

# Prior Authorization Requirements for STAR Kids

Effective Feb. 1, 2021

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link 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		Nov. 1, 2016	
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
<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	Nov. 1, 2016	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  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	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	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 by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b> .	
	Colony-Stimulating Factors	Q5120			July 1, 2020		
		Q5108	Q5111		Jan. 1, 2019		
		J2505	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 by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.	
		Q5110			Jan. 1, 2019		
		J1442 J1447	Q5101		Oct. 1, 2017		
	Cardiology		33206	33207		Nov. 1, 2016	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.</p>
			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					
	33270						
Cardiovascular		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior is authorization required for lower- extremity angiograms only.	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.	
		95700	95711		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95712	95713				
	95714	95715					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Cerebral Seizure Monitoring – Inpatient Video EEG (continued)		95716 95720 95724	95718 95722					
Chemotherapy		J9317 J9144 J9316	J9118 J9223 J9281	Oncology DX Codes	Jan. 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.		
		J9227	J9304		Nov. 1, 2020			
		Q5107	Q5117		Oct. 1, 2020			
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020		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.	
		J0642			March 1, 2020			
		J9309			Feb. 1, 2020			
		J9119 J9210 J9313	J9204 J9269				Oct. 1, 2019	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		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 J9150 J9155 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9202 J9206 J9208 J9211 J9213			Jan. 1, 2017		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		J9214	J9215			
		J9216	J9217			
		J9218	J9225			
		J9226	J9228			
		J9230	J9245			
		J9250	J9260			
		J9261	J9262			
		J9263	J9264			
		J9266	J9267			
		J9268	J9271			
		J9280	J9293			
		J9295	J9299			
		J9301	J9302			
		J9303	J9305			
		J9306	J9307			
		J9308	J9315			
		J9320	J9328			
		J9330	J9340			
		J9351	J9352			
		J9354	J9355			
		J9357	J9360			
		J9370	J9371			
		J9390	J9395			
		J9400	J9600			
	J9999	Q2017				
	Q2043	Q2050				
<b>Circumcision</b>		54150	54160		Nov. 1, 2016	
		54161	54162			
<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	69715		Nov. 1, 2016	
		69718	69930			
		L8614	L8619			
		L8690	L8691			
		L8692				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive procedures</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		11960	11971		Nov. 1, 2016	
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
	67906	67908				
	67909	67911				
	67912	67914				
	67915	67916				
	67917	67921				
	67922	67923				
	67924	67950				
	67961	67966				
	Q2026					
<b>Dental Anesthesia</b>		00170	41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0639	E0640		Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		K0553	K0554			
		E0787			May 1, 2020	
		A9900 E0637	E0465		May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		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	

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<b>Durable Medical Equipment (DME)</b> (continued)		A9279	E0194		Nov. 1, 2016	
		E0265	E0300			
		E0445	E0457			
		E0460	E0466			
		E0483	E0636			
		E0638	E0641			
		E0642	E0669			
		E0700	E0710			
		E0745	E0762			
		E0764	E0784			
		E1002	E1003			
		E1004	E1005			
		E1006	E1007			
		E1008	E1009			
		E1010	E1035			
		E1161	E1229			
		E1231	E1232			
		E1233	E1234			
		E1235	E1236			
		E1237	E1238			
		E1239	E1399			
		E2100	E2227			
		E2228	E2300			
		E2325	E2327			
		E2329	E2351			
		E2373	E2510			
		E2511	E2599			
		E2626	E2627			
		E2628	E2629			
		E2630	E8001			
		K0005	K0008			
		K0013	K0108			
		K0848	K0849			
		K0850	K0851			
		K0852	K0853			
		K0854	K0855			
		K0856	K0857			
		K0858	K0859			
		K0860	K0861			
		K0862	K0863			
		K0864	K0868			
	K0869	K0870				
	K0871	K0877				
	K0878	K0879				
	K0880	K0884				
	K0885	K0886				
	K0890	K0891				
	S1040	T1999				
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4100			
		B4103	B4104			
		B4149	B4150			
		B4152	B4153			
		B4155	B4158			
		B4159	B4160			
		B4161				
		B9002	B9998			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Experimental & Investigational		33477	36514		Nov. 1, 2016	
		55866	64722			
		66180	A9274			
		E1831				
Femoroacetabular Impingement Syndrome		29914 29916	29915		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018	
		31259			Nov. 1, 2016	
		31240	31254			
		31255	31256			
		31267	31276			
		31287	31288			
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212	81215		Feb. 1, 2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81216			Jan. 1, 2019	
		81163 81165	81164 81166		Nov. 1, 2016	
	Genetic Testing	87481	87482		Nov. 1, 2020	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.
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87798	87799			
		87800	87801			
0068U	0097U					
	0111U	0129U		Nov. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	
	0136U	0137U				
	81167	81233		April 1, 2019		
	81237			Feb 1, 2019		
	0040U	81105				
	81106	81107				
	81108	81109				
	81110	81111				
	81120	81121				
	81161	81170				
	81200	81201				
	81202	81203				
	81205	81206				
	81207	81208				
	81209	81210				
	81218	81219				
	81220	81221				
	81222	81223				
	81224	81225				

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<b>Genetic and Molecular Testing to Include BRCA Gene Testing (continued)</b>		81226	81227			
		81235	81240			
		81241	81242			
		81243	81244			
		81245	81246			
		81250	81251			
		81252	81253			
		81254	81255			
		81256	81257			
		81260	81261			
		81262	81263			
		81264	81265			
		81266	81267			
		81268	81270			
		81272	81273			
		81275	81276			
		81287	81288			
		81290	81291			
		81292	81293			
		81294	81295			
		81296	81297			
		81298	81299			
		81300	81301			
		81302	81303			
		81304	81310			
		81313	81314			
		81315	81316			
		81317	81318			
		81319	81321			
		81322	81323			
		81324	81325			
		81326	81327			
		81330	81331			
		81332	81340			
		81341	81342			
		81350	81355			
		81370	81371			
		81372	81373			
		81374	81375			
		81376	81377			
	81378	81379				
	81380	81381				
	81382	81383				
	81400	81401				
	81402	81403				
	81404	81405				
	81406	81407				
	81408	81410				
	81411	81420				
	81507	81519				
<b>Home Health Care</b>		99503 G0300	G0299 S9474		Nov. 1, 2016	
<b>Injectable Medications</b>	IVIG	C9072			Feb. 1, 2021	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</i>
	Spravato®	S0013				
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Ruconest®	J0596			<i>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.	
	Adakveo®	J0791		July 1, 2020		
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
	Vyondys 53®	J1429				
	Xembify®	J1558				
	Zolgensma®	J3399			April 1, 2020	* Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b> .
	Benlysta	J0490				
	Cimzia®	J0717				
	IV Iron Therapy	J1439	Q0138			
	Rituxan®	J9312				
	Rituxan Hycela®	J9311				
	Stelara IV®	J3358			March 1, 2020	***For 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 the Cancer Supportive Care section above.
	**Therapeutic Radio-Pharmaceuticals	A9590				
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019	For non-oncology DX, submit online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>877-842-3210</b> .
	**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					
Brineura™	J0567			Jan. 1, 2019		
Crysvita®	J0584					
Entyvio®	J3380					
Fasenra™	J0517					
Ilumya™	J3245					
Inflectra®	Q5103					
Luxturna™	J3398					

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Injectable Medications (continued)	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
	IVIg	J1555				Jan. 1, 2018
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202				Oct. 1, 2017
	Soliris®	J1300				
	Cinqair®	J2786				April 1, 2017
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIg	J1575				May 1, 2016
	Acthar®	J0800				Nov. 1, 2016
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIg	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
*Synagis®	90378					
Xolair®	J2357					

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<b>Injectable Medications – Temporary and Unclassified</b>	Cutaquig®	C9399 J3590	J3490		Nov. 1, 2016*  *Reflects the effective date for the unlisted codes not the specific drug names listed	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 <b>UHCprovider.com</b> > 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 27122 27130 27134 27138 27446 27486 29866 29868		Nov. 1, 2016	
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>						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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<b>Mental Health (MH)/Substance Use Disorder (SUD)</b>						<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> <li>• Inpatient/residential</li> <li>• Intensive outpatient</li> <li>• Nursing facility services</li> <li>• Partial hospitalization program</li> <li>• Psychological testing</li> </ul> <p>Prior authorization is <b>not</b> required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to <b>877-450-6011</b>. Fax form is available at <b>UHCprovider.com/TXCommunityPlan</b> &gt;Prior Authorization and Notification Resources &gt; Prior Authorization Forms.</p>
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Nov. 1, 2016	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		Nov. 1, 2016	
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Nov. 1, 2016	
<b>Orthotics and Prosthetics</b>		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 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999		April 1, 2019	

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Orthotics and Prosthetics (continued)		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			
		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				

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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				
Outpatient Therapy		92521	92522		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).  Prior authorization should be submitted online through the Optum Physical Health portal <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a>
		92523	92524			
		92610	97161			
		97162	97163			
		97165	97166			
		97167				
		G0515				
		70371	92626		July 1, 2017	All prior authorization requests will require: •Optum Physical Health Patient Summary Form (PSF-750)  •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only)  For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97533	97535			
		97537	97542*			
		97545	97546			
	97750	97760				
	97761	G0283				
	S9152					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Outpatient Therapy (continued)</b>		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 97799 G0152 G0282	92508 97012 97016 97022 97028 97034 97110 97113 97124 97530 G0129 G0281 S8990		Nov. 1, 2016	Physical Health 800-873-4575.  *Prior authorization is not required for DME providers.
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>		T1025 T2002	T1026		Oct. 1, 2018	
<b>Private Duty Nursing</b>		T1000			Nov. 1, 2016	
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Nov. 1, 2016	
<b>Psychological Testing</b>		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
<b>Radiology</b>		76391			March 1, 2020	
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		70336	70450	Nov. 1, 2016	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
	74263	74712			
	74713	75557			
	75559	75561			
	75563	75571			
	75572	75573			
	75574	75635			
	76376	76377			
	76380	76497			
	76498	77021			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78494			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		C8932 C8934 C8936 G0252 S8037 S8085	C8933 C8935 G0235 S8042 S8092			
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Nov. 1, 2016	
<b>Sinuplasty</b>		31298 31295 31297	31296		July 1, 2018 Nov. 1, 2016	
<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. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of service (SOS) – Outpatient Hospital	Digestive System	42415	42440			
		43200	43236			
		43237	43238			
		43242	43245			
		43246	43247			
		43248	43251			
		43254	43255			
		43259	44360			
		44361	45171			
		45334	45335			
		45381	45390			
		45990	46020			
		46040	46050			
		46200	46220			
		46221	46250			
		46255	46261			
		46270	46275			
		46288	46505			
	46750	46910				
	46946					
	ENT Procedures	21320	30140			
		30520	69436			
		69631				
	Eye and Ocular Adnexa	65710	65820			
		66250	66710			
		66711	66825			
66986		67010				
67041		67042				
67105		67108				
67113		67840				
68110		68115				
68320		68720				
68815						
Female Genital System	57240	57250				
	57461	57520				
	58561	58562				
Gynecologic Procedures	57522	58353				
	58558	58563				
	58565					
Hemic and Lymphatic Systems	38500	38510				
	38525					
Hernia Repair	49505	49585				
	49587	49650				
	49651	49652				
	49653	49654				
	49655					
Integumentary System	10121	11440				
	11450	11624				
	11770	13121				
	15100	15120				
	15240	19020				
19120	19125					
Liver Biopsy	47000					
Male Genital System	54840					

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>	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22514		
		22902	22903		
		23071	23075		
		24071	27327		
		27337	27632		
		28035	28039		
		28041	28060		
		28080	28090		
		28104	28110		
		28118	28119		
		28124	28285		
		28289	28292		
		28296	28297		
		28298	28299		
		29806	29807		
		29819	29822		
		29823	29824		
		29825	29826		
		29827	29828		
		29835	29840		
	29845	29846			
	29848	29861			
	29875	29876			
	29877	29879			
	29880	29881			
	29882	29888			
	29893				
	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
67228		67311			
67312					
Respiratory System	30802	30930			
	31525	31535			
	31536	31541			
	31624				
Tonsillectomy & Adenoidectomy	42820	42821			
	42825	42826			
	42830				
Upper Gastrointestinal Endoscopy	43235	43239			
	43249				
Urinary System	52276	52287			
	52320	52344			

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>	Urologic Procedures	50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
		52352	52353			
		52356	55040			
		55700	57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Nov. 1, 2016	
<b>Spinal Surgery</b>		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173 63190	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191		Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
		63308				
	<b>Stimulators Implantation of a device that sends electrical impulses</b>	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016
Neurostimulator		43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Nov. 1, 2016	
<b>Transplants</b>	CAR T-Cell Therapy	C9073 J3590	J3490 J9999		Feb. 1, 2021	Prior authorization is only required for Tecartus™
		0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel),
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>	Transplant Services	32850	32851		Nov. 1, 2016	please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
47147	48551					
48552	48554					
50300	50320					
50323	50325					
50340	50360					
50365	50370					
50380	50547					
S2060	S2061					
		38232		Oncology DX Codes	Nov. 1, 2016	
<b>Vein Procedures</b>		36473			April 1, 2017	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478		Nov. 1, 2016	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b>		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.
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				
<b>Wound Vac</b>		E2402			Nov. 1, 2016	