

# Prior authorization requirements for STAR Kids

Effective June 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](https://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](https://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
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Nov. 1, 2016	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
<b>Behavioral Health Services</b>		96130	96131	April 1, 2026	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services
		96136	96137		
		96138	96139		
		97151	97153		
		97154	97155		
		97156	97158		
		H0012	H0047		
		H2035			
<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		11971	Breast Reconstruction on DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19316	19318	Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328		
		19330	19340		
		19342	19350		

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		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
<b>Cancer Supportive Care</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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	
	Colony-Stimulating Factors	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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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
					Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
<b>Cardiology</b>		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 <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054.  For more details and the CPT codes that require prior authorization, please visit: <a href="http://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> > 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		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
	93458	93461			
	93460				
	33270				
<b>Cardiovascular</b>		93580		April 1, 2022	Prior authorization required for members age 18 or older
<b>Cerebral Seizure Monitoring - Inpatient Video EEG</b>		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		J9011 J9282 Q5160	J9184 J9326		<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.</p> <p>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.</p> <p>Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b>.</p>	
		J1299 J1326 J3055 J9024 J9028 J9054 J9161 J9275 J9289 J9341 J9382 Q2058 Q5147 Q5150 Q5152	J1323 J2277 J3263 J9026 J9038 J9076 J9174 J9276 J9329 J9342 Q2057 Q5146 Q5149 Q5151	April 1, 2026  Jan. 1, 2026		
		J9073 J9075 J9249 J9361	J9074 J9248 J9376			July 1, 2024
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321			Jan. 1, 2024
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350			Oct. 1, 2023
		J9196 J9296 Q5129	J9294 J9297			July 1, 2023
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394			May 1, 2023
		J9274	J9298	Oncology DX Codes		Jan. 1, 2023
		J9331	J9332			Oct. 1, 2022
		J9071 J9359	J9273			July 1, 2022

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J1952	J9021	Apr. 1, 2022	
		J9061	J9272		
		J9247	J9318	Jan. 1, 2022	
		J9319			
		J9348	J9353	Oct. 1, 2021	
		Q5123			
		J9037	J9349	May 1, 2021	
		J9317	J9118	Jan. 1, 2021	
		J9144	J9223		
		J9316	J9281		
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177	J9198	July 1, 2020	
		J9246	J9358		
		Q5119			
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119	J9204	Oct. 1, 2019	
		J9210	J9269		
		J9313			
		J9030	J9036	Aug. 1, 2019	
		J9153	J9057	Jan. 1, 2019	
		J9229	J9173		
		J9312	J9311		
		J9022	J9023	April 1, 2018	
		J9203	J9285		
		J0640	J0641	Jan. 1, 2017	
		J9000	J9015		
		J9017	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9120		
		J9130	J9145		
		J9150	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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			
<b>Circumcision</b>		54150	54160	Nov. 1, 2016	
		54161	54162		
<b>Cochlear Implants and</b>		69729	69730	Mar. 1, 2023	

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<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>		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
<b>Durable Medical Equipment (DME) (cont.)</b>		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	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998	Nov. 1, 2016	
<b>Experimental &amp; Investigational</b>		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	Nov. 1, 2016	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX.

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Gender Dysphoria Treatment		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 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

Genetic Testing

81520

Dec. 1, 2022



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Genetic testing				Authorization/Notification program for each specified genetic test.
	BRCA Genetic Testing	81163 81164		Jan. 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.
	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	
<b>Home Health Care</b>		99503 G0300 G0299 S9474		Nov. 1, 2016	
<b>Injectable Medications</b>	Bildyos Gazyva Imaavy IVIG Papzimeos Avtozma Conexence Stoboclo Therapeutic Radiopharmaceuticals	Q5162 J9301 J9256 J1553 J3404 Q5156 Q5158 Q5157 A9615		April 1, 2026     Jan. 1, 2026	Prior authorization through Optum SGP 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

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	Alhemo	J7173		Oct. 1, 2025	list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="https://uhcprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Azmiro	J1072			
	Bkemv	Q5152			
	Encelto	J3403			
	Epysqli	Q5151			
	Imuldosa IV	Q5098			
	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	<b>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</b>
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesintek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus	J2351		Apr. 1, 2025	
	Zunovo				
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	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	
	Lamzed®	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			

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	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	
	Flynetra®	Q5130			
	Lanreotide®	J1932			
	®	J2327			
	Skyrizi®	Q5127			
	Stimufend®				
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Prolia®	J0897		Jan. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
				Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexvazyme®	J0219		May 1, 2022	
	®				
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			

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	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			
	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			

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	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan	J9311			
	Hycela®				
	Stelara IV®	J3358			
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331 J7332		Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			
	Evenitv™	I3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320 J7321 J7322 J7324 J7325 J7326 I7327 I7329			
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442 J1447 Q5101 Q5110			
	Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	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		
	IVIG	90284 J1556 J1559 J1566 J1569	J1459 J1557 J1561 J1568 J1572		
	*Synagis®	90378			
	Xolair®	J2357			
<b>Injectable Medications - Temporary and Unclassified</b>	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 <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.
	Starjemza	J3590			
	Steqeyma IV Yesintek IV	C9399 J3590	J3490	Jun. 1, 2025	
	Rivfloza	C9399 J3590	J3490	July 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Joint Replacement</b>		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			
<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.
<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>
<b>Non-Emergent Air Ambulance Transport</b>		A0430	A0431	Nov. 1, 2016	
		A0435	A0436		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382	A0398	Nov. 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment		21121	21123	Nov. 1, 2016	
		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		
<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	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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Orthotics and Prosthetics (cont.)</b>		L1845	L1846		
		L1860	L1945		
		L1950	L1970		
		L2000	L2005		
		L2010	L2020		
		L2030	L2034		
		L2036	L2037		
		L2038	L2060		
		L2106	L2108		
		L2126	L2136		
		L2350	L2510		
		L2526	L2627		
		L2628	L3230		
		L3265	L3649		
		L3671	L3674		
		L3720	L3730		
		L3740	L3764		
		L3900	L3901		
		L3904	L3905		
		L3961	L3971		
		L3975	L3976		
		L3977	L3999		
		L4000	L4010		
		L4020	L5010		
		L5020	L5050		
		L5060	L5100		
		L5105	L5150		
		L5160	L5200		
		L5210	L5220		
		L5230	L5250		
		L5270	L5280		
		L5301	L5312		
		L5321	L5331		
		L5341	L5400		
		L5420	L5460		
		L5500	L5505		
		L5510	L5520		
		L5530	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Orthotics and Prosthetics (cont.)</b>		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		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
		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				
<b>Outpatient Therapy</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. <b>* Prior authorization not required for DME providers</b>	
		70371	92626	July 1, 2017		
		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
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
	97112	97113				
	97116	97124				
	97140	97530				
	97799	G0129				
	G0152	G0281				
	G0282	S8990				
	<b>OR billed with these revenue codes</b>	419	420			
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Potentially Unproven Services</b>		33289	C2624	Apr. 1, 2023	
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>		T1025 T2002	T1026	Oct. 1, 2018	
<b>Private Duty Nursing</b>		T1000		Nov. 1, 2016	
<b>Prostate Procedures</b>		37243 55874	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
<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	Prior authorization will not be required for dates of service on or after March 1, 2022
<b>Radiology</b>		75580		Jan. 1, 2024	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491	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.
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	Or, call 866-889-8054.
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	For more details and the CPT codes that require prior authorization,

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		77046	77047	Jan. 1, 2019	please visit <a href="http://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		77048	77049		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Radiology (cont.)</b>		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		
		78466	78472		
		78469	78481		
		78473	78494		
		78483	78499		
		78496	78609		
		78608	78812		
		78811	78814		
	78813	78816			
	78815	G0235			
	G0252	S8092			
	S8037				
<b>Rhinoplasty and Septoplasty</b>		30400	30410	Nov. 1, 2016	
		30420	30430		
Treatment of nasal functional impairment and septal deviation		30435	30450		
		30460	30462		
		30465			
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			
<b>Site of service (SOS) – Outpatient Hospital</b>	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. 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	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Site of service (SOS) – Outpatient Hospital (cont.)</b>	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	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					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Site of service (SOS) – Outpatient Hospital (cont.)	Integumentary System	10121	11440			
		11450	11624			
		11770	13121			
		15100	15120			
		15240	19020			
		19120	19125			
		Liver Biopsy	47000			
		Male Genital System	54840			
		Miscellaneous	20680			
		Musculoskeletal System	20552	20553		
			21012	21013		
			21336	21554		
			21555	21556		
			21930	22903		
			22902	23075		
			23071	27327		
			24071	27632		
			27337	28039		
			28035	28060		
			28041	28090		
			28080	28110		
			28104	28119		
			28118	28285		
			28124	28292		
			28289	28297		
			28296	28299		
			28298	29807		
			29806	29822		
			29819	29824		
			29823	29826		
			29825	29828		
			29827	29846		
			29835	29861		
	29845		29876			
	29848		29879			
	29875		29881			
	29877	29888				
	29880					
	29882					
	29893					
	Nervous System	64561	64640			
	Ophthalmologic	65426	65730			
		65855	66170			
		66761	67028			
		67036	67040			
		67228	67311			
		67312				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Respiratory System	30802 31525 31536 31624	30930 31535 31541		
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826		
	Upper Gastrointestinal Endoscopy	43235 43249	43239		
	Urinary System	52276 52320	52287 52344		
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356	52000 52204 52234 52260 52310 52351 52353 55040 57288		
	<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive	21685 42145	41599	Nov. 1, 2016	
	<b>Spinal Surgery</b>	22510 22512 22515 22514	22511 22513	April 1, 2022   July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Spinal Surgery (cont.)</b>		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		
		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				
<b>Stimulators Implantation of a device that</b>	<b>Bone Growth Stimulator</b>	E0747 E0760	E0748	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
sends electrical impulses	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				
<b>Transplants</b>		J3387		Feb. 1, 2026		
		J3389				
		J3402		Oct. 1, 2025		
		J3391		July 1, 2025		
		Q2058				
		Q2057		Apr.1, 2025		
		Q2054	J3392	Jan. 1, 2025		
		J3394		July 1, 2024		
	Unclassified **	C9399	J3490			For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, 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	J3490	April 1, 2024		
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023		
		J9999		July 1, 2022		
	Q2055		Feb. 1, 2022	*Lantidra		
	Q2053		July 1, 2021			
	Q2042		Jan. 1, 2019	**Amtagvi		
	Q2041		April 1, 2018			
Transplant Services	32850	32851	Nov. 1, 2016			
	32852	32853				
	32854	32855				
	32856	33930				
	33933	33935				
	33940	33944				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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		
		S2060	50547		
		S2152	S2061		
		38232	Oncology DX Codes	Nov. 1, 2016	
<b>Vein Procedures</b>		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		
<b>Ventricular Assist Device</b>		33927	33928	Jan. 1, 2018	
		33929			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>(VAD)</b>		33975	33976	Nov. 1, 2016	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		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
<b>Wound Vac</b>		E2402		Nov. 1, 2016	

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