

Prior authorization requirements for STAR+Plus

Effective October 1, 2026

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan STAR+PLUS 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 network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Bariatric Surgery		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services		96130	96131	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
		96136	96137		
		96138	96139		
		97151	97153		
		97154	97155		
		97156	97158		
		H0012	H0047		
		H2035			
Bone Growth Stimulator		20975	20979	Jan. 1, 2015	
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

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(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes.
		19325	19328			
		19330	19340			
		19342	19350			Prior authorization is required for all other DX codes.
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
		19380	19396			
Cancer Supportive Care		Q5136	Q5157		April 1, 2026	
		Q5158	Q5159			
	Colony-Stimulating Factors	J1434	J2468		Jan. 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
		Q5148				
	Colony-Stimulating Factors	J1449			Oct. 1, 2023	
	Erythropoiesis-Stimulating Factors	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	
		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
					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	
				June 1, 2022	
		33270	33207	Oct. 1, 2016	
		33206	33212		
		33208	33214		
		33213	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33264	33263		
		93350	93351		
		93452	93453		
		93454	93455		
		93456	93457		
		93458	93459		
		93460	93461		
Cardiovascular		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older
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	Jan. 1, 2020	
		95724	95722		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Chemotherapy		J2860	J9053	Oct. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9062	J9232		
		Q5165	Q5166		
		Q5167	Q5169		
		Q5171		July 1, 2026	
		J9003	J9183		
		J9277	J9278		
		J9601	Q5161		
		Q5162		April 1, 2026	
		J9011	J9184		
		J9282	J9326		
		Q5160			Jan 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		July 1, 2024	
		J9073	J9074		
		J9075	J9248		
		J9249	J9376		
		J9361		Jan. 1, 2024	
		J9051	J9064		
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324		Oct. 1, 2023	
		J9029	J9056		
		J9058	J9059		
		J9063	J9259		
	J9322	J9323			
	J9347	J9350			
	J9380		July 1, 2023		
	J9196	J9294			
	J9296	J9297			
	Q5129				
	J9046	J9048	May 1, 2023		
	J9049	J9314			
	J9393	J9394			
	Q5126				

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		J9274 J9298	Oncology DX Codes	Jan. 1, 2023	
		J9331 J9332		Oct. 1, 2022	
		J9071 J9273 J9359		July 1, 2022	
		J1952 J9061 J9272		Apr. 1, 2022	
		J9247 J9318 J9319		Jan. 1, 2022	
		J9348 J9353 Q5123		Oct. 1, 2021	
		J9037 J9349		May 1, 2021	
		J9317 J9118 J9144 J9223 J9316 J9281		Jan. 1, 2021	
		J9227 J9304		Nov.1, 2020	
		Q5107 Q5117		Oct. 1, 2020	
		J9177 J9198 J9246 J9358 Q5119		July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9204 J9210 J9269 J9313		Oct. 1, 2019	
		J9030 J9036		Aug. 1, 2019	
		J9153 J9057 J9229 J9173 J9312 J9311		Jan. 1, 2019	
		J9022 J9023 J9203 J9285		April 1, 2018	
		J0640 J0641 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		Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9328		
		J9330	J9340		
		J9351	J9352		
		J9354	J9355		
		J9357	J9360		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2050		
		J9999			
		Q2043			
		C9399	J3590	Jan. 1, 2015	
		J3490			
		J1950	Oncology DX Codes	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.
		J9155	J9202	Jan. 1, 2015	
		J9217	J9225		
		J9226			
					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	54160	Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162		
Cochlear Implants and		69729	69730	Mar. 1, 2023	
		L8619		Jan. 1, 2017	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
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		Jan. 1, 2015	
		L8614	L8690			
		L8691	L8692			
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*	14021*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061			
			*			
		11960	15821		Jan. 1, 2015	
		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				
Continuous Glucose Monitor		A4238	A4239		Feb. 1, 2023	
		E2102	E2103			
		A9276	A9277		Oct. 1, 2021	
		A9278				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) – Incontinence Supplies					Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319 . To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550 .
Durable Medical Equipment (DME)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		E0639	E0640	Feb. 1, 2021	
		A9900 E0637	E0465	May 1, 2019	
		E0277	E0328	April 1, 2019	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		Some home health care services may qualify but are not subject to
		E2512			the cost threshold – see the <i>Home Health Care</i> section.
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	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		
		E2327	E2325		

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Durable Medical Equipment (DME) (cont.)		E2351	E2329		
		E2510	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	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998	Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Oct. 1, 2015	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
		31287	31288		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Gender Dysphoria Treatment		55970	55980	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes.
		56805	57335			
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450	81455		July 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81457	81458			
		81459	81462			
		81463	81464			
		81471	81523			
	Genetic Testing	81425	81426		Feb. 1, 2025	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.
		81427	81443			
	Genetic Testing	81520			Dec. 1, 2022	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		Nov 1, 2020	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
		87507				
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	
	Genetic Testing	81229			Oct.1, 2021	
		0111U	0129U		Nov. 1, 2019	
		81400	81401		Feb. 1, 2019	
		81402	81403			
		81404	81405			
		81406	81407			
		81408	81410			
		81411	81519			
Home Health Care		81162			May 2, 2016	
		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	G0153		Jan. 1, 2015	
		S9474				

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Injectable Medications	Avlayah	J1757		Oct. 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 list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Bosaya	Q5161			
	Exdensur	J2361			
	Loargys	J1818			
	Ospomyv	Q5159			
	Qivigy	J1577			
	Hyalgan/ Supartz/ Visco-3	J7321		Sept. 1, 2026	
	Hymovis/ Hymovis One	J7322			
	Itvisma	J3405		July 1, 2026	
	Starjemza	Q5164			
	Yartemlea	J1289			
	Bildyos	Q5162		April 1, 2026	
	Gazyva	J9301			
	Imaavy	J9256			
	IVIG	J1553			
	Papzimeos	J3404			
	Avtozma	Q5156		Jan. 1, 2026	
	Conexence	Q5158			
	Stoboclo	Q5157			
	Therapeutic Radiopharmaceuticals	A9615			
	Alhemo	J7173		Oct. 1, 2025	
	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	
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesinek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			

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	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzedo®	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	
	Cortrophin	J0802			
	Gel®	J1413			
	Elevidys®	J1304			
	Qalsody®				
	Hemgenix®	J1411		Dec. 1, 2023	
	Legembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Tziel™	J9381			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Fylnetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
				Jan. 1, 2023	
	Prolia®	J0897			
		A9607			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications (cont.)	Therapeutic Radiopharmaceuticals				
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Leqvio®	J1306		Aug 1, 2022	
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	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	

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	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	J7324		
		J7325	J7326		
		J7327	J7329		
	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			
	Remicade®	J1745			
	Renflexis®	Q5104			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications – Unclassified	Simponi Aria	J1602				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 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	
	Acthar®	J0800			Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis®*	90378				
	Xolair®	J2357				
	Kebilidi	C9399	J3490		Jan. 1, 2026	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Rivfloza	C9399	J3490		July 1, 2024	
		J3590				
		J3590				
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472		Jan. 1, 2015	
		23473	23474			
		24360	24361			
		24362	24363			
		27120	27130			
		27125	27134			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery		21121	21123	Jan. 1, 2015	
Treatment of maxillofacial/jaw functional impairment		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
Orthotics and Prosthetics		L6034		Sept. 1, 2026	Prior authorization is required for <u>all STAR+PLUS members</u> for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. Prior authorization is required for all <u>WAIVER</u> plan members regardless of billed amount
		L8000	L8001	Jan. 1, 2019	
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
		L8039			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L8499		Jan. 1, 2015	(this is not a benefit to non-waiver members).
		L3763 L5999	L5683	April 1, 2019	
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707 L5910 L5940 L5972 L8420	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845 L5920 L5962 L5986 L8500	Jan. 1, 2019	
		L1812 L1830 L1836	L1820 L1831 L1847	Jan. 1, 2018	
		L1834		March 1, 2016	
		L0112 L0456 L0464 L0482 L0486 L0629 L0632 L0636 L0638 L0700 L0810 L0830 L1000 L1200 L1310 L1680 L1700 L1720 L1755 L1844 L1846 L1945 L1970	L0170 L0462 L0480 L0484 L0624 L0631 L0634 L0637 L0640 L0710 L0820 L0859 L1005 L1300 L1499 L1685 L1710 L1730 L1840 L1845 L1860 L1950 L2000	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		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	L5722		
		L5724	L5726		
		L5728	L5780		
		L5790	L5795		
		L5811	L5812		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	L6930		
		L6945	L6940		
		L6955	L6950		
		L6965	L6960		
		L6975	L6970		
		L7008	L7007		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization	
		L7040	L7009			
		L7170	L7045			
		L7181	L7180			
		L7186	L7185			
		L7191	L7190			
		L8040	L7405			
		L8043	L8042			
		L8045	L8044			
		L8047	L8046			
			L8610			
Outpatient Therapy		70371	92626	July 1, 2017	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97530	97533			
		97535	97542			
		97545	*			
		97750	97546			
		97761	97760			
		S9152	G0283			
		92507	92508	Jan. 1, 2015	* Prior authorization not required for DME providers	
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97799			
		G0129	G0151			
		G0152	S8990			
		OR billed with these revenue codes:	419			420
			421	422		
			423	424		
			429	430		
			431	432		
			433	434		
			439	440**		
			441**	977		
			978			
Potentially Unproven Services		33289	C2624	Apr. 1, 2023		
Private Duty Nursing		T1000	T1002	Jan. 1, 2015		
		T1003				
Prostate Procedures		37243	53850	April 1, 2022		
		55874				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Proton Beam Therapy	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	77520	77522	Jan. 1, 2015	
		77523	77525		
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		70471	75577	Sept. 1, 2026	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		75580		Jan. 1, 2024	
		71271	78429	Aug. 1, 2024	
		78430	78431		
		78432	78433		
		78459	78491		
		78492			
		0697T	0698T	June 1, 2022	UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the
		0710T	0711T		
		0712T	0713T		
		76391		Mar. 1, 2020	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.
		76390	78830	Jan. 1, 2020	
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Jan. 1, 2015	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
		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				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78451		
		78452	78453		
		78454	78468		
		78466	78472		
		78469	78481		
		78473	78494		
		78483	78499		
		78608	78609		
		78811	78812		
		78813	78814		
		78815	78816		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		G0252 S8037	G0235 S8092			
Rhinoplasty and Septoplasty		30400 30420 30435 30460 30465	30410 30430 30450 30462		Jan. 1, 2015	
Treatment of nasal functional impairment and septal deviation						
Sinuplasty		31298 31295 31297	31296		July 1, 2018 Aug. 3, 2015	
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 68815	66710 67010 67042 67840 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	21013 27327 27632 28060			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		28104	28090			
		28118	28110			
		28124	28119			
		28289	28285			
		28296	28292			
		28298	28297			
		29806	28299			
		29819	29807			
		29823	29822			
		29825	29824			
		29827	29826			
		29845	29828			
		29848	29846			
		29875	29861			
		29877	29876			
		29880	29879			
		29882	29881			
		29893	29888			
	Nervous System	64561	64640			
	Ophthalmologic	65426	65730			
		65855	66170			
		66761	67040			
		67036				
	Respiratory System	30802	30930			
		31536	31535			
			31541			
	Tonsillectomy & Adenoidectomy	42820	42821			
		42825	42826			
		42830				
	Urinary System	52276	52287			
	Urologic Procedures	52005	52000			
		52235	52204			
		52281	52234			
		52332	52260			
		52352	52310			
		52356	55040			
Sleep Apnea Procedures & Surgeries		21685	41599		Jan. 1, 2015	
		42145				
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal Surgery		0656T	0657T		Sept. 1, 2026	Prior authorization is required. In addition, site of service will be
		22510	22511		April 1, 2022	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		22512	22513		Jan 1, 2015	reviewed as part of the prior authorization
		22515				
		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				
Stimulators Implantation of a device that	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
sends electrical impulses	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
Transplants	Unclassified***	C9399	J3490			
		J3590				
		J3406				
		J1289	J3386		July 1, 2026	
	Unclassified**	J3387			Feb. 1, 2026	
		J3389				
		J3402			Oct. 1, 2025	
		J3391			July 1, 2025	
		Q2058				
		Q2057			Apr. 1, 2025	
		J3392			Jan. 1, 2025	
		Q2054				
		J3393			July 1, 2024	
		J3394				
		C9399	J3490			
		J3590				
	Unclassified*	C9399	J3490		April 1, 2024	
		J3590				
		Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
	CAR T-Cell Therapy	Q2042			Jan. 1, 2019	
		Q2041			April 1, 2018	
		32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
	Transplant Services	38209	38210			
		38212	38213			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	Jan. 1, 2015	
Vein Procedures		37765	37766	July 1, 2021	
		36473		April 1, 2017	
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	Jan. 1, 2015	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD)		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card.
		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	