Prior authorization requirements for STAR+Plus

Effective November 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 43659 43770 43775 43842 43845 43846 43847 43848 43860		Jan. 1, 2015	
Behavioral Health Services		96130 96131 96136 96137 96138 96139 97151 97153 97154 97155 97156 97158 H0012 H0047 H2035		April 1, 2026	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975 20979		Jan. 1, 2015	
Breast Reconstruction		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
(Non-Mastectomy) 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	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
Cancer Supportive Care		Q5136 Q5158	Q5157 Q5159		April 1, 2026	
	Colony-Stimulating Factors	J1434 Q5148	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
	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	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	

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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 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		Oct. 1, 2016	
Cardiovascular		35602 37256 37254 37260 37258 37265 37263 37269 37267 37273 37271 37277 37275 37282 37280 37286 37284 37290 37288 37294 37292 37298 37296 92930 92945		Nov. 1, 2026	Prior authorization requirements applies to members 18yrs and older
		93580		April 1, 2022	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718 95724 95722		Jan. 1, 2020	
Chemotherapy		J2860 J9053 J9062 J9232 Q5165 Q5166 Q5167 Q5169 Q5171		Oct. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call **888-397-8129**.
		J9003 J9183 J9277 J9278 J9601 Q5161 Q5162		July 1, 2026	
		J9011 J9184 J9282 J9326 Q5160		April 1, 2026	
		J1299 J1323 J1326 J2277 J3055 J3263 J9024 J9026 J9028 J9038 J9054 J9076 J9161 J9174 J9275 J9276 J9289 J9329 J9341 J9342 J9382 Q2057 Q2058 Q5146 Q5147 Q5149 Q5150 Q5151 Q5152		Jan 1, 2026	
		J9073 J9074 J9075 J9248 J9249 J9376 J9361		July 1, 2024	
		J9051 J9064 J9345 J9052 J9072 J9172 J9255 J9321 J9286 J9324		Jan. 1, 2024	
		J9029 J9056 J9058 J9059 J9063 J9259		Oct. 1, 2023	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9322 J9347 J9380	J9323 J9350			
		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	
		J1952 J9272	J9061		Apr. 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349		May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		J9227	J9304		Nov.1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9027 J9033 J9035 J9040	J0641 J9015 J9025 J9032 J9034 J9039 J9041		Jan. 1, 2017	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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			
		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	July 1, 2021	Requires prior authorization for oncology and non-oncology DX.For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization
		J9155	J9202	DX Codes	Jan. 1, 2015	
		J9217	J9225			
		J9226				

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
						and Notification on your Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150 54161	54160 54162		Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729 L8619 69714 L8614 L8691	69730 69930 L8690 L8692		Mar. 1, 2023 Jan. 1, 2017 Jan. 1, 2015	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020* 14041 11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924	14021* 14061 * 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		July 1, 2021 Jan. 1, 2015	*will NOT require prior auth when billed with skin cancer diagnoses

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		67961 Q2026				
Continuous Glucose Monitor		A4238 E2102	A4239 E2103		Feb. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
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)		A4295	A4296		Nov. 1, 2026	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see the *Orthotics and Prosthetics* section. Some home health care services may qualify but are not subject to the cost threshold – see the *Home Health Care* section.
		E2298			May 1, 2024	
		E0639	E0640		Feb. 1, 2021	
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005	E0194 E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006		Jan. 1, 2015	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E1007	E1008			
		E1009	E1010			
		E1035	E1161			
		E1229	E1231			
		E1232	E1233			
		E1234	E1235			
		E1236	E1237			
		E1238	E1239			
		E1399	E2100			
		E2227	E2228			
		E2327	E2325			
		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				

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Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		Oct. 1, 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016	
Gender Dysphoria Treatment		55970	55980		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	Gender Dysphoria Treatment DX Codes		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450 81457 81459 81463 81471	81455 81458 81462 81464 81523		July 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 Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81425 81427	81426 81443		Feb. 1, 2025	
	Genetic Testing	81520			Dec. 1, 2022	
		87505 87507	87506		Nov 1, 2020	
	BRCA Genetic Testing					
		81163	81164		Jan. 1, 2019	
	Genetic Testing	81229			Oct.1, 2021	
		0111U	0129U		Nov. 1, 2019	
		81400	81401		Feb. 1, 2019	

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		81402 81403 81404 81405 81406 81407 81408 81410 81411 81519			
		81162		May 2, 2016	
Home Health Care		G0162		Jan. 1, 2018	
		G0299 G0300		March 1, 2016	
		99503 G0153 S9474		Jan. 1, 2015	
Injectable Medications	Avlayah Bosaya Exdensur Loargys Ospomyv Qivigy	J1757 Q5161 J2361 J1818 Q5159 J1577		Oct. 1, 2026	Prior authorization through Optum SGP Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	Hyalgan/ Supartz/ Visco-3 Hymovis/ Hymovis One	J7321 J7322		Sept. 1, 2026	
	Itvisma Starjemza Yartemlea	J3405 Q5164 J1289		July 1, 2026	
	Bildyos Gazyva Imaavy IVIG Papzimeos	Q5162 J9301 J9256 J1553 J3404		April 1, 2026	
	Avtozma Conexxence Stoboclo Therapeutic Radiopharmaceuticals	Q5156 Q5158 Q5157 A9615		Jan. 1, 2026	
	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174		Oct. 1, 2025	
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesinek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100		July 1, 2025	

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	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133		Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998		May 1, 2025	
	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299		Apr. 1, 2025	
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802		Jan. 1, 2025	
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortrophin Gel® Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	

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Injectable Medications (cont.)	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	
	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551		Aug 1, 2022	
	Susvimo™ Nexviazyme® Saphnelo™	C9085 J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Nexviazyme® Aldurazym® Elaprase® Fabrazyme® Kanuma® Lumizyme® Mepsevii® Naglazyme® Revcovi® Vimizim®	J0256 J0257 J3490 C9085 J1931 J1743 J0180 J2840 J0221 J3397 J1458 J3590 J1322	J3590	April 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	Sept. 1, 2021	
	Krystexxa®	J2507		Aug 1, 2021	
	Octreotide Acetate Sandostatin® LAR Signifor® LAR Somatuline® Depot	J2354 J2353 J2502 J1930			
	Firmagon®	J9155		July 1, 2021	

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	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				
	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	

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	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	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	J0585	J0586			
	Toxin	J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis®*	90378				
	Xolair®	J2357				
Injectable Medications – Unclassified	Kebilidi	C9399 J3590	J3490		Jan. 1, 2026	Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu >
	Rivfloza	C9399 J3590	J3490		July 1, 2024	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23472 23473 23474 24360 24361 24362 24363 27120 27130 27125 27134 27132 27138 27137 27446 27412 27486 27447 29866 27487 29868 29867		Jan. 1, 2015	
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 A0435 A0436		Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0398 A0420 A0422 A0424 A0425 A0426 A0428 A0433 A0434		April 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21240 21242 21244 21245 21246 21247 21255 21296		Jan. 1, 2015	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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 (this is not a benefit to non-waiver members).**
		L8000	L8001		Jan. 1, 2019	
		L8002	L8010			
		L8015	L8020			
		L8030	L8031			
		L8032	L8035			
		L8039				
		L8499			Jan. 1, 2015	
		L3763	L5683		April 1, 2019	
		L5999				
		L1810	L1832		Jan. 1, 2019	
		L1843	L1932			
		L1951	L1960			
		L2280	L2999			
		L3000	L3010			
		L3020	L3216			
		L3221	L3960			
		L4631	L5000			
		L5611	L5620			
		L5624	L5629			
		L5631	L5637			
		L5645	L5647			
		L5649	L5650			
		L5671	L5673			
		L5679	L5685			
		L5700	L5701			
		L5704	L5705			
		L5707	L5845			
		L5910	L5920			
		L5940	L5962			
		L5972	L5986			
		L8420	L8500			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2016	
		L0112	L0170		Jan. 1, 2015	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	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	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
		L5828	L5830			
		L5848	L5857			
		L5858	L5930			
		L5950	L5960			
		L5961	L5964			
		L5966	L5968			
		L5973	L5976			
		L5979	L5980			
		L5981	L5982			
		L5984	L5987			
		L5988	L5990			
		L6055	L6050			
		L6110	L6100			
		L6130	L6120			
		L6205	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			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L6895	L6885			
		L6905	L6900			
		L6915	L6910			
		L6925	L6920			
		L6935	L6930			
		L6945	L6940			
		L6955	L6950			
		L6965	L6960			
		L6975	L6970			
		L7008	L7007			
		L7040	L7009			
		L7170	L7045			
		L7181	L7180			
		L7186	L7185			
		L7191	L7190			
		L8040	L7405			
		L8043	L8042			
		L8045	L8044			
		L8047	L8046			
			L8610			
Orthopedic Surgery		27458	27713		Nov. 1, 2026	
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. Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com> UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97530	97533			
		97535	97542*			
		97545	97546			
		97750	97760			
		97761	G0283			
		S9152				
		92507	92508		Jan. 1, 2015	
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		97112 97116 97140 G0129 G0152	97113 97124 97799 G0151 S8990			
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977		Jan. 1, 2015	** Prior authorization required for nursing facilities only
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Prostate Procedures		55707 55709 55711 55713 55715	55708 55710 55712 55714		Nov. 1, 2026	
		37243 55874	53850		April 1, 2022	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
Psychological Testing		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
Radiology		70471	75577		Sept. 1, 2026	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and
		75580			Jan. 1, 2024	
		71271 78430 78432 78459 78492	78429 78431 78433 78491		Aug. 1, 2024	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		76391			Mar. 1, 2020	
		76390	78830		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218 73220 73222 73225 73701 73706 73719 73721 73723 74150 74170	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198 73201 73206 73219 73221 73223 73700 73702 73718 73720 73722 73725 74160 74174		Jan. 1, 2015	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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			
		G0252	G0235			
		S8037	S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
Sinuplasty		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821	66982			
		66984				
	Cosmetic & Reconstructive	13101	13132			
		14040	14060			
		14301				
	Digestive System	46221	42440			
		46255	46220			
		46270	46250			
		46946	46261			
			46505			
	ENT Procedures	30520	30140			

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

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		42830				
	Urinary System	52276	52287			
	Urologic Procedures	52005 52235 52281 52332 52352 52356	52000 52204 52234 52260 52310 55040			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
Spinal Surgery		63032			Nov. 1, 2026	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		0656T	0657T		Sept. 1, 2026	
		22510 22512 22515	22511 22513		April 1, 2022	
		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	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040		Jan 1, 2015	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173 63190 63250 63252 63267 63270 63272 63300 63302 63304 63306 63308	63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191 63200 63251 63265 63268 63271 63286 63301 63303 63305 63307			
Stimulators Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Jan. 1, 2015	
Surgery		64728			Nov. 1, 2026	
Transplants	Unclassified*	J3406			Nov 1, 2026	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Omisirge, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo, please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		C9399 J3590	J3490		Oct. 1, 2026	
		J1289	J3386		July 1, 2026	
		J3387 J3389			Feb. 1, 2026	
		J3402			Oct. 1, 2025	
		J3391 Q2058			July 1, 2025	
		Q2057			Apr. 1, 2025	

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		J3392 Q2054			Jan. 1, 2025	*Amtagvi, Lantidra, Kresladi
	Unclassified*	J3393 J3394 C9399 J3590	J3490		July 1, 2024	
	Unclassified*	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053 Q2042			July 1, 2021 Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061		Jan. 1, 2015	
		38232		Oncology DX codes	Jan. 1, 2015	
Vein Procedures		37765	37766		July 1, 2021	
		36473			April 1, 2017	

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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 37700 37718 37722 37780		Jan. 1, 2015	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33928 33929		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card.
		33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509		Jan. 1, 2015	
Wound Vac		E2402		Jan. 1, 2015	

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