Prior authorization requirements for Texas STAR

Effective November 1, 2026

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
Behavioral Health Services		96130 96136 96138 97151 97154 97156 H0012 H2035	96131 96137 96139 97153 97155 97158 H0047		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		20975 20974	20979		Jan. 1, 2015 Jan. 1, 2014	
Breast Reconstruction		11971		Breast Reconstruc	Oct. 1, 2022	Prior authorization is not required for these codes with

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(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380 L8600	19318 19328 19340 19350 19361 19367 19369 19371 19396	tion DX Codes	Jan. 1, 2015 Jan. 1, 2014	Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
Cancer Supportive Care		Q5136 Q5158	Q5157 Q5159		Apr. 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 Agents	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
	Colony-Stimulating Factors	Q5125		Oncology DX Codes	Jan. 1, 2023	
		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
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	

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						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
Cardiology		33274			Apr. 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	
		33270			Oct. 1, 2016	
		33206 33208 33213 33225 33228 33230 33240 33264 93350 93452 93454 93456 93458 93460	33207 33212 33214 33224 33227 33229 33231 33249 33263 93351 93453 93455 93457 93459 93461		Jan. 1, 2015	
Cardiovascular		35602 37254 37258 37263 37267 37271 37275 37280 37284 37288 37292 37296 92945	37256 37260 37265 37269 37273 37277 37282 37286 37290 37294 37298 92930		Nov. 1, 2026	Prior authorization required for members age 18 and older
		93580			April 1, 2022	
		95726			March 1, 2020	

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Cerebral Seizure Monitoring – Inpatient Video EEG		95720 95724	95718 95722		Jan. 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
Chemotherapy		J2860 J9062 Q5165 Q5167 Q5171	J9053 J9232 Q5166 Q5169		Oct. 1, 2026	
		J9003 J9277 J9601 Q5162	J9183 J9278 Q5161		July 1, 2026	
		J9011 J9282 Q5160	J9184 J9326		Apr. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		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	
		J1952	J9021		Apr. 1, 2022	

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

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Chemotherapy (cont.)		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 Q217 J9999 Q2050 Q2043			
		C9399 J3490 J3590		Jan. 1, 2015	
		J1950 J9155 J9202 J9217 J9225 J9226	Oncology DX	July 1, 2021 Jan. 1, 2015	Requires prior authorization for oncology and non-oncology DX.For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150 54160 54161 54162		Jan. 1, 2015	
		69729 69730		Mar. 1, 2023	

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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		69714 L8614 L8690 L8692	69930 L8619 L8691		Jan. 1, 2015	
Cosmetic & Reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020* 14041	14021* 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 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 67961 Q2026	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		Jan. 1, 2015	
Continuous Glucose Monitor		E2102 A4238	E2103 A4239		Feb. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
Dental Anesthesia		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.

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Durable Medical Equipment (DME)		A4295	A4296		Nov. 1, 2026	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		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	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628 E2630 K0005 K0013 K0848 K0850 K0852	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327 E2351 E2510 E2599 E2627 E2629 E8001 K0008 K0108 K0849 K0851 K0853		Jan. 1, 2015	

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Durable Medical Equipment (DME) (cont.)		K0854 K0856 K0858 K0860 K0862 K0864 K0869 K0871 K0878 K0880 K0885 K0890 S1040	K0855 K0857 K0859 K0861 K0863 K0868 K0870 K0877 K0879 K0884 K0886 K0891 T1999			
Enteral Services	In-home nutritional therapy, either enteral or through a gastrostomy tube	B4034 B4036 B4103 B4149 B4152 B4155 B4159	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019	
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514 64722 A9274	66180 E1831		Jan. 1, 2015	
Femoroacetabular Impingement Syndrome		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.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these DX codes.

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Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic testing	81432 81450 81455 81457 81458 81459 81462 81463 81464 0048U 0050U 0055U 0087U 0088U 0094U 0101U 0102U 0103U 0114U 0118U 0154U 0170U 0171U 0211U 0212U 0213U 0233U 0238U 0244U 0245U 0250U 0258U 0265U 0268U 0269U 0270U 0271U 0272U 0273U 0274U 0276U 0292U 0293U 0294U 0026U		July 1, 2025	
	Genetic Testing	81425 81426 81427 81443		Feb. 1, 2025	
	Genetic Testing	81520		Dec. 1, 2022	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
	Genetic Testing				
	BRCA Genetic Testing				
		81163 81164		Jan. 1, 2019	
		81162		Jan. 1, 2018	
	Genetic Testing	81229		Oct. 1, 2021	

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		87505 87507	87506		Nov. 1, 2020	before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb. 1, 2019	
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	S9474		Jan. 1, 2015	
Injectable Medications	Avlayah Bosaya Exdensur Loargys Ospomyv Qivigy	J1757 Q5161 J2361 J1818 Q5159 J1577			Oct. 1, 2026	
	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			Apr. 1, 2026	
	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV	J7173 J1072 Q5152 J3403 Q5151 Q5098			Oct. 1, 2025	

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	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	
	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 Zunovo	J2351		Apr. 1, 2025	
	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			

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	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	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**.
	Briumvi® Panzyga® Syfovre® Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	J2329 J1576 J2781 Q5128 J1449 J1747 J9381 J0218		Nov. 1, 2023 July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		April 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	

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	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551		Aug 1, 2022	
	Nexviazyme® Saphnelo™	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	
	Saphnelo	C9086		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate Sandostatin® LAR Signifor® LAR Somatuline® Depot	J2354 J2353 J2502 J1930			
	Firmagon® IVIG Lupron Depot® Lupron Depot, Eligard® Supprelin® LA Trelstar® Triptodur® Truxima® Viltepso™	J9155 J1554 J1950 J9217 J9226 J3315 J3316 Q5115 J1427		July 1, 2021	

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	Zoladex®	J9202				
	Avsola® Uplizna®	Q5121 J1823			April 1, 2021	
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze® Ruconest®	J0598 J0596			Oct. 1, 2020	
	Adakveo® Givlaari® Reblozyl ® Ruxience ® Vyondys 53 ® Xembify ® Zolgensma ®	J0791 J0223 J0896 Q5119 J1429 J1558 J3399			July 1, 2020	
	Benlysta	J0490			April 1, 2020	
	Cimzia® Rituxan®	I0717 J9312				
	Rituxan Hycela®	J9311				
	Stelara IV®	J3358				
	Therapeutic Radio-pharmaceutica	A9590			March 1, 2020	
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019	
	Therapeutic Radio-pharmaceutical	A9513				
	Evenity™ Gamifant® Onpattro™	J3111 J9210 J0222			Oct. 1, 2019	
	Sodium Hyaluronate	J7320 J7325 J7327	J7324 J7326 J7329			
	Ultomiris™	J1303				
	White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110			
	Therapeutic Radio-pharmaceutical	A9699			May 1, 2019	
	Actemra® Brineura™	J3262 J0567			Jan. 1, 2019	

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	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	
	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	
					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				
Injectable Medications –Unclassified	Rivfloza	C9399 J3590	J3490		July 1, 2024	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

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					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.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 27130 27134 27138 27446 27486 29866 29868	Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	April 1, 2016	

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Orthognathic Surgery		21121	21123		Jan. 1, 2015	
		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 the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than $500.
		L1832			May 1, 2019	
		L3763	L4631		April 1, 2019	
		L5647	L5649			
		L5673	L5683			
		L5700	L5705			
		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2019	
		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			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1840			
		L1844	L1845			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		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	L5722			
		L5724	L5726			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	L6930			
		L6945	L6940			
		L6955	L6950			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		L6965	L6960			
		L6975	L6970			
		L7008	L7007			
		L7040	L7009			
		L7170	L7045			
		L7181	L7180			
		L7186	L7185			
		L7191	L7190			
		L8040	L7405			
		L8043	L8042			
		L8045	L8044			
		L8047	L8046			
		L8610	L8499			
Orthopedic Surgery		27458	27713		Nov. 1, 2026	
Outpatient Therapy		S9152			Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization. Prior authorization should be submitted online using the Prior Authorization and Notification tool at **UHCprovider.com** > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		70371	92626		July 1, 2017	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97535	97537			
		97542*	97750			
		97760	97761			
		97530			Nov. 7, 2016	
		92507	92508		Jan. 1, 2015	
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97799			
		G0129	S8990			
	OR billed with these revenue codes	419	420			
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			
		978				
Potentially Unproven Services		33289	C2624		April 1, 2023	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
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		77520 77523	77522 77525		Jan. 1, 2015	
Psychological Testing		96136	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 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.
		75580			Jan. 1, 2024	
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491		Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	
		76391			March 1, 2020	
		76390	78830		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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			
		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			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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			
		78999	G0235			
		G0252	S8092			
		S8037				
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
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821	66982			
		66984				

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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.)	Cosmetic & Reconstructive	13101 14040 14301	13132 14060			if performed at a participating Ambulatory Surgery Center (ASC).
	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 28104 28118 28124 28289 28296 28298 29806 29819 29823 29825 29827 29845 29848	21013 27327 27632 28060 28090 28110 28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29846			

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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.)		29875 29877 29880 29882 29893	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 42830	42821 42826			
	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		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	22101 22110 22114 22207 22212 22220 22532		Jan. 1, 2015	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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 sends electrical impulses	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		L8682 L8685 L8686 L8687 L8688			
Surgery		64728		Nov. 1, 2026	
Transplants	Unclassifed*	J3406		Nov. 1, 2026	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Carvykti Kymriah, Lenmeldy, Lyfgenia, Omisirge, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo, please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. *Amtagvi, Kresladi, Lantidra
		C9399* J3450* J3590*		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	
		Q2054 J3392		Jan 1, 2025	
		J3393 J3394 C9399* J3490* J3590*		July 1, 2024	
		C9399* J3490* J3590*		Apr 1, 2024	
		Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		Q2042		Apr 1, 2018	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		32850	32851		Jan 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
		47147	48551			
		48552	48554			
		50300	50320			
		50323	50325			
		50340	50360			
		50365	50370			
		S2060	50547			
		S2152	S2061			
		38232		Oncology DX Codes	Jan 1, 2015	
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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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