 1, 2015	



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