

Prior authorization requirements for STAR+Plus

Effective Apr. 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 Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at UHCprovider.com/TXCommunityPlan > Prior Authorization and Notification Resources > Prior Authorization Forms.

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Bariatric Surgery		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction 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.
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	

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Cancer Supportive Care (continued)						UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link 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 by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129 .
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		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	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.</p>
Cardiovascular		37220 37224 37226 37228	37221 37225 37227 37229		Sept. 1, 2020	
		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.
		95700	95711		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95712	95713			
		95714	95715			
		95716	95718			
		95720	95722			
	95724					
Chemotherapy		J9317	J9118	Oncology DX Codes	Jan. 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9144	J9223		Nov. 1, 2020	
		J9316	J9281		Oct. 1, 2020	
		J9227	J9304		July 1, 2020	
		Q5107	Q5117		March 1, 2020	
		J9177	J9198		Feb. 1, 2020	
		J9246	J9358		Oct. 1, 2019	
		Q5119			Aug. 1, 2019	
		J0642			Jan. 1, 2019	
		J9309			April 1, 2018	
		J9119	J9204		Jan. 1, 2017	
		J9210	J9269			
		J9313				
		J9030	J9036			
		J9044	J9057			
		J9153	J9173			
		J9229	J9311			
		J9312				
		J9022	J9023			
		J9203	J9285			
		J0640	J0641			
		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			
		J9155	J9160			
		J9165	J9171			
		J9175	J9176			
		J9178	J9179			
		J9181	J9185			
		J9190	J9200			
	J9201	J9202				
	J9205	J9206				
	J9207	J9208				
	J9209	J9211				
	J9212	J9213				
	J9214	J9215				
	J9216	J9217				
	J9218	J9225				
	J9226	J9228				
	J9230	J9245				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (continued)		J9250 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2043	J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9315 J9328 J9340 J9352 J9355 J9360 J9371 J9395 J9600 Q2017 Q2050			
		C9399 J3490	J3590		Jan. 1, 2015	
Circumcision		54150 54161	54160 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		L8619			Jan. 1, 2017	
		69714 69718 L8614 L8691	69715 69930 L8690 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		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908		Jan. 1, 2015	

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Cosmetic & Reconstructive Procedures (continued)		67909	67911			
		67912	67914			
		67915	67916			
		67917	67921			
		67922	67923			
		67924	67950			
		67961	67966			
		Q2026				
Durable Medical Equipment (DME) – Incontinence Supplies						<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>To obtain incontinence supplies from Longhorn Health Solutions, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550.</p>
Durable Medical Equipment (DME)		E0639	E0640		Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p>
		K0553	K0554			
		E0787			May 1, 2020	<p>Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.</p>
		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				
	E2227	E2228				
	E2300	E2325				
	E2327	E2329				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		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	B4100			
	B4103	B4104				
	B4149	B4150				
	B4152	B4153				
	B4155	B4158				
	B4159	B4160				
	B4161					
	B9002	B9998			Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		S8262			Sept. 1, 2016	
		33477			May 2, 2016	
		36514	55866		Jan. 1, 2015	
		64722	66180			
		A9274	E1831			
Femoroacetabular Impingement Syndrome		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	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.
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212	81215		Feb. 1, 2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81216	81217			
		81163	81164		Jan. 1, 2019	
		81165	81166			
		81162			May 2, 2016	

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)	Genetic Testing	87481	87482		Nov. 1, 2020	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.		
		87505	87506					
		87507	87510					
		87511	87512					
				87623	87797		Nov. 1, 2019	
				87798	87799			
				87800	87801			
				0068U	0097U		April 1, 2019	
				0111U	0129U			
				0136U	0137U			
				81167	81233		Feb. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
				81237				
				0040U	81105			
				81106	81107			
				81108	81109			
				81110	81111			
				81120	81121			
				81161	81170			
				81200	81201			
				81202	81203			
				81205	81206			
				81207	81208			
				81209	81210			
				81218	81219			
				81220	81221			
				81222	81223			
				81224	81225			
				81226	81227			
				81235	81240			
				81241	81242			
				81243	81244			
				81245	81246			
				81250	81251			
				81252	81253			
				81254	81255			
				81256	81257			
				81260	81261			
				81262	81263			
				81264	81265			
				81266	81267			
		81268	81270					
		81272	81273					
		81275	81276					
		81287	81288					
		81290	81291					
		81292	81293					
		81294	81295					
		81296	81297					
		81298	81299					
		81300	81301					
		81302	81303					
		81304	81310					
		81313	81314					
		81315	81316					
		81317	81318					
		81319	81321					
		81322	81323					
		81324	81325					
		81326	81327					
		81330	81331					

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)		81332	81340			
		81341	81342			
		81350	81355			
		81370	81371			
		81372	81373			
		81374	81375			
		81376	81377			
		81378	81379			
		81380	81381			
		81382	81383			
		81400	81401			
		81402	81403			
		81404	81405			
		81406	81407			
		81408	81410			
	81411	81420				
	81507	81519				
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503 S9474	G0153		Jan. 1, 2015	
Injectable Medications	Avsola®	Q5121			April 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 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.
	Uplizna®	J1823				
	Viltepto™	C9071				
	IVIG	C9072			Feb. 1, 2021	
	Spravato®	S0013				
	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				
	IV Iron Therapy	J1439	Q0138			
	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				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications (continued)		J7327	J7329			Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com >link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.
	Ultomiris™	J1303				
	White blood cell colony-stimulating factors***	J1442 Q5101	J1447 Q5110			
	Therapeutic Radio-Pharmaceuticals**	A9699			May 1, 2019	
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	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				
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					

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Injectable Medications – Unclassified	Cutaquig®	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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		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	
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	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 all STAR+PLUS members 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 WAIVER 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
Orthotics and Prosthetics (continued)		L7186 L7191 L8040 L8043 L8045 L8047	L7190 L7405 L8042 L8044 L8046 L8610			
Outpatient Therapy		92521 92523 92610 97162 97165 97167	92522 92524 97166 97161 97163		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		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 should be submitted online through the Optum Physical Health portal at www.myoptumhealthphysicalhealth.com All prior authorization requests will require: •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only)
		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	For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health at 800-873-4575 . * Prior authorization is not required for DME providers.
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977			** Prior authorization required for nursing facilities only
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
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 Prior Authorization and Notification tool on Link. Go to
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call
		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	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		Jan. 1, 2015	866-889-8054 . For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Radiology (continued)		78740	78761				
		78799	78800				
		78801	78802				
		78803	78804				
		78811	78812				
		78813	78814				
		78815	78816				
		78999	C8900				
		C8901	C8902				
		C8903	C8905				
		C8906	C8908				
		C8909	C8910				
		C8911	C8912				
		C8913	C8914				
		C8918	C8919				
		C8920	C8931				
		C8932	C8933				
		C8934	C8935				
		C8936	G0235				
		G0252	S8042				
	S8037	S8092					
	S8085						
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		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 66984	66982				
	Colonoscopy	45378 45384	45380 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					

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)		29806	29807			
		29819	29822			
		29823	29824			
		29825	29826			
		29827	29828			
		29835	29840			
		29845	29846			
		29848	29861			
		29875	29876			
		29877	29879			
		29880	29881			
		29882	29888			
		29893				
		Nervous System	64561	64640		
Ophthalmologic		65426	65730			
		65855	66170			
		66761	67028			
		67036	67040			
		67228	67311			
		67312				
Respiratory System		30802	30930			
		31525	31535			
		31536	31541			
		31624				
Tonsillectomy & Adenoidectomy		42820	42821			
		42825	42826			
		42830				
Upper Gastrointestinal Endoscopy		43235	43239			
		43249				
Urinary System		52276	52287			
		52320	52344			
Urologic Procedures		50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
		52352	52353			
		52356	55040			
		55700	57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41599		Jan. 1, 2015	
		42145				
Spinal Surgery		22100	22101		Jan 1, 2015	
		22102	22110			
		22112	22114			
		22206	22207			
		22210	22212			
		22214	22220			
		22224	22532			
		22533	22548			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Spinal Surgery (continued)		22551	22554			
		22556	22558			
		22586	22590			
		22595	22600			
		22610	22612			
		22630	22633			
		22800	22802			
		22804	22808			
		22810	22812			
		22818	22819			
		22830	22849			
		22850	22852			
		22855	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
63304	63305					
63306	63307					
63308						
Stimulators	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Stimulators (continued) Implantation of a device that sends electrical impulses	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	C9073	J3490		Feb. 1, 2021	Prior authorization is only required for Tecartus™ For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 800-418-4994 or the notification number on the back of the member's health plan ID card.
		J3590	J9999		Jan. 1, 2019	
		0537T	0538T		Jan. 1, 2019	
	0539T	0540T		Jan. 1, 2019		
	Q2042			Jan. 1, 2019		
	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					
S2152						
38232		Oncology DX codes	Jan. 1, 2015			

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