Prior authorization requirements for STAR Kids

Effective November 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 Inpatient and outpatient bariatric surgery and obesity-related services		43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860		Nov. 1, 2016	
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 Electronic stimulation or ultrasound to heal fractures		20975 20979		Nov. 1, 2016	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19316 19318 19325 19328 19330 19340 19342 19350		Nov. 1, 2016	Prior authorization is required for all other DX codes.

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		19357 19361 19364 19367 19368 19369 19370 19371 19380 19396			
Cancer Supportive Care		Q5136 Q5157 Q5158 Q5159		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
	Colony-Stimulating Factors	J1434 J2468 Q5148		Jan. 1, 2026	
	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 J2820		Jan. 1, 2019 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 J1447		Oct. 1, 2017	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
					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 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		Nov. 1, 2016	
Cardiovascular		35602 92930 92945		Nov. 1, 2026	Prior authorization required for members age 18 or older
		93580 65818		April 1, 2022	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718 95724 95722		Jan. 1, 2020	

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Chemotherapy		J2860 J9053 J9062 J9232 Q5165 Q5166 Q5167 Q5169 Q5171		Oct. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. 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. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call **866-604-3267.**
		J9003 J9183 J9277 J9278 J9601 Q5161 Q5162		July 1, 2026	
		J9011 J9184 J9282 J9326 Q5160		April 1, 2026	
		J1299 J1323 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		Jan. 1, 2026	
		J9073 J9074 J9075 J9248 J9249 J9376 J9361		July 1, 2024	
		J9051 J9064 J9345 J9052 J9072 J9172 J9255 J9321 J9286 J9324		Jan. 1, 2024	
		J9029 J9056 J9058 J9059 J9063 J9259 J9322 J9323 J9347 J9350 J9380		Oct. 1, 2023	
		J9196 J9294 J9296 J9297 Q5129		July 1, 2023	
		J9046 J9048 J9049 J9314 J9393 J9394 Q5126		May 1, 2023	

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		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	

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		J9100 J9130 J9150 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9214 J9216 J9218 J9230 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2043	J9120 J9145 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9328 J9340 J9352 J9355 J9360 J9395 J9600 Q2050			
		J1950 J9155 J9217 J9226	J9202 J9225	Oncology DX Codes	July 1, 2021 Jan. 1, 2017	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
Circumcision		54150 54161	54160 54162		Nov. 1, 2016	
Cochlear Implants and		69729	69730		Mar. 1, 2023	

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Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 69930 L8614 L8619 L8690 L8691 L8692		Nov. 1, 2016	
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* 14041 14021* 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 15821 15820 15823 15822 15847 15830 17107 17106 17999 17108 21138 21137 21172 21139 21179 21175 21181 21180 21183 21182 21230 21184 21256 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		Nov. 1, 2016	
Continuous Glucose Monitor		E2102 E2103 A4238 A4239		Feb. 1, 2023	
		A9276 A9277 A9278		Oct. 1, 2021	

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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)		A4295	A4296		Nov. 1, 2026	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E2298			May 1, 2024	
		E0639	E0640		Feb. 1, 2021	
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		A9279 E0265 E0445 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329	E0194 E0300 E0457 E0466 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327 E2351 E2510		Nov. 1, 2016	

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Durable Medical Equipment (DME) (cont.)		E2373 E2599 E2511 E2627 E2626 E2629 E2628 E8001 E2630 K0008 K0005 K0108 K0013 K0849 K0848 K0851 K0850 K0853 K0852 K0855 K0854 K0857 K0856 K0859 K0858 K0861 K0860 K0863 K0862 K0868 K0864 K0870 K0869 K0877 K0871 K0879 K0878 K0884 K0880 K0886 K0885 K0891 K0890 T1999 S1040			
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4035 B4036 B4104 B4103 B4150 B4149 B4153 B4152 B4158 B4155 B4160 B4159 B4161		May 1, 2019	
		B9002 B9998		Nov. 1, 2016	
Experimental & Investigational		33477 36514 66180 64722 E1831 A9274		Nov. 1, 2016	
Femoroaceta-bular Impingement Syndrome (FAI)		29914 29915 29916		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253 31257 31259		July 1, 2018	
		31240 31254 31255 31256 31267 31276 31287 31288		Nov. 1, 2016	

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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		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
		81427	81443			

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	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 87507	87506	Nov. 1, 2020	
		0111U	0129U	Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 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 *Review at Launch for New to Market Medications* 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 *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. * Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	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 Radiopharmaceuticals	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	
	Tremfya IV	J1628		Feb. 1, 2025	

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	Alyglo Nplate Tyenne	J1552 J2802 Q5135		Jan. 1, 2025 Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortropin Gel™ Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia®	J0897		Jan. 1, 2023	

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	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Leqvio®	J1306		Aug 1, 2022	
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Evkeeza	J1305			
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	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			

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	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			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320 J7325 J7327	J7324 J7326 J7329		
	Ultomiris™	J1303			

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	White blood cell colony-stimulating factors	J1442 J1447 Q5101 Q5110			
	Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra® Brineura™ Crysvita® Entyvio® Fasenra™ Ilumya™ Inflectra® Luxturna™ Orencia® Radicava® Remicade® Renflexis® Simponi Aria	J3262 J0567 J0584 J3380 J0517 J3245 Q5103 J3398 J0129 J1301 J1745 Q5104 J1602		Jan. 1, 2019	
	Parsabiv™	I0606		Nov. 1. 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™ IVIG Ocrevus™ Spinraza™	J1428 J1555 J2350 J2326		Jan. 1, 2018	
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182		April 1, 2017	
	IVIG Botulinum Toxin IVIG	J1575 J0585 J0586 J0587 J0588 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572		May 1, 2016 Nov. 1, 2016	
	*Synagis®	90378			

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	Xolair®	J2357			
Injectable Medications – Temporary and Unclassified	Kebilidi	C9399 J3490 J3590		Jan. 1, 2026	Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* 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 Yesintek IV	C9399 J3490 J3590		Jun. 1, 2025	
	Rivfloza	C9399 J3490 J3590		July 1, 2024	
Joint Replacement Joint, total hip and knee replacement procedures		23470 23472 23473 23474 24360 24361 24362 24363 27120 27130 27125 27134 27132 27138 27137 27446 27412 27486 27447 29866 27487 29868 29867		Nov. 1, 2016	
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.

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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 A0431 A0435 A0436		Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0398 A0420 A0422 A0424 A0425 A0426 A0428 A0433 A0434		Nov. 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21123 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		Nov. 1, 2016	
Orthotics and		L6034		Sept. 1, 2026	

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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 L5647 L5649 L5673 L5683 L5700 L5705 L5845 L5962 L5986 L5999		April 1, 2019	
		L1812 L1820 L1830 L1831 L1836 L1847		Jan. 1, 2018	
		L0112 L0170 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		Nov. 1, 2016	

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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			

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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			
Orthopedic Surgery		27458 27713		Nov. 1, 2026	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Outpatient Therapy		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization. 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
		70371 92626 92627 92630 92633 96105 97024 97032 97035 97036 97139 97150 97164 97168 97533 97535 97537 97542* 97545 97546 97750 97760 97761 G0283		July 1, 2017	
		92507 92508 92526 97012 97014 97016 97018 97022 97026 97028 97033 97034 97039 97110 97112 97113 97116 97124 97140 97530 97799 G0129 G0152 S8990		Nov. 1, 2016	
	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 T1026 T2002		Oct. 1, 2018	
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Procedures		55707 55708 55709 55710 55711 55712 55713 55714 55715		Nov. 1, 2026	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		37243 53850 55874		April 1, 2022	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77522 77523 77525		Nov. 1, 2016	
Psychological Testing		96116 96121 96130 96131 96132 96133 96136 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
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. 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. 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
		75580		Jan. 1, 2024	
		0633T 0634T 0635T 0636T 0637T 0638T 71271 78429 78430 78431 78432 78433 78459 78491 78492		Aug. 1, 2024	
		0697T 0698T 0710T 0711T 0712T 0713T		June 1, 2022	
		76391		March 1, 2020	
		76390 78830		Jan. 1, 2020	
		77046 77047 77048 77049		Jan. 1, 2019	
		70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491		Nov. 1, 2016	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 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			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		77084 78452 78454 78466 78469 78473 78483 78608 78811 78813 78815 G0252 S8037	78451 78453 78468 78472 78481 78494 78499 78609 78812 78814 78816 G0235 S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Nov. 1, 2016	
Sinuplasty		31298			July 1, 2018	
		31295 31297	31296		Nov. 1, 2016	
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 66984	66982			
	Cosmetic & Reconstructive	13101 14040 14301	13132 14060			
	Digestive System	46221 46255 46270 46946	42440 46220 46250 46261 46505			
	ENT Procedures	30520	30140			
	Eye and Ocular Adnexa	65710 66711 67041 68110	66710 67010 67042 67840			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)		68815	68115 68720			
	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 24071 28035 28041 28104 28118 28124 28289 28296 28298 29806 29819 29823 29825 29827 29845 29848 29875 29877 29880 29882 29893	21013 27327 27632 28060 28090 28110 28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29846 29861 29876 29879 29881 29888			
	Nervous System	64561	64640			
	Ophthalmologic	65426 65855 66761 67036	65730 66170 67040			
	Respiratory System	30802 31536	30930 31535 31541			
Site of service (SOS) –	Tonsillectomy &	42820 42825	42821 42826			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Outpatient Hospital (cont.)	Adenoidectomy	42830				
	Urinary System	52276	52287			
	Urologic Procedures	52005 52235 52281 52332 52352 52356	52000 52204 52234 52260 52310 55040			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive		21685 42145	41599		Nov. 1, 2016	
Spinal Surgery		63032			Nov. 1, 2026	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		0656T	0657T		Sept. 1, 2026	
		22510 22512 22515	22511 22513		April 1, 2022	

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

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Implantation of a device that sends electrical impulses	Neurostimulator	43648 43881 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688		Nov. 1, 2016	
Surgery		64728		Nov. 1, 2026	
Transplant	Unclassifed*	J3406		Nov 1, 2026	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. *Amtagvi, Kresladi, Lantidra
		C9399* J3490* J3590*		Oct. 1, 2026	
		J1289 J3386		July 1, 2026	
		J3387 J3389		Feb. 1, 2026	
		J3402		Oct 1, 2025	
		J3991 Q2058		July 1, 2025	
		Q2057		Apr 1, 2025	
		Q2054 J3392 J3393		Jan 1, 2025	
		J3394 C9399* J3490* J3590*		July 1, 2024	
		C9399* J3490* J3590*		Apr 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		Apr 1, 2018	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061		Nov 1, 2016	
		38232		Oncology DX Codes	Nov 1, 2016	
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			Apr 1, 2017	
		36475 37700 37722	36478 37718 37780		Nov 1, 2016	
Ventricular Assist Device		33927 33929	33928		Jan. 1, 2018	

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(VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509		Nov. 1, 2016	Please call the notification number on the back of the member's health plan ID card.
Wound Vac		E2402		Nov. 1, 2016	

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