

Prior authorization requirements for STAR+Plus

Effective February 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR+PLUS for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone:** 877-842-3210
- **Fax:** 877-940-1972. The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Bariatric Surgery		43644	43645	Jan. 1, 2015	
		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 Electronic stimulation or ultrasound to heal fractures		20975	20979	Jan. 1, 2015	
		11971		Oct. 1, 2022	

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Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	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.	
		19325	19328				
		19330	19340				
		19342	19350				
		19357	19361				
		19364	19367				
		19368	19369				
		19370	19371				
	19380	19396					
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
		Q5110					Jan. 1, 2019
		J1442	Q5101				Oct. 1, 2017
	J1447						
Cardiology		93319			June 1, 2022	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.	
		33270	33207		Oct. 1, 2016		
		33206	33212				
		33208	33214				
		33213	33224				
		33221	33227				
		33225	33229				
		33228	33231				
		33230	33249				
		33240	33263				
		33262	93351				

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		33264	93453		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.
		93350	93455		
		93452	93457		
		93454	93459		
		93456	93461		
		93458			
		93460			
Cardiovascular		37230	37231	Jan. 1, 2023	Prior authorization requirements applies to members 18yrs and older
		93580		April 1, 2022	
		37220	37221	Sept. 1, 2020	
		37224	37225		
		37226	37227		
		37228	37229		
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		J9051	J9064	Jan. 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9345	J9052		
		J9072	J9172		
		J9255	J9258		
		J9286	J9321		
		J9324	J9333		
		J9334			
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Jan. 1, 2023	
		J9331	J9332	Oct. 1, 2022	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.
		J9071	J9273	July 1, 2022	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9359			
		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	

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Chemotherapy (cont.)		J9119	J9204	Oct. 1, 2019	
		J9210	J9269		
		J9313			
		J9030	J9036	Aug. 1, 2019	
		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		
		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			
	J9295	J9302			
	J9301	J9305			
	J9303	J9307			
	J9306	J9328			
	J9308	J9340			
	J9320	J9352			
	J9330	J9355			
	J9351	J9360			
	J9354	J9371			
	J9357	J9395			
	J9370	J9600			
	J9390	Q2017			
	J9400	Q2050			
	J9999				
	Q2043				

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		C9399 J3490 J1950	J3590	Jan. 1, 2015	
		J9155 J9217 J9226	J9202 J9225	Oncology DX Codes July 1, 2021 Jan. 1, 2015	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
Circumcision		54150 54161	54160 54162	Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and Other Auditory Implants		69729 L8619 69714 L8614 L8691	69730 69930 L8690 L8692	Mar. 1, 2023 Jan. 1, 2017 Jan. 1, 2015	
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech				
Cosmetic & Reconstructive Procedures		14020* 14041	14021* 14061*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256	Jan. 1, 2015	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21235 21275 21282 21740 21743 30620 67901 67903 67906 67909	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914		

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		67912	67916		
		67915	67921		
		67917	67923		
		67922	67950		
		67924	67966		
		67961			
		Q2026			
Continuous Glucose Monitor		A4238	A4239	Feb. 1, 2023	
		E2102	E2103		
		A9276	A9277	Oct. 1, 2021	
		A9278			
Durable Medical Equipment (DME) – Incontinence Supplies					<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes.</p> <p>To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550.</p>
Durable Medical Equipment (DME)		E0639	E0640	Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900	E0465	May 1, 2019	
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		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		

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Durable Medical Equipment (DME) (cont.)		E2227	E2228		
		E2300	E2325		
		E2327	E2329		
		E2351	E2373		
		E2510	E2511		
		E2599	E2626		
		E2627	E2628		
		E2629	E2630		
		E8001	K0005		
		K0008	K0013		
		K0108	K0848		
		K0849	K0850		
		K0851	K0852		
		K0853	K0854		
		K0855	K0856		
		K0857	K0858		
		K0859	K0860		
		K0861	K0862		
		K0863	K0864		
		K0868	K0869		
		K0870	K0871		
	K0877	K0878			
	K0879	K0880			
	K0884	K0885			
	K0886	K0890			
	K0891	S1040			
	T1999				
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019
		B4036	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		
		31267	31276		
	31287	31288			
Gender Dysphoria Treatment		55970	55980		July 1, 2018
		56805	57335	Gender Dysphoria Treatment DX Codes	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes.

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Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81520		Dec. 1, 2022	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>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.</p> <p>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.</p>
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	
	Genetic Testing	81229		Oct. 1, 2021	
		0111U	0129U	Nov. 1, 2019	
		81400	81401	Feb. 1, 2019	
		81402	81403		
		81404	81405		
		81406	81407		
		81408	81410		
		81411	81519		
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	G0153	Jan. 1, 2015	
		S9474			
Injectable Medications	Qalsody® Syfovre®	J1304 J2781		Feb. 1, 2024	<p>Prior authorization through Optum SGP</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><i>*Please obtain prior notification for Synagis through OptumRx prior</i></p>
	Hemgenix® Legembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyla® Sunlenca®	J2329 J1576 J1961		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Sunlenca® Tziel™ Xenpozyme™	Q5128 J1449 J1747 J1961 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Flynetra®	J0225 Q5130		Apr. 1, 2023	

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Injectable Medications (cont.)	Lanreotide®	J1932			<p>notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway:</p> <p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	
	Skyrizi®	J2327				
	Stimufend®	Q5127				
	Enjymo®	J1302				Feb. 1, 2023
	Vabysmo®	J2777				Jan. 1, 2023
	Prolia®	J0897				
	Therapeutic Radiopharmaceuticals	A9607				
	Releuko®	Q5125				Oct. 1, 2022
	Scenesse®	J7352				
	Tezspire®	J2356				
	Apretude™	J7039				Aug 1, 2022
	Leqvio®	J1306				
	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				
	Elaprased®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
Adulhelm®	J0172			Feb. 1, 2022		
Saphnelo™	C9086					
Fensolvi®	J1951			Oct. 1, 2021		
Amondys 45	C9075	J3490		Sept. 1, 2021		
Krystexxa®	J2507			Aug 1, 2021		
Nplate®	J2796					
Octreotide Acetate	J2354					
Sandostatin® LAR	J2353					
Signifor® LAR	J2502					
Somatuline® Depot	J1930					
Firmagon®	J9155			July 1, 2021		
IVIG	J1554					
Lupron Depot®	J1950					
Lupron Depot, Eligard®	J9217					
Supprelin® LA	J9226					
Trelstar®	J3315					
Triptodur®	J3316					
Truxima®	Q5115					
Viltepsa™	J1427					

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Injectable Medications (cont.)	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490			April 1, 2020
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	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			
	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				
Trogarzo™	J1746				
Parsabiv™	J0606			Nov. 1, 2018	
Sublocade™	Q9991	Q9992		July 1, 2018	

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	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIG	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Soliris®	J1300			
	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		
		J1569	J1572		
		J1599			
	Makena®	J2675			
	Synagis®*	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified	Lamzede™	C9399	J3490	Oct. 1, 2023	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.
	Qalsody®	C9157			
Joint Replacement		23470	23472	Jan. 1, 2015	
		23473	23474		
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
Long-Term Services and Supports (LTSS)/Home-					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-

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and Community-Based Services (HCBS)					centered care planning process, which includes an assessment and determination of needs.
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	April 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296	Jan. 1, 2015	
Orthotics and Prosthetics		L8000 L8002 L8015 L8030 L8032 L8039 L8499	L8001 L8010 L8020 L8031 L8035	Jan. 1, 2019	Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
				Jan. 1, 2015	
		L3763 L5999	L5683	April 1, 2019	Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845	Jan. 1, 2019	

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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> UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97530	97533		
		97535	97542*		
		97545	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		S9152			
		92507	92508		
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
		97140	97799		
		G0129	G0151		
		G0152	S8990		
	OR billed with these revenue codes:	419	420	Jan. 1, 2015	** Prior authorization required for nursing facilities only
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		439	440**		
		441**	977		
		978			
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
Proton Beam Therapy		77520	77522	Jan. 1, 2015	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77523	77525		
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		Mar. 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	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.
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Jan. 1, 2015	For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		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		

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		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		
		46221	46250		
		46255	46261		
		46270	46275		
		46288	46505		
		46750	46910		
		46946			
	ENT Procedures	21320	30140		
		30520	69436		
	69631				

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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		
		21685	41599	Jan. 1, 2015	
		42145			
Sleep Apnea Procedures & Surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		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	
Spinal Surgery (cont.)		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			
		63300	63301			
		63302	63303			
	63304	63305				
	63306	63307				
	63308					
Stimulators 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						
Transplants	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene	
		J9999		July 1, 2022		
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
		0539T	0540T			
		Q2042				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		Q2041		April 1, 2018	ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
	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		
		S2060	50547		
		S2152	S2061		
		38232	Oncology DX codes	Jan. 1, 2015	
Vein Procedures		37765	37766	July 1, 2021	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473		April 1, 2017	
		36475	36478	Jan. 1, 2015	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD)		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929		Jan. 1, 2015	
		33975	33976		
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	