

Prior Authorization Requirements for STAR Kids

Effective Jan. 1, 2021

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at UHCprovider.com/TXCommunityPlan > Prior Authorization and Notification Resources > Prior Authorization Forms.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Nov. 1, 2016	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
Breast Reconstruction (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	Breast Reconstruction DX Codes	Nov. 1, 2016	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129 .
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5110		Oncology DX Codes	Jan. 1, 2019	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33206 33208 33213 33221 33225 33228 33230 33240 33262 33264 93304 93307 93350 93452 93454 93456 93458 93460 33270	33207 33212 33214 33224 33227 33229 33231 33249 33263 93303 93306 93308 93351 93453 93455 93457 93459 93461		Nov. 1, 2016	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.</p>
Cardiovascular		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior is authorization required for lower- extremity angiograms only.
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.
		95700 95712 95714	95711 95713 95715		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cerebral Seizure Monitoring – Inpatient Video EEG (continued)		95716 95720 95724	95718 95722				
Chemotherapy		J9118		Oncology DX Codes	Jan. 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. 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.	
		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		Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9030	J9036		Aug. 1, 2019		
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019		
		J9022 J9203	J9023 J9285		April 1, 2018		
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9155 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212 J9214	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9202 J9206 J9208 J9211 J9213 J9215		Jan. 1, 2017		

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Chemotherapy (continued)		J9216	J9217			
		J9218	J9225			
		J9226	J9228			
		J9230	J9245			
		J9250	J9260			
		J9261	J9262			
		J9263	J9264			
		J9266	J9267			
		J9268	J9271			
		J9280	J9293			
		J9295	J9299			
		J9301	J9302			
		J9303	J9305			
		J9306	J9307			
		J9308	J9315			
		J9320	J9328			
		J9330	J9340			
		J9351	J9352			
		J9354	J9355			
		J9357	J9360			
		J9370	J9371			
		J9390	J9395			
		J9400	J9600			
	J9999	Q2017				
		Q2043	Q2050			
Circumcision		54150	54160		Nov. 1, 2016	
		54161	54162			
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	69715		Nov. 1, 2016	
		69718	69930			
		L8614	L8619			
		L8690	L8691			
		L8692				

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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		11960	11971		Nov. 1, 2016		
		15820	15821				
		15822	15823				
		15830	15847				
		17106	17107				
		17108	17999				
		21137	21138				
		21139	21172				
		21175	21179				
		21180	21181				
		21182	21183				
		21184	21230				
		21235	21256				
		21275	21280				
		21282	21295				
		21740	21742				
		21743	28344				
		30620	67900				
		67901	67902				
		67903	67904				
	67906	67908					
	67909	67911					
	67912	67914					
	67915	67916					
	67917	67921					
	67922	67923					
	67924	67950					
	67961	67966					
	Q2026						
Dental Anesthesia		00170	41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.	
Durable Medical Equipment (DME)		E0787			May 1, 2020	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.	
		A9900 E0637	E0465		May 1, 2019		
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311			April 1, 2019	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.
		E0481				Oct. 1, 2017	
		E0766				April 1, 2017	

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing (continued)		81226	81227			
		81235	81240			
		81241	81242			
		81243	81244			
		81245	81246			
		81250	81251			
		81252	81253			
		81254	81255			
		81256	81257			
		81260	81261			
		81262	81263			
		81264	81265			
		81266	81267			
		81268	81270			
		81272	81273			
		81275	81276			
		81287	81288			
		81290	81291			
		81292	81293			
		81294	81295			
		81296	81297			
		81298	81299			
		81300	81301			
		81302	81303			
		81304	81310			
		81313	81314			
		81315	81316			
		81317	81318			
		81319	81321			
		81322	81323			
		81324	81325			
		81326	81327			
		81330	81331			
		81332	81340			
		81341	81342			
		81350	81355			
		81370	81371			
		81372	81373			
		81374	81375			
		81376	81377			
	81378	81379				
	81380	81381				
	81382	81383				
	81400	81401				
	81402	81403				
	81404	81405				
	81406	81407				
	81408	81410				
	81411	81420				
	81507	81519				
Home Health Care		99503 G0300	G0299 S9474		Nov. 1, 2016	
Injectable Medications	Vyepti™	J3032			Jan. 1, 2021	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	
	Ruconest®	J0596				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	Adakveo®	J0791		July 1, 2020	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 >
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	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 . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129 . ***For codes J1442, J1447, Q5101 and Q5110; White blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see the Cancer Supportive Care section above. For non-oncology DX, submit online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 877-842-3210 .
	Cimzia®	J0717			
	IV Iron Therapy	J1439	Q0138		
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	**Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332		
	**Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329		
	Ultomiris™	J1303			
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110		
	**Therapeutic Radio-Pharmaceuticals	A9699			
Actemra®	J3262				
Brineura™	J0567				
Crysvita®	J0584				
Entyvio®	J3380		Jan. 1, 2019		
Fasenra™	J0517				
Ilumya™	J3245				
Inflectra®	Q5103				
Luxturna™	J3398				
Orencia®	J0129				

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Injectable Medications (continued)	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	IVIIG	J1555			Jan. 1, 2018	
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Soliris®	J1300				
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIIG	J1575			May 1, 2016	
	Acthar®	J0800			Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
	*Synagis®	90378				
Xolair®	J2357					

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Injectable Medications – Temporary and Unclassified	Cutaquig® Spravato™	C9399 J3590	J3490		Nov. 1, 2016* *Reflects the effective date for the unlisted codes not the specific drug names listed	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at 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 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		Nov. 1, 2016	
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.

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Mental Health (MH)/Substance Use Disorder (SUD)						<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization is not required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources > Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		Nov. 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Nov. 1, 2016	
Orthotics and Prosthetics		L1832			May 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763 L5647 L5673 L5700	L4631 L5649 L5683 L5705		April 1, 2019	

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Orthotics and Prosthetics (continued)		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L0112	L0170		Nov. 1, 2016	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1834			
		L1840	L1844			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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	L5814			
		L5816	L5818			
		L5822	L5824			
		L5826	L5828			
		L5830	L5848			
		L5857	L5858			
		L5930	L5950			
		L5960	L5961			
		L5964	L5966			
		L5968	L5973			
		L5976	L5979			
		L5980	L5981			
		L5982	L5984			
		L5987	L5988			
		L5990	L6000			
		L6010	L6020			
		L6050	L6055			
		L6100	L6110			
		L6120	L6130			
		L6200	L6205			
		L6250	L6300			
		L6310	L6320			
		L6350	L6360			
		L6370	L6380			
		L6382	L6384			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			
		L6590	L6621			
		L6623	L6624			
		L6646	L6648			
		L6686	L6687			
		L6689	L6690			
		L6692	L6693			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L6694	L6695		
		L6696	L6697		
		L6704	L6707		
		L6708	L6709		
		L6711	L6712		
		L6713	L6714		
		L6715	L6880		
		L6881	L6882		
		L6883	L6884		
		L6885	L6895		
		L6900	L6905		
		L6910	L6915		
		L6920	L6925		
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
		L7405	L8040		
		L8042	L8043		
		L8044	L8045		
		L8046	L8047		
	L8499	L8610			
Outpatient Therapy		92521	92522	Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits). Prior authorization should be submitted online through the Optum Physical Health portal www.myoptumhealthphysicalhealth.com
		92523	92524		
		92610	97161		
		97162	97163		
		97165	97166		
		97167			
		G0515		Jan 1, 2018	
		70371	92626	July 1, 2017	All prior authorization requests will require: •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only) For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97533	97535		
	97537	97542*			
	97545	97546			
	97750	97760			
	97761	G0283			
	S9152				

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78494			
		78496	78499			
		78579	78580			
		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
	78999	C8900				
	C8901	C8902				
	C8903	C8905				
	C8906	C8908				
	C8909	C8910				
	C8911	C8912				
	C8913	C8914				
	C8918	C8919				
	C8920	C8931				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		C8932 C8934 C8936 G0252 S8037 S8085	C8933 C8935 G0235 G0297 S8042 S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Nov. 1, 2016	
Sinuplasty		31298 31295 31297	31296		July 1, 2018 Nov. 1, 2016	
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).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552			

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

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
		63308				
		Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator			
Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688		43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687	Nov. 1, 2016		
Transplants	CAR T-Cell Therapy	0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (continued)	Transplant Services	32850	32851		Nov. 1, 2016	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
47147	48551					
48552	48554					
50300	50320					
50323	50325					
50340	50360					
50365	50370					
50380	50547					
S2060	S2061					
		38232		Oncology DX Codes	Nov. 1, 2016	
Vein Procedures		36473			April 1, 2017	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478		Nov. 1, 2016	
		37700	37718			
		37722	37780			
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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929				
		33975	33976		Nov. 1, 2016	
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402			Nov. 1, 2016	