

# Prior authorization requirements for STAR+Plus

Effective Dec. 1, 2021

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR+PLUS 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](http://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](http://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
<b>Bariatric Surgery</b>		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> 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 on DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.
<b>Cancer Supportive Care</b>	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
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Cancer Supportive Care (continued)</b>						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	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	
<b>Cardiology</b>		33270 33206 33208 33213 33221 33225 33228 33230 33240 33262 33264 93304 93307 93350 93452 93454 93456 93458 93460	33207 33212 33214 33224 33227 33229 33231 33249 33263 93303 93306 93308 93351 93453 93455 93457 93459 93461		Oct. 1, 2016	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, 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.
<b>Cardiovascular</b>		37220 37224 37226 37228	37221 37225 37227 37229		Sept. 1, 2020	
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95726			March 1, 2020	Prior authorization is required for inpatient services.
		95720 95724	95718 95722		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
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 intrathecal for oncology diagnosis.	
	Q5123		J9037		J9349		May 1, 2021
	J9317	J9118	J9144		J9223		Jan. 1, 2021
	J9316	J9281	J9227		J9304	Nov. 1, 2020	
	Q5107	Q5117	J9177		J9198	Oct. 1, 2020	
	J9246	J9358	J9246		J9358	July 1, 2020	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.
	Q5119		J0642			March 1, 2020	
	J0642		J9309			Feb. 1, 2020	
	J9119	J9204	J9210		J9269	Oct. 1, 2019	
	J9313		J9030		J9036	Aug. 1, 2019	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
	J9044	J9057	J9153		J9173	Jan. 1, 2019	
	J9229	J9311	J9312				
	J9022	J9023	J9203		J9285	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	J9268		J9293		
	J9280	J9299					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		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					
	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					
<b>Circumcision</b>		54150	54160		Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162			
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619			Jan. 1, 2017	
		69714	69715		Jan. 1, 2015	
		69718	69930			
		L8614	L8690			
		L8691	L8692			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Cosmetic &amp; Reconstructive Procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020 14041	14021 14061		July 1, 2021		
		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		Jan. 1, 2015		
	<b>Continuous Glucose Monitor</b>		A9276 A9278	A9277		Oct. 1, 2021	
			K0553	K0554		July 1, 2021	
	<b>Durable Medical Equipment (DME) – Incontinence Supplies</b>					Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions. To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b> . To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b> .	
	<b>Durable Medical Equipment (DME)</b>		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	E0328 E0470 E0652 E1825 E2311		April 1, 2019	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E2512				Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279	E0194		Jan. 1, 2015	
		E0265	E0300			
		E0445	E0457			
		E0460	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					

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<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159 B4161	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019		
		B9002	B9998		Jan. 1, 2015		
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		S8262			Sept. 1, 2016		
		33477			May 2, 2016		
		36514 64722 A9274	55866 66180 E1831		Jan. 1, 2015		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914 29916	29915		Oct. 1, 2015		
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253 31259	31257		July 1, 2018		
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016		
<b>Gender Dysphoria Treatment</b>		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 these DX codes.	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	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			May 2, 2016		
	Genetic Testing	81229					Oct. 1, 2021
		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
		0040U 81106 81108 81110 81120 81161 81200 81205 81209 81218 81220	81105 81107 81109 81111 81121 81170 81201 81203 81208 81223 81225				Feb. 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)		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					
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	G0153		Jan. 1, 2015	
		S9474				
Injectable Medications	Fensolvi®	J1951			Oct. 1, 2021	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included
	Amondys 45	C9075	J3490		Sept. 1, 2021	
	Krystexxa®	J2507			Aug 1, 2021	
	Nplate®	J2796				
	Octreotide Acetate	J2354				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Injectable Medications (continued)	Sandostatin® LAR	J2353				<p>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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><i>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</i></p> <p><i>**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.</i></p> <p><i>***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.</i></p> <p><i>For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</i></p> <p><i>**** 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&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</i></p>	
	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
	Givlaar®	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		
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						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications (continued)	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				
	Ilumya™	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				
	Soliris®	J1300			Oct. 1, 2017	
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIIG	J1575			May 1, 2016	
	Acthar®	J0800			Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586			
J0587		J0588				
IVIIG	90284	J1459				
	J1556	J1557				
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
J1599						
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					

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<b>Injectable Medications – Unclassified</b>	Cutaquig® Lupaneta Pack™	C9399 J3590	J3490		Jan. 1, 2015*  * Reflects the effective date for the unlisted codes not the specific drug names listed	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
<b>Joint Replacement</b> 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		Jan. 1, 2015	
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>						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.
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195		Jan. 1, 2015	

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Orthognathic Surgery (continued)		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
		21255	21296			
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			
		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				

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (continued)</b>		L7186 L7191 L8040 L8043 L8045 L8047	L7190 L7405 L8042 L8044 L8046 L8610			
<b>Outpatient Therapy</b>		70371 92627 92633 97024 97035 97139 97164* 97530 97535 97545 97750 97761 G0282 S9152	92626 92630 96105 97032 97036 97150 97168* 97533 97542 97546 97760 G0281 G0283		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. <b>* Prior authorization not required for DME providers</b>
		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	
	<b>OR billed with these revenue codes:</b>	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977			** Prior authorization required for nursing facilities only
<b>Private Duty Nursing</b>		T1000 T1003	T1002		Jan. 1, 2015	
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
<b>Psychological Testing</b>		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology		76391			Mar. 1, 2020	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		76390 78831	78830 78832		Jan. 1, 2020	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 <b>UHCprovider.com/TXCommunity Plan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		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 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218 73220 73222 73225 73701 73706 73719 73721 73723 74150 74170 74175	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 72149 72157 72159 72192 72194 72196 72198 73201 73206 73219 73221 73223 73700 73702 73718 73720 73722 73725 74160 74174 74176		Jan. 1, 2015	



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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (continued)</b>		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					
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
<b>Site of Service (SOS) – Outpatient Hospital</b>	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	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)		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	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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>		29827	29828			
		29835	29840			
		29845	29846			
		29848	29861			
		29875	29876			
		29877	29879			
		29880	29881			
		29882	29888			
		29893				
	Nervous System	64561	64640			
	Ophthalmologic	65426	65730			
		65855	66170			
		66761	67028			
		67036	67040			
67228		67311				
	67312					
Respiratory System	30802	30930				
	31525	31535				
	31536	31541				
	31624					
Tonsillectomy & Adenoidectomy	42820	42821				
	42825	42826				
	42830					
Upper Gastrointestinal Endoscopy	43235	43239				
	43249					
Urinary System	52276	52287				
	52320	52344				
Urologic Procedures	50590	52000				
	52005	52204				
	52224	52234				
	52235	52260				
	52281	52310				
	52332	52351				
	52352	52353				
	52356	55040				
55700	57288					
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	21685	41599		Jan. 1, 2015		
	42145					
<b>Spinal Surgery</b>	22100	22101		Jan 1, 2015		
	22102	22110				
	22112	22114				
	22206	22207				
	22210	22212				
	22214	22220				
	22224	22532				
	22533	22548				
	22551	22554				
	22556	22558				
	22586	22590				
	22595	22600				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		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					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
	L8688					
<b>Transplants</b>	CAR T-Cell Therapy	Q2053			July 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel)
		0537T	0538T		Jan. 1, 2019	
		0539T	0540T			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Transplants (continued)</b>		Q2042				Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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.	
		Q2041			April 1, 2018		
	Transplant Services		32850	32851			Jan. 1, 2015
			32852	32853			
			32854	32855			
			32856	33930			
			33933	33935			
			33940	33944			
			33945	38208			
			38209	38210			
			38212	38213			
			38214	38215			
			38240	38241			
			38242	44132			
			44133	44135			
			44136	44137			
			44715	44720			
			44721	47133			
			47135	47140			
			47141	47142			
		47143	47144				
	47145	47146					
	47147	48551					
	48552	48554					
	50300	50320					
	50323	50325					
	50340	50360					
	50365	50370					
	50380	50547					
	S2060	S2061					
	38232		Oncology DX codes	Jan. 1, 2015			
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021		
		36473			April 1, 2017		
		36475	36478		Jan. 1, 2015		
		37700	37718				
		37722	37780				
<b>Ventricular Assist Device (VAD)</b> 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		
		33929			Jan. 1, 2015		
		33975	33976				
		33979	33981				
		33982	33983				
		Q0507	Q0508				
	Q0509						
<b>Wound Vac</b>		E2402			Jan. 1, 2015	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 <b>855-282-8929</b> .	