

Prior authorization requirements for STAR Kids

Effective October 1, 2026

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR Kids health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Bariatric Surgery		43644 43645		Nov. 1, 2016	
Inpatient and outpatient bariatric surgery and obesity-related services		43659 43770 43775 43842 43845 43846 43847 43848 43860			
Behavioral Health Services		96130 96131 96136 96137 96138 96139 97151 97153 97154 97155 97156 97158 H0012 H0047 H2035		April 1, 2026	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 19325 19328 19330 19340 19342 19350		Nov. 1, 2016	Prior authorization is required for all other DX codes.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Cancer Supportive Care		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
		Q5136	Q5157	April 1, 2026	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
		Q5158	Q5159		
	Colony-Stimulating Factors	J1434	J2468	Jan. 1, 2026	
		Q5148			
	Colony-Stimulating Factors	J1449		Oct. 1, 2023	
	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	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
		Q5110		Jan. 1, 2019	
		J1442	Q5101	Oct. 1, 2017	
		J1447			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129

Cardiology		33274		April 1, 2026	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program
		0571T	0614T	Aug. 1, 2024	
		33206	33207	Nov. 1, 2016	
		33208	33212		
		33213	33214		
		33225	33224		
		33228	33227		
		33230	33229		
		33240	33231		
		33264	33249		
		93350	33263		
		93452	93351		
		93454	93453		
		93456	93455		
		93458	93457		
		93460	93459		
		33270	93461		

Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older
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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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Chemotherapy		J2860	J9053	Oct. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9062	J9232		
		Q5165	Q5166		
		Q5167	Q5169		
		Q5171		July 1, 2026	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.
		J9003	J9183		
		J9277	J9278		
		J9601	Q5161		
		Q5162		April 1, 2026	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9011	J9184		
		J9282	J9326		
		Q5160			
		J1299	J1323	Jan. 1, 2026	
		J1326	J2277		
		J3055	J3263		
		J9024	J9026		
		J9028	J9038		
		J9054	J9076		
		J9161	J9174		
		J9275	J9276		
		J9289	J9329		
		J9341	J9342		
		J9382	Q2057		
		Q2058	Q5146		
		Q5147	Q5149		
		Q5150	Q5151		
		Q5152			
		J9073	J9074	July 1, 2024	
		J9075	J9248		
		J9249	J9376		
		J9361			
		J9051	J9064	Jan. 1, 2024	
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324		Oct. 1, 2023	
		J9029	J9056		
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380		July 1, 2023	
		J9196	J9294		
		J9296	J9297		
	Q5129		May 1, 2023		
	J9046	J9048			
	J9049	J9314			
	J9393	J9394			
	Q5126				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023
		J9331	J9332		Oct. 1, 2022
		J9071 J9359	J9273		July 1, 2022
		J1952 J9061	J9021 J9272		Apr. 1, 2022
		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
		J9227	J9304		Nov. 1, 2020
		Q5107	Q5117		Oct. 1, 2020
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019
		J9030	J9036		Aug. 1, 2019
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019
		J9022 J9203	J9023 J9285		April 1, 2018
		J0640 J9000 J9017 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060	J0641 J9015 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065		Jan. 1, 2017

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9100	J9120		
		J9130	J9145		
		J9150	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9328		
		J9330	J9340		
		J9351	J9352		
		J9354	J9355		
		J9357	J9360		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2050		
		J9999			
		Q2043			
		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, 2017	
		J9217	J9225		
		J9226			
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		
Cochlear Implants and		69729	69730	Mar. 1, 2023	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Other Auditory Implants		69714 69930		Nov. 1, 2016	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614 L8619 L8690 L8691 L8692			
Cosmetic & Reconstructive procedures		14020* 14041 14021* 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15821 15820 15823 15822 15847 15830 17107 17106 17999 17108 21138 21137 21172 21139 21179 21175 21181 21180 21183 21182 21230 21184 21256		Nov. 1, 2016	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235 21280 21275 21295 21282 21742 21740 28344 21743 67900 30620 67902 67901 67904 67903 67908 67906 67911 67909 67914 67912 67916 67915 67921 67917 67923 67922 67950 67924 67966 67961 Q2026			
Continuous Glucose Monitor		E2102 E2103 A4238 A4239		Feb. 1, 2023	
		A9276 A9277 A9278		Oct. 1, 2021	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		E0639 E0640		Feb. 1, 2021	
		A9900 E0465 E0637		May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		April 1, 2019	Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		A9279 E0194 E0265 E0300 E0445 E0457 E0483 E0466 E0638 E0636 E0642 E0641 E0700 E0669 E0745 E0710 E0764 E0762 E1002 E0784 E1004 E1003 E1006 E1005 E1008 E1007 E1010 E1009 E1161 E1035 E1231 E1229 E1233 E1232 E1235 E1234 E1237 E1236 E1239 E1238 E2100 E1399 E2228 E2227 E2325 E2327 E2329 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		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 enteral or through a gastrostomy tube		B4034	B4035	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998	Nov. 1, 2016	
Experimental & Investigational		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Nov. 1, 2016	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
		31287	31288		

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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 Testing

Genetic Testing

July 1, 2025

0294U 0293U
0292U 0291U
0290U 0289U
0286U 0285U
0282U 0278U
0277U 0276U
0274U 0273U
0272U 0271U
0270U 0269U
0268U 0265U
0258U 0250U
0245U 0244U
0238U 0233U
0213U 0212U
0211U 0171U
0170U 0154U
0118U 0114U
0103U 0102U
0101U 0094U
0088U 0087U
0055U 0050U
0048U 0026U
81523 81471
81464 81463
81462 81459
81458 81457
81455 81450

Genetic Testing

81425 81426
81427 81443

Feb. 1, 2025

Prior authorization is required for genetic and molecular testing performed in an outpatient setting.

Care providers requesting laboratory testing will be required

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Genetic Testing	81520		Dec. 1, 2022	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.
	Genetic testing				
	BRCA Genetic Testing	81163 81164		Jan. 1, 2019	
	Genetic Testing	81229		Oct. 1, 2021	
		87505 87506 87507		Nov. 1, 2020	
		0111U 0129U		Nov. 1, 2019	
		81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81519		Feb 1, 2019	
		81162		May 1, 2016	
Home Health Care		99503 G0300 G0299 S9474		Nov. 1, 2016	
Injectable Medications	Avlayah Bosaya Exdensur Loargys	J1757 Q5161 J2361 J1818		Oct. 1, 2026	Prior authorization through Optum SGP Please check our <i>Review at Launch for New to Market Medications</i> policy

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	Ospomyv Qivigy Hyalgan/ Supartz/ Visco-3 Hymovis/ Hymovis One	Q5159 J1577 J7321 J7322		Sept. 1, 2026	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.
	Itvisma Starjemza Yartemlea	J3405 Q5164 J1289		July 1, 2026	
	Bildyos Gazyva Imaavy IVIG Papzimeos	Q5162 J9301 J9256 J1553 J3404		April 1, 2026	
	Avtozma Conexxence Stoboclo Therapeutic Radiopharm aceuticals	Q5156 Q5158 Q5157 A9615		Jan. 1, 2026	
	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174		Oct. 1, 2025	
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesintek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100		July 1, 2025	
	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133		Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998		May 1, 2025	
	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299		Apr. 1, 2025	
					* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.

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	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	OmvoH	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortropin	J0802			
	Gel™	J1413			
	Elevidys®	J1304			
	Qalsody®				
	Hemgenix®	J1411		Dec. 1, 2023	
	Leqembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	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	
	Fylnetra®	Q5130			
	Lanreotide®	J1932			
	®	J2327			
	Skyrizi®	Q5127			
	Stimufend®				

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	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse® Tezspire®	J7352 J2356			
				Aug 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551			
	Nexviazyme® Saphnelo™	J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Aldurazym® Elaprase® Fabrazyme® Kanuma® Lumizyme® Mepsevii® Naglazyme® Revcovi® Vimizim®	J0256 J0257 J1931 J1743 J0180 J2840 J0221 J3397 J1458 J3590 J1322		April 1, 2022	
	Fensolvi® Evkeeza	J1951 J1305		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate Sandostatin® LAR Signifor® LAR Somatuline® Depot	J2354 J2353 J2502 J1930			
	Firmagon® IVIG	J9155 J1554		July 1, 2021	

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	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			
	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			
	Eyeniv™	I3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			

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	Sodium Hyaluronate	J7320 J7325 J7327	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	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi	J1602			
	Parsabiv™	I0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIG	J1555			
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIG	J1575		May 1, 2016 Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588		

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	IVIG	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Temporary and Unclassified	Kebilidi	C9399	J3490	Jan. 1, 2026	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.
	Steqeyma IV	C9399	J3490	Jun. 1, 2025	
	Yesintek IV	J3590			
	Rivfloza	C9399	J3490	July 1, 2024	
		J3590			
Joint Replacement		23470	23472	Nov. 1, 2016	
		23473	23474		
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
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.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					Prior authorization is required for services including: • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing Prior authorization is not required for crisis evaluations, code H2011. To request prior authorization, please call the number on the back of the member's health plan ID card.
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	
Orthognathic Surgery		21121 21125	21123 21127	Nov. 1, 2016	
Treatment of maxillofacial/jaw functional impairment		21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246	21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247		
Orthotics and		L6034		Sept. 1, 2026	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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		
		L2350	L2510		
		L2526	L2627		
		L2628	L3230		
		L3265	L3649		
		L3671	L3674		
		L3720	L3730		
		L3740	L3764		
		L3900	L3901		
		L3904	L3905		
		L3961	L3971		
		L3975	L3976		
		L3977	L3999		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		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	L6055		
		L6050	L6110		
		L6100	L6130		
		L6120	L6205		

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

S9152

Dec. 1, 2022

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Outpatient Therapy		70371	92626	July 1, 2017	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.
		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	S8990		
	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026	Oct. 1, 2018	
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Procedures		37243 55874	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520	77522	Nov. 1, 2016	
		77523	77525		
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		70471	75577	Sept. 1, 2026	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		75580		Jan. 1, 2024	
		0633T	0634T	Aug. 1, 2024	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal dashboard. Or, call 866-889-8054.
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		
		78492		June 1, 2022	
		0697T	0698T		
		0710T	0711T		
		0712T	0713T	March 1, 2020	For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		76391			
		76390	78830	Jan. 1, 2020	
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Nov. 1, 2016	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78451		
		78452	78453		
		78454	78468		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		78466	78472		
		78469	78481		
		78473	78494		
		78483	78499		
		78608	78609		
		78811	78812		
		78813	78814		
		78815	78816		
		G0252	G0235		
		S8037	S8092		
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).
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301			
	Digestive System	46221	42440		
		46255	46220		
		46270	46250		
		46946	46261		
			46505		
	ENT Procedures	30520	30140		
	Eye and Ocular	65710	66710		
		66711	67010		
	Adnexa	67041	67042		
		68110	67840		
		68815	68115		
			68720		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)	Female Genital System	57461 58561			
	Gynecologic Procedures	58565			
	Hernia Repair	49587 49653 49655	49585 49652 49654		
	Integumentary System	11440			
	Male Genital System	54840			
	Miscellaneous	20680			
	Musculoskeletal System	21012	21013		
		24071	27327		
		28035	27632		
		28041	28060		
		28104	28090		
		28118	28110		
		28124	28119		
		28289	28285		
		28296	28292		
		28298	28297		
		29806	28299		
		29819	29807		
		29823	29822		
		29825	29824		
		29827	29826		
		29845	29828		
		29848	29846		
		29875	29861		
		29877	29876		
		29880	29879		
		29882	29881		
		29893	29888		
	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67040		
		67036			
	Respiratory System	30802	30930		
		31536	31535		
			31541		
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)	Urinary System	52276	52287			
	Urologic Procedures	52005	52000			
		52235	52204			
		52281	52234			
		52332	52260			
		52352	52310			
		52356	55040			
Sleep Apnea Procedures & Surgeries		21685 42145	41599		Nov. 1, 2016	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive						
Spinal Surgery		0656T	0657T		Sept. 1, 2026	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
	22510	22511		April 1, 2022		
	22512	22513				
	22515					
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery (cont.)		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	63200		
		63250	63251		
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
		63308			
Stimulators 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	Unclassified ***	C9399	J3490	Oct. 1, 2026	
		J3590			
		J3406			
		J1289	J3386	July 1, 2026	
		J3387		Feb. 1, 2026	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J3389			
		J3402		Oct. 1, 2025	
		J3391 Q2058		July 1, 2025	
		Q2057		Apr.1, 2025	
		Q2054 J3393	J3392	Jan. 1, 2025	
		J3394		July 1, 2024	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Omisirge, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo 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.
Unclassified **	C9399 J3590	J3490			
Unclassified *	C9399 J3590	J3490		April 1, 2024	
CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
	J9999			July 1, 2022	
	Q2055			Feb. 1, 2022	
	Q2053			July 1, 2021	
	Q2042			Jan. 1, 2019	
	Q2041			April 1, 2018	
	32850	32851		Nov. 1, 2016	
Transplant Services	32852	32853			*Lantidra **Amtagvi ***Kresladi
	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473		April 1, 2017	
		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.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929			
		33975	33976	Nov. 1, 2016	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Nov. 1, 2016	