

# Prior authorization requirements for STAR+Plus

Effective July 1, 2020

## 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](http://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](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>Behavioral Health Services</b>					Jan. 1, 2015	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services.
<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 19324 19328 19340 19350 19361 19366 19368 19370 19380	19318 19325 19330 19342 19357 19364 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.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	<p>Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5110		Oncology DX Codes	Jan. 1, 2019	
J1442 J1447		Q5101		Oct. 1, 2017		
Cardiology		33270	33207		<p>Oct. 1, 2016</p> <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>	
		33206	33212			
		33208	33214			
		33213	33224			
		33221	33227			
		33225	33229			
		33228	33231			
		33230	33249			
		33240	33263			
		33262	93303			
		33264	93306			
		93304	93308			
		93307	93351			
		93350	93453			
		93452	93455			
		93454	93457			
		93456	93459			
		93458	93461			
		93460				
Cardiovascular		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		J9177	J9198		July 1, 2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9246	J9358			
		Q5119				
		J0642			March 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.
		J9309			Feb. 1, 2020	
		J9119	J9204		Oct. 1, 2019	
		J9210	J9269			
		J9313				
		J9030	J9036		Aug. 1, 2019	
		J9044	J9057		Jan. 1, 2019	
		J9153	J9173			
		J9229	J9311			
		J9312				
		J9022	J9023		April 1, 2018	
		J9203	J9285			
		J0640	J0641		Jan. 1, 2017	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		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				
	J9250	J9260				
	J9261	J9262				
	J9263	J9264				
	J9266	J9267				
	J9268	J9271				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		J9280	J9293			
		J9295	J9299			
		J9301	J9302			
		J9303	J9305			
		J9306	J9307			
		J9308	J9315			
		J9320	J9328			
		J9330	J9340			
		J9351	J9352			
		J9354	J9355			
		J9357	J9360			
		J9370	J9371			
		J9390	J9395			
		J9400	J9600			
		J9999	Q2017			
		Q2043	Q2049			
		Q2050				
		C9399	J3590		Jan. 1, 2015	
		J3490				
<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			
<b>Cosmetic &amp; Reconstructive Procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960	11971		Jan. 1, 2015	
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
	67906	67908				
	67909	67911				
	67912	67914				
	67915	67916				
	67917	67921				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive Procedures (continued)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67922 67924 67961 Q2026	67923 67950 67966			
<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>		E0787			May 1, 2020	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.  Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227	E0194 E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (continued)</b>		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					
<b>Enteral Services</b> 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	
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		S8262			Sept. 1, 2016	
		33477			May 2, 2016	
		36514	55866		Jan. 1, 2015	
		64722	66180			
		A9274	E1831			
<b>Femoroacetabular Impingement Syndrome</b>		29914	29915		Oct. 1, 2015	
		29916				
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257		July 1, 2018	
		31259				
		31240	31254		May 2, 2016	
		31255	31256			
		31267	31276			
	31287	31288				
<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.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	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	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.
	Genetic Testing	0111U	0129U		Nov. 1, 2019		
		0130U	0131U				
		0132U	0133U				
		0134U	0135U				
		0136U	0137U				
		0138U					
			81167	81233		April 1, 2019	
			81237				
			0040U	81105		Feb. 1, 2019	
			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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (continued)</b>		81330	81331				
		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				
<b>Home Health Care</b>		G0162			Jan. 1, 2018		
		G0299	G0300		March 1, 2016		
		99503	G0153		Jan. 1, 2015		
		S9474					
<b>Injectable Medications</b>	Adakveo®	J0791			July 1, 2020	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.  *Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b> .	
	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					
	J7327	J7329					
Ultomiris™	J1303						
White blood cell colony-stimulating factors***	J1442	J1447					
	Q5101	Q5110					
Therapeutic Radio-Pharmaceuticals**	A9699				May 1, 2019		



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Injectable Medications (continued)</b>	Actemra®	J3262			Jan. 1, 2019	***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. For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a> >link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.
	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				
	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					
<b>Injectable Medications – Unclassified</b>	Cutaquig®	C9399	J3490		Jan. 1, 2015*	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Spravato™	J3590				

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<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470	23472		Jan. 1, 2015	
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27122			
		27125	27130			
		27132	27134			
		27137	27138			
		27412	27446			
		27447	27486			
		27487	29866			
		29867	29868			
<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	21123		Jan. 1, 2015	
		21125	21127			
		21141	21142			
		21143	21145			
		21146	21147			
		21150	21151			
		21154	21155			
		21159	21160			
		21188	21193			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
	21246	21247				
	21255	21296				
	21299					
<b>Orthotics and Prosthetics</b>		L8000 L8002 L8015 L8030 L8032 L8039	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.
		L8499			Jan. 1, 2015	

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Orthotics and Prosthetics (continued)		L3763	L5683		April 1, 2019	Prior authorization is required for all <b>WAIVER</b> 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			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
		L5250	L5270			
		L5280	L5301			
		L5312	L5321			
		L5331	L5341			
		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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			
	L7186	L7190				
	L7191	L7405				
	L8040	L8042				
	L8043	L8044				
	L8045	L8046				
	L8047	L8610				
Outpatient Therapy		92521	92522		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		92523	92524			
		92610	97166			
		97162	97161			
		97165	97163			
		97167				
		70371	92626		July 1, 2017	Prior authorization should be submitted online through the Optum Physical Health portal at <a href="http://www.myoptumphysicalhealth.com">www.myoptumphysicalhealth.com</a>
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Outpatient Therapy (continued)		97164*	97168*			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)  For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health at <b>800-873-4575</b> . * Prior authorization is not required for DME providers.
		97530 97535 97545 97750 97761 G0282 S9152	97533 97542 97546 97760 G0281 G0283		Jan. 1, 2015	
			92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129 G0152	92508 97012 97016 97022 97028 97034 97110 97113 97124 97799 G0151 S8990		
	<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			
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	
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.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046	0502T 0504T 77047		Jan. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		77048	77049			dashboard. Or, call <b>866-889-8054</b> . For more details, please visit <b>UHCprovider.com/TXCommunity Plan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		70336	70450		Jan. 1, 2015	
		70460	70470			
		70480	70481			
		70482	70486			
		70487	70488			
		70490	70491			
		70492	70496			
		70498	70540			
		70542	70543			
		70544	70545			
		70546	70547			
		70548	70549			
		70551	70552			
		70553	70554			
		70555	71250			
		71260	71270			
		71275	71550			
		71551	71552			
		71555	72125			
		72126	72127			
		72128	72129			
		72130	72131			
		72132	72133			
		72141	72142			
		72146	72147			
		72148	72149			
		72156	72157			
		72158	72159			
		72191	72192			
		72193	72194			
		72195	72196			
		72197	72198			
		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
		73222	73223			
		73225	73700			
		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
	74261	74262				
	74263	74712				
	74713	75557				
	75559	75561				
	75563	75571				
	75572	75573				
	75574	75635				
	76376	76377				
	76380	76497				
	76498	77021				

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



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (continued)</b>		C8934 C8936 G0252 S8037 S8085	C8935 G0235 G0297 S8042 S8092			
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Jan. 1, 2015	
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295 31297	31296		Aug. 3, 2015	
<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 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910			
	ENT Procedures	21320 30520 69631	30140 69436			
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320	65820 66710 66825 67010 67042 67108 67840 68115 68720			

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

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>		67036 67228 67312	67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
<b>Spinal Surgery</b>		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016		Jan 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63180			
		63182	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	0537T	0538T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) 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.
		0539T	0540T			
		Q2042				
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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	
<b>Vein Procedures</b>		36473			April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b>		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 <b>855-282-8929</b> .
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				
<b>Wound Vac</b>		E2402			Jan. 1, 2015	