Prior authorization requirements for STAR+Plus

Effective November 1, 2025

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

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Bariatric Surgery		43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860		Jan. 1, 2015	
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975 20979		Jan. 1, 2015	
Breast Reconstruction		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
Cancer Supportive Care	Colony-Stimulating Factors	J1449			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
	Erythropoiesis-Stimulating Factors	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
		Q5125		Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506		Jan. 1, 2022	
	Bone-Modifying Agents	J0897			June 1, 2018	
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2820			Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		0571T	0614T		Aug. 1, 2024	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations,
		93319			June 1, 2022	
		33270 33206	33207 33212		Oct. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		33208 33214 33213 33224 33221 33227 33225 33229 33228 33231 33230 33249 33240 33263 33262 93351 33264 93453 93350 93455 93452 93457 93454 93459 93456 93461 93458 93460			echocardiograms, electrophysiology implants and stress echoes prior to performance. 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.
Cardiovascular		37230 37231		Jan. 1, 2023	Prior authorization requirements applies to memebers 18yrs and older
		93580		April 1, 2022	
		37220 37221 37224 37225 37226 37227 37228 37229		Sept. 1, 2020	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718 95724 95722		Jan. 1, 2020	
Chemotherapy		J9073 J9074 J9075 J9248 J9249 J9376 J9361		July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please
		J9051 J9064 J9345 J9052 J9072 J9172 J9255 J9321 J9286 J9324		Jan. 1, 2024	
		J9029 J9056 J9058 J9059 J9063 J9259 J9322 J9323 J9347 J9350 J9380		Oct. 1, 2023	
		J9196 J9294 J9296 J9297 Q5129		July 1, 2023	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394		May 1, 2023	call **866-604-3267**.
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	
Chemotherapy (cont.)		J9331	J9332		Oct. 1, 2022	
		J9071 J9359	J9273		July 1, 2022	
		J1952 J9272	J9061		Apr. 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349		May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		J9227	J9304		Nov.1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098		Jan. 1, 2017	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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			
		J9999	Q2050			
		Q2043				
		C9399	J3590		Jan. 1, 2015	
		J3490				
		J1950		Oncology DX Codes	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	J9202		Jan. 1, 2015	
		J9217	J9225			
		J9226				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Circumcision		54150 54160 54161 54162		Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729 69730 L8619		Mar. 1, 2023 Jan. 1, 2017	
		69714 69930 L8614 L8690 L8691 L8692		Jan. 1, 2015	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020* 14021* 14041 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 15821 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		Jan. 1, 2015	
		A4238 A4239		Feb. 1, 2023	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Continuous Glucose Monitor		E2102	E2103			
		A9276 A9278	A9277		Oct. 1, 2021	
Durable Medical Equipment (DME) – Incontinence Supplies						Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call **866-295-2319**. To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at **800-349-0550**.
Durable Medical Equipment (DME)		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. 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.
		E0639	E0640		Feb. 1, 2021	
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238	E0194 E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E1399	E2100			
		E2227	E2228			
		E2327	E2325			
		E2351	E2329			
		E2510	E2373			
		E2599	E2511			
		E2627	E2626			
		E2629	E2628			
		E8001	E2630			
		K0008	K0005			
		K0108	K0013			
		K0849	K0848			
		K0851	K0850			
		K0853	K0852			
		K0855	K0854			
		K0857	K0856			
		K0859	K0858			
		K0861	K0860			
		K0863	K0862			
		K0868	K0864			
		K0870	K0869			
		K0877	K0871			
		K0879	K0878			
		K0884	K0880			
		K0886	K0885			
		K0891	K0890			
		T1999	S1040			
Enteral Services	In-home nutritional therapy, either enteral or through a gastrostomy tube	B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			
		B4149	B4153			
		B4152	B4158			
		B4155	B4160			
		B4159				
		B4161				
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	E1831			
		A9274				
Femoroacetabular Impingement Syndrome (FAI)		29914	29915		Oct. 1, 2015	
		29916				
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018	
		31259				
		31240	31254		May 2, 2016	
		31255	31256			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		31267 31287	31276 31288			
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes.
		56805	57335	Gender Dysphoria Treatment DX Codes		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450 81457 81459 81463 81471	81455 81458 81462 81464 81523		July 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81425 81427	81426 81443		Feb. 1, 2025	
	Genetic Testing	81520			Dec. 1, 2022	
		87505 87507	87506		Nov 1, 2020	
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	
	Genetic Testing	81229			Oct.1, 2021	
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb. 1, 2019	
		81162			May 2, 2016	
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	

United Healthcare® Community Plan

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		99503 G0153 S9474		Jan. 1, 2015	
Injectable Medications	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174		Oct. 1, 2025	Prior authorization through Optum SGP Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesinek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100		July 1, 2025	
	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133		Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998		May 1, 2025	
	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299		Apr. 1, 2025	
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802		Jan. 1, 2025	
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortrophin Gel® Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	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			
	Tzield™	J9381			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Fylnetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Prolia®	J0897		Jan. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Leqvio®	J1306		Aug 1, 2022	
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications (cont.)	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	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			
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	Therapeutic Radio-Pharmaceuticals	A9513				
	Evenity™	J3111			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-Pharmaceuticals	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 Aria	J1602				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIG	J1555				
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	IVIG	J1575			May 1, 2016	
	Acthar®	J0800			Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J1569 J1599	J1572			
	Synagis®* Xolair®	90378 J2357				
Injectable Medications – Unclassified						Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Rivfloza	C9399 J3590	J3490		July 1, 2024	
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 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)						Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398		April 1, 2016	
		A0420	A0422			
		A0424	A0425			
		A0426	A0428			
		A0433	A0434			
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123		Jan. 1, 2015	
		21125	21127			
		21141	21142			
		21143	21145			
		21146	21147			
		21150	21151			
		21154	21155			
		21159	21160			
		21188	21193			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
		21255	21296			
		21299				
Orthotics and Prosthetics		L8000	L8001		Jan. 1, 2019	**Prior authorization is required for <u>all STAR+PLUS members</u> for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than $500.**
		L8002	L8010			
		L8015	L8020			
		L8030	L8031			
		L8032	L8035			
		L8039				
		L8499			Jan. 1, 2015	
		L3763	L5683		April 1, 2019	**Prior authorization is required for all <u>WAIVER</u> plan members regardless of billed amount (this is not a benefit to non-waiver members).**
		L5999				
		L1810	L1832		Jan. 1, 2019	
		L1843	L1932			
		L1951	L1960			
		L2280	L2999			
		L3000	L3010			
		L3020	L3216			
		L3221	L3960			
		L4631	L5000			
		L5611	L5620			
		L5624	L5629			
		L5631	L5637			
		L5645	L5647			
		L5649	L5650			
		L5671	L5673			
		L5679	L5685			
		L5700	L5701			
		L5704	L5705			
		L5707	L5845			
		L5910	L5920			

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L5940	L5962			
		L5972	L5986			
		L8420	L8500			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2016	
		L0112	L0170		Jan. 1, 2015	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1840			
		L1844	L1845			
		L1846	L1860			
		L1945	L1950			
		L1970	L2000			
		L2005	L2010			
		L2020	L2030			
		L2034	L2036			
		L2037	L2038			
		L2060	L2106			
		L2108	L2126			
		L2136	L2350			
		L2510	L2526			
		L2627	L2628			
		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			

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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	L6970			
		L6975	L7007			
		L7008	L7009			
		L7040	L7045			
		L7170	L7180			
		L7181	L7185			
		L7186	L7190			
		L7191	L7405			
		L8040	L8042			
		L8043	L8044			
		L8045	L8046			
		L8047	L8610			
Outpatient Therapy		70371	92626		July 1, 2017	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization. Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com>
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97530	97533			
		97535	97542			
		97545	*			
		97750	97546			
		97761	97760			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		G0282 S9152	G0281 G0283			UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129 G0152	92508 97012 97016 97022 97028 97034 97110 97113 97124 97799 G0151 S8990		Jan. 1, 2015	
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977		Jan. 1, 2015	** Prior authorization required for nursing facilities only
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Prostate Procedures		37243 55874	53850		April 1, 2022	
Proton Beam Therapy Focused radiation therapy using beams of protons, which		77520 77523	77522 77525		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
are tiny particles with a positive charge						
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. 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. For more details, please visit **UHCprovider.com/TXCommunity Plan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		71271 78430 78432 78459 78492	78429 78431 78433 78491		Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	
		76391			Mar. 1, 2020	
		76390 78831	78830 78832		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147		Jan. 1, 2015	

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

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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 Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
Sinuplasty		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821	66982			
		66984				
	Colonoscopy	45378	45380			
		45384	45385			
	Cosmetic & Reconstructive	13101	13132			
		14040	14060			
		14301	21552			
		21931				
	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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22903			
		22902	23075			
		23071	27327			
		24071	27632			
		27337	28039			

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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
Spinal Surgery		22510 22512 22515	22511 22513		April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22514			July 1, 2020	
		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191		Jan 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		63190 63250 63252 63267 63270 63272 63300 63302 63304 63306 63308	63200 63251 63265 63268 63271 63286 63301 63303 63305 63307			
Stimulators Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Jan. 1, 2015	
Transplants	Unclassified***	J3402 C9399 J3590	J3490		Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia®, Ryoncil, Tecartus™ (brexucabtagene autoleucel), Tecelra, Yescarta™ (axicabtagene ciloleucel) and Zynteglo®, please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. *Lantidra **Amtagvi ***Zevaskyn
		J3391 Q2058			July 1, 2025	
		Q2057			Apr. 1, 2025	
		J3392 Q2054			Jan. 1, 2025	
	Unclassified**	J3393 J3394 C9399 J3590	J3490		July 1, 2024	
	Unclassified*	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053 Q2042			July 1, 2021 Jan. 1, 2019	
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061		Jan. 1, 2015	
		38232		Oncology DX codes	Jan. 1, 2015	
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475 37700 37722	36478 37718 37780		Jan. 1, 2015	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33929	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**.
		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Wound Vac		E2402		Jan. 1, 2015	