

Prior authorization requirements for STAR Kids

Effective November 1, 2025

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR Kids 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
- **Fax:** 877-940-1972. The fax form is available at [Prior Authorization Forms](#).

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		43644 43645		Nov. 1, 2016	
Inpatient and outpatient bariatric surgery and obesity-related services		43659 43770 43775 43842 43845 43846 43847 43848 43860			
Behavioral Health Services					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 20979		Nov. 1, 2016	
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction (Non-Mastectomy)		11971	Breast Reconstruction on DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
Reconstruction of the breast other than following mastectomy		19316 19318 19325 19328 19330 19340 19342 19350		Nov. 1, 2016	Prior authorization is required for all other DX codes.

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Cancer Supportive Care	Colony-Stimulating Factors	19357	19361	Oct. 1, 2023	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
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
		Q5125	Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	
	Bone-Modifying Agents	J0897		June 1, 2018	
Cardiology	Colony-Stimulating Factors	Q5120		July 1, 2020	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
		Q5108	Q5111	Jan. 1, 2019	
		J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021	
		Q5110		Jan. 1, 2019	
		J1442	Q5101	Oct. 1, 2017	
		J1447			
		0571T	0614T	Aug. 1, 2024	
		93319		June 1, 2022	
		33206	33207	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Cardiology (cont.)		33208	33212		and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		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.
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
		33270			

Cardiovascular	93580		April 1, 2022	Prior authorization required for members age 18 or older
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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	J9073	J9074	July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
	J9075	J9248		
	J9249	J9376		
	J9361			
	J9051	J9064	Jan. 1, 2024	Chemotherapy injectable drugs that have not yet received an assigned
	J9345	J9052		
	J9072	J9172		
	J9255	J9321		
	J9286			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Chemotherapy (cont.)		J9324			code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9347	J9350		
		J9380			
		J9196	J9294	July 1, 2023	
		J9296	J9297		
		Q5129			
		J9046	J9048	May 1, 2023	
		J9049	J9314		
		J9393	J9394		
		Q5126			
		J9274	J9298	Jan. 1, 2023	Oncology DX Codes
		J9331	J9332	Oct. 1, 2022	
		J9071	J9273	July 1, 2022	
		J9359			
		J1952	J9021	Apr. 1, 2022	
		J9061	J9272		
		J9247	J9318	Jan. 1, 2022	
		J9319			
		J9348	J9353	Oct. 1, 2021	
		Q5123			
		J9037	J9349	May 1, 2021	
		J9317	J9118	Jan. 1, 2021	
		J9144	J9223		
		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	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9153	J9057	Jan. 1, 2019	
		J9229	J9173		
		J9312	J9311		
		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		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		
		J9207	J9206		
		J9209	J9208		
		J9212	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	Q2017		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9999 Q2043	Q2050		
		J1950	Oncology	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155	DX Codes	Jan. 1, 2017	
		J9217			
		J9225			
		J9226			
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		
Cochlear Implants and Other Auditory Implants		69729	69730	Mar. 1, 2023	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714	69930	Nov. 1, 2016	
		L8614	L8619		
		L8690	L8691		
		L8692			
Cosmetic & Reconstructive procedures		14020*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14021*		
			14061*		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960	15821	Nov. 1, 2016		
		15820	15823			
		15822	15847			
		15830	17107			
		17106	17999			
		17108	21138			
		21137	21172			
		21139	21179			
		21175	21181			
		21180	21183			
		21182	21230			
		21184	21256			
		21235	21280			
		21275	21295			
		21282	21742			
		21740	28344			
		21743	67900			
		30620	67902			
		67901	67904			
		67903	67908			
		67906	67911			
		67909	67914			
		67912	67916			
		67915	67921			
		67917	67923			
		67922	67950			
		67924	67966			
		67961				
		Q2026				
Continuous Glucose Monitor		E2102	E2103	Feb. 1, 2023		
		A4238	A4239			
		A9276	A9277	Oct. 1, 2021		
		A9278				
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)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.	
		E0639	E0640	Feb. 1, 2021		
		A9900	E0465	May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.	
		E0637				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		E0277	E0328	April 1, 2019	Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		A9279	E0194	Nov. 1, 2016	
		E0265	E0300		
		E0445	E0457		
		E0483	E0466		
		E0638	E0636		
		E0642	E0641		
		E0700	E0669		
		E0745	E0710		
		E0764	E0762		
		E1002	E0784		
		E1004	E1003		
		E1006	E1005		
		E1008	E1007		
		E1010	E1009		
		E1161	E1035		
		E1231	E1229		
		E1233	E1232		
		E1235	E1234		
		E1237	E1236		
		E1239	E1238		
		E2100	E1399		
		E2228	E2227		
		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		

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Durable Medical Equipment (DME) (cont.)		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	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998	Nov. 1, 2016	
Experimental & Investigational		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Nov. 1, 2016	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 2016	
		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		Prior authorization is only required for these codes with DX codes.
			Gender Dysphoria Treatment DX Codes		

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Genetic Testing		Genetic Testing			July 1, 2025
		0294U	0293U		
		0292U	0291U		
		0290U	0289U		
		0286U	0285U		
		0282U	0278U		
		0277U	0276U		
		0274U	0273U		
		0272U	0271U		
		0270U	0269U		
		0268U	0265U		
		0258U	0250U		
		0245U	0244U		
		0238U	0233U		
		0213U	0212U		
		0211U	0171U		
		0170U	0154U		
		0118U	0114U		
		0103U	0102U		
		0101U	0094U		
		0088U	0087U		
		0055U	0050U		
		0048U	0026U		
		81523	81471		
		81464	81463		
		81462	81459		
		81458	81457		
		81455	81450		
Genetic Testing		81425	81426	Feb. 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81427	81443		
Genetic Testing		81520		Dec. 1, 2022	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

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	Genetic testing				Authorization/Notification program for each specified genetic test.
	BRCA Genetic Testing	81163 81164		Jan. 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.
	Genetic Testing	81229		Oct. 1, 2021	
		87505 87506 87507		Nov. 1, 2020	
		0111U 0129U		Nov. 1, 2019	
		81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81519		Feb 1, 2019	
		81162		May 1, 2016	
Home Health Care		99503 G0300 G0299 S9474		Nov. 1, 2016	
Injectable Medications	Alhemo Azmiro Bkerv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174		Oct. 1, 2025	Prior authorization through Optum SGP Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the

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	Hemlibra	J7170		July 1, 2025	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.
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesintek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfy IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Selarsdi	Q9998			
	Ocrevus	J2351		Apr. 1, 2025	
	Zunovo				
	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			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortropin	J0802			
	Gel™	J1413			
	Elevidys®	J1304			
	Qalsody®				
	Hemgenix®	J1411		Dec. 1, 2023	
	Leqembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Tziel™	J9381			

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	Xenpozyme TM	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo TM	J2779			
	Byooviz TM	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Flynetra®	Q5130			
	Lanreotide	J1932			
	®	J2327			
	Skyrizi®	Q5127			
	Stimufend®				
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Prolia®	J0897		Jan. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
				Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart TM	J9332			
	Cutaquig®	J1551		May 1, 2022	
	Nexvazyme [®]	J0219			
	Saphnelo TM	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			

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	Fensolvi®	J1951		Oct. 1, 2021	
	Evkeeza	J1305			
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			

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	Therapeutic Radio-Pharmaceuti	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331 J7332		Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuti cals	A9513			
	Eveniv™	I3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329			
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442 J1447 Q5101 Q5110			
	Therapeutic Radio-Pharmaceuti	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi	J1602			
	Parsabiv™	I0606		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	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Nucala®	J2182			
	IVIG	J1575		May 1, 2016 Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588		
	IVIG	90284 J1556 J1559 J1566 J1569	J1459 J1557 J1561 J1568 J1572		
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Temporary and Unclassified	Steqeyma IV	C9399	J3490	Jun. 1, 2025	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.
	Yesintek IV	J3590			
	Rivfloza	C9399 J3590	J3490	July 1, 2024	
Joint Replacement		23470	23472	Nov. 1, 2016	
		23473	23474		
Joint, total hip		24360	24361		
and knee		24362	24363		
replacement		24370	24371		
procedures		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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.
Mental Health (MH)/ Substance Use Disorder (SUD)					Prior authorization is required for services including: • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing Prior authorization is not required for crisis evaluations, code H2011. To request prior authorization, please call the number on the back of the member's health plan ID card. Or, fax prior authorization request to 877-450-6011. Fax form is available at
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	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Nov. 1, 2016	
		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		
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	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		L2030	L2034		
		L2036	L2037		
		L2038	L2060		
		L2106	L2108		
		L2126	L2136		
		L2350	L2510		
		L2526	L2627		
		L2628	L3230		
		L3265	L3649		
		L3671	L3674		
		L3720	L3730		
		L3740	L3764		
		L3900	L3901		
		L3904	L3905		
		L3961	L3971		
		L3975	L3976		
		L3977	L3999		
		L4000	L4010		
		L4020	L5010		
		L5020	L5050		
		L5060	L5100		
		L5105	L5150		
		L5160	L5200		
		L5210	L5220		
		L5230	L5250		
		L5270	L5280		
		L5301	L5312		
		L5321	L5331		
		L5341	L5400		
		L5420	L5460		
		L5500	L5505		
		L5510	L5520		
		L5530	L5535		
		L5540	L5560		
		L5570	L5580		
		L5585	L5590		
		L5595	L5600		
		L5610	L5613		
		L5614	L5616		
		L5639	L5640		
		L5642	L5643		
		L5644	L5646		
		L5648	L5651		
		L5653	L5661		
		L5682	L5702		
		L5703	L5706		
		L5716	L5718		
		L5722	L5724		
		L5726	L5728		
		L5780	L5790		
		L5795	L5811		
		L5812	L5814		

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.
		70371	92626	July 1, 2017	
		92627	92630		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
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97533	97535		
		97537	97542*		
		97545	97546		
		97750	97760		
		97761	G0283		
		92507	92508	Nov. 1, 2016	
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
		97140	97530		
		97799	G0129		
		G0152	G0281		
		G0282	S8990		
	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	

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		Nov. 1, 2016	
Prostate Procedures		37243 55874	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
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	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491	Aug. 1, 2024	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.
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	
		76391		March 1, 2020	
		76390 78831	78830 78832	Jan. 1, 2020	For more details, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		77046 77048	77047 77049	Jan. 1, 2019	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		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	75557		
		75559	75561		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78608	78609		
		78699	78707		
		78708	78709		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	G0235		
		G0252	S8092		
		S8037			
Rhinoplasty and Septoplasty		30400	30410	Nov. 1, 2016	
Treatment of		30420	30430		
nasal functional		30435	30450		
impairment and		30460	30462		
septal deviation		30465			
Sinuplasty		31298		July 1, 2018	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	65820 66710 66825 67010 67042 67108 67840 68115		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)		68320	68720		
		68815			
	Female	57240	57250		
	Genital	57461	57520		
	System	58561	58562		
	Gynecologic	57522	58353		
	Procedures	58558	58563		
		58565			
	Hemic and	38500	38510		
	Lymphatic	38525			
	Systems				
	Hernia	49505	49585		
	Repair	49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integument	10121	11440		
	ary System	11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
	Liver Biopsy	47000			
	Male Genital	54840			
	System				
	Miscellaneous	20680			
	Musculoskeletal	20552	20553		
	System	21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
		28041	28090		
		28080	28110		
		28104	28119		
		28118	28285		
		28124	28292		
		28289	28297		
		28296	28299		
		28298	29807		
		29806	29822		
		29819	29824		
		29823	29826		
		29825	29828		
		29827	29840		
		29835	29846		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)		29845	29861		
		29848	29876		
		29875	29879		
		29877	29881		
		29880	29888		
		29882			
		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		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
Sleep Apnea Procedures & Surgeries	21685	41599		Nov. 1, 2016	
	42145				
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery		22510 22511		April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22512 22513			
		22515			
		22514		July 1, 2020	
		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 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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery (cont.)		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
		63308			

Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0760	E0748	Nov. 1, 2016	
	Neurostimulator	43648	43881	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
		L8688			

Transplants	Unclassified ***	J3402 C9399 J3590	J3490	Oct. 1, 2025	
		J3391 Q2058		July 1, 2025	
		Q2057		Apr.1, 2025	
		Q2054 J3393	J3392	Jan. 1, 2025	

For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene)

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J3394		July 1, 2024	autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia, Ryoncil, Tecartus™ (brexucabtagene autoleucel),
	Unclassified	C9399			
	**	J3590	J3490		(brexucabtagene autoleucel),
	Unclassified	C9399	J3490	April 1, 2024	Tecelra, Yescarta™ (axicabtagene ciloleucel), and Zynteglo® please
	*	J3590			call the UnitedHealthcare
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	Community and State Transplant
		J9999		July 1, 2022	Case Management Team at 888-936-
		Q2055		Feb. 1, 2022	7246 or the notification number on
		Q2053		July 1, 2021	the back of the member's health plan
		Q2042		Jan. 1, 2019	ID card.
		Q2041		April 1, 2018	
	Transplant Services	32850	32851	Nov. 1, 2016	*Lantidra
		32852	32853		
		32854	32855		**Amtagvi
		32856	33930		
		33933	33935		***Zevaskyn
		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	Nov. 1, 2016
Vein Procedures		37765	37766	July 1, 2021	
Removal and		36473		April 1, 2017	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475 37700 37722	36478 37718 37780	Nov. 1, 2016	
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 33929 33975 33979 33982 Q0507 Q0509	33928 33976 33981 33983 Q0508	Jan. 1, 2018 Nov. 1, 2016	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.
Wound Vac		E2402		Nov. 1, 2016	