

Prior Authorization Requirements for STAR Kids

Effective Nov. 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal 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 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	Q5120			July 1, 2020		
		Q5108	Q5111		Jan. 1, 2019		
		J2505	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 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
		Q5110			Jan. 1, 2019		
		J1442 J1447	Q5101		Oct. 1, 2017		
	Cardiology		33206	33207		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 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 on your Provider Portal dashboard Or, call 866-889-8054.</p>
			33208	33212			
		33213	33214				
		33221	33224				
		33225	33227				
		33228	33229				
		33230	33231				
		33240	33249				
		33262	33263				
		33264	93303				
		93304	93306				
		93307	93308				
		93350	93351				
		93452	93453				
		93454	93455				
		93456	93457				
		93458	93459				
	93460	93461					
	33270						
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.	
		95720	95718		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95724	95722				
Chemotherapy		J9348	J9353	Oncology DX Codes	Oct. 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and	
		Q5123					
		J9037	J9349				
		J9317	J9118		Jan. 1, 2021		

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Chemotherapy (continued)		J9144	J9223		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 866-604-3267.
		J9316	J9281		
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177	J9198	July 1, 2020	
		J9246	J9358		
		Q5119			
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119	J9204	Oct. 1, 2019	
		J9210	J9269		
		J9313			
		J9030	J9036	Aug. 1, 2019	
		J9044	J9057	Jan. 1, 2019	
		J9153	J9173		
		J9229	J9311		
		J9312			
		J9022	J9023	April 1, 2018	
		J9203	J9285		
		J0640	J0641	Jan. 1, 2017	
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
	J9150	J9151			
	J9165	J9160			
	J9175	J9171			
	J9178	J9176			
	J9181	J9179			
	J9190	J9185			
	J9201	J9200			
	J9205	J9206			
	J9207	J9208			
	J9209	J9211			
	J9212	J9213			
	J9214	J9215			
	J9216	J9228			
	J9218	J9245			
	J9230	J9260			
	J9250	J9262			
	J9261	J9264			
	J9263	J9267			
	J9266	J9271			

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Chemotherapy (continued)		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9315		
		J9308	J9328		
		J9320	J9340		
		J9330	J9352		
		J9351	J9355		
		J9354	J9360		
		J9357	J9371		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2017		
		J9999	Q2050		
			Q2043		
		J1950		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 and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155	Oncology DX Codes	Jan. 1, 2017	
		J9217			
		J9226			
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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cosmetic & Reconstructive procedures		14020 14041	14021 14061		July 1, 2021	
	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 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	11971 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		Nov. 1, 2016	
Continuous Glucose Monitor		A9276 A9278	A9277		Oct. 1, 2021	
		K0553	K0554		July 1, 2021	
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)		E0639	E0640		Feb. 1, 2021	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.
		E0481			Oct. 1, 2017	Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0766			April 1, 2017	
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 R4149	B4035 B4104 B4150 R4153		May 1, 2019		
		B9002	B9998		Nov. 1, 2016		
Experimental & Investigational		33477 55866 66180 E1831	36514 64722 A9274		Nov. 1, 2016		
Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		Nov. 1, 2016		
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018		
		31240 31255 31267 31287	31254 31256 31276 31288		Nov. 1, 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 codes with DX codes.	
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212 81216			Feb. 1, 2019	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.	
		81163 81165	81164 81166		Jan. 1, 2019		
		81162			Nov. 1, 2016		
		81229			Oct. 1, 2021		
	Genetic Testing	87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U				Nov. 1, 2020
		0111U 0136U	0129U 0137U				Nov. 1, 2019
		81167 81237	81233				April 1, 2019

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)		0040U	81105		Feb 1, 2019	
		81106	81107			
		81108	81109			
		81110	81111			
		81120	81121			
		81161	81170			
		81200	81201			
		81205	81203			
		81209	81208			
		81218	81223			
		81220	81225			
		81222	81227			
		81224	81240			
		81226	81242			
		81241	81244			
		81243	81246			
		81245	81251			
		81250	81253			
		81252	81255			
		81254	81257			
		81256	81261			
		81260	81263			
		81262	81265			
		81264	81267			
		81266	81273			
		81268	81276			
		81272	81288			
		81287	81291			
		81290	81295			
		81292	81297			
		81294	81303			
		81298	81310			
		81300	81314			
		81302	81316			
		81304	81318			
		81313	81321			
		81315	81323			
		81317	81325			
		81319	81327			
		81322	81331			
		81324	81340			
		81326	81342			
		81330	81355			
		81332	81371			
		81341	81373			
		81350	81375			
		81370	81377			
		81372	81379			
		81376	81381			
		81378	81383			
	81380	81401				
	81382	81403				
	81400	81405				
	81402	81407				
	81404	81410				
	81406	81420				
	81408	81519				
	81411					
	81507					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Home Health Care		99503 G0300	G0299 S9474		Nov. 1, 2016	
Injectable Medications	Fensolvi®	J1951			Oct. 1, 2021	<p>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.</p> <p>* 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 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 on your Provider Portal dashboard Or, call 888-397-8129. ***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 Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210 **** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>
	Amondys 45	C9075	J3490		Sept. 1, 2021	
	Krystexxa®	J2507			Aug. 1, 2021	
	Nplate®	J2796				
	Octreotide Acetate	J2354				
	Sandostatin® LAR	J2353				
	Signifor® LAR	J2502				
	Somatuline® Depot	J1930				
	Firmagon®****	J9155			July 1, 2021	
	IVIG	J1554				
	Lupron Depot®****	J1950				
	Lupron Depot, Eligard®****	J9217				
	Supprelin® LA****	J9226				
	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	Vantas™****	J9225				
	Viltepso™	J1427				
	Zoladex®****	J9202				
	Avsola®	Q5121			April 1, 2021	
	Uplizna®	J1823				
	Spravato®	S0013			Feb. 1, 2021	
	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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	**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 J7322 J7325 J7327	J7321 J7324 J7326 J7329			
	Ultomiris™	J1303				
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110			
	**Therapeutic Radio-Pharmaceuticals	A9699				May 1, 2019
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Illumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	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	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIIG	J1555				
	Makena®	J1726	J1729			
Ocrevus™	J2350					
Spinraza™	J2326					
Lemtrada®	J0202			Oct. 1, 2017		
Soliris®	J1300					

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Injectable Medications (continued)	Cinqair®	J2786			April 1, 2017		
	Nucala®	J2182					
	Probuphine®	J0570					
	IVIG	J1575			May 1, 2016		
	Acthar®	J0800			Nov. 1, 2016		
	Botulinum Toxin	J0585	J0586				
		J0587	J0588				
	IVIG	90284	J1459				
		J1556	J1557				
		J1559	J1561				
		J1566	J1568				
J1569		J1572					
J1599							
Makena®	J2675						
*Synagis®	90378						
Xolair®	J2357						
Injectable Medications – Temporary and Unclassified	Cutaquig® Lupaneta Pack™	C9399 J3590	J3490		Nov. 1, 2016*	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 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999		April 1, 2019	

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Orthotics and Prosthetics (continued)		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L0112	L0170			
		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					
L5341	L5400					
L5420	L5460					
L5500	L5505					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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			
	L6694	L6695			
	L6696	L6697			
	L6704	L6707			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits) 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		
		97533	97535		
		97537	97542*		
		97545	97546		
		97750	97760		
		97761	G0283		
		S9152			
		92507	92508		
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
		97140	97530		
		97799	G0129		
		G0152	G0281		
		G0282	S8990		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (continued)	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	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using 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 on your Provider Portal dashboard Or, call 866-889-8054.</p> <p>For more details, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
		G0252	S8042		
	S8037	S8092			
	S8085				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Sinuplasty		31298		July 1, 2018	
		31295 31297	31296	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		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520 69631	30140 69436		
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720		
	Female Genital System	57240 57461 58561	57250 57520 58562		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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			
	Liver Biopsy	19120	19125			
		47000				
	Male Genital System	54840				
	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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		
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016	
	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	Q2053			July 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.
		0537T 0539T Q2042	0538T 0540T		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 50380 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		Nov. 1, 2016	
	38232		Oncology DX Codes	Nov. 1, 2016		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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	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.
		36473			April 1, 2017	
		36475	36478		Nov. 1, 2016	
		37700	37718			
		37722	37780			
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		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.
		33929			Nov. 1, 2016	
		33975	33976			
		33979	33981			
		33982	33983			
	Q0507	Q0508				
	Q0509					
Wound Vac		E2402			Nov. 1, 2016	