

Prior authorization requirements for STAR+Plus

Effective Sept. 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 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	
Behavioral Health Services					Jan. 1, 2015	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services.
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) 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 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.</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 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	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cardiovascular (continued)		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.
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			
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 866-604-3267 .
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (continued)		J9230 J9250 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2043 Q2050	J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9315 J9328 J9340 J9352 J9355 J9360 J9371 J9395 J9600 Q2017 Q2049			
		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		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Cosmetic & Reconstructive Procedures (continued) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67903	67904				
		67906	67908				
		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)		E0787			May 1, 2020	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p> <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 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

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Durable Medical Equipment (DME) (continued)		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	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.

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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	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	
Genetic and Molecular Testing to Include BRCA Gene Testing (continued)		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				
Home Health Care		G0162			Jan. 1, 2018		
		G0299	G0300		March 1, 2016		
		99503	G0153		Jan. 1, 2015		
		S9474					
Injectable Medications	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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 . **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 tool on your Link dashboard. Or, call 888-397-8129 .	
	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		

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Injectable Medications (continued)	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 UHCProvider.com >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			Oct. 1, 2017	
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	Probuphine®	J0570				
IVIIG	J1575			May 1, 2016		
Acthar®	J0800			Jan. 1, 2015		
Botulinum Toxin	J0585	J0586				
	J0587	J0588				
IVIIG	90284	J1459				
	J1556	J1557				
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
J1599						
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					
Injectable Medications – Unclassified	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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Spravato™	J3590				

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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 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 Jan. 1, 2015	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.

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

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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			Prior authorization should be submitted online through the Optum Physical Health portal at www.myoptumphysicalhealth.com
		97162	97161			
		97165	97163			
		97167				
		70371	92626		July 1, 2017	
		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*			<p>All prior authorization requests will require:</p> <ul style="list-style-type: none"> •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only) <p>For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health at 800-873-4575.</p> <p>* Prior authorization is not required for DME providers.</p>
		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			
	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	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
Radiology		76391			Mar. 1, 2020	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</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</p>
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		70336	70450		Jan. 1, 2015	dashboard. Or, call 866-889-8054 . For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		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				
	77084	78012				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		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				
	C8934	C8935				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		C8936 G0252 S8037 S8085	G0235 G0297 S8042 S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Jan. 1, 2015	
Sinuplasty		31298			July 1, 2018	
		31295 31297	31296		Aug. 3, 2015	
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 14040 14301 21931	13132 14060 21552			
	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					
Eye and Ocular Adnexa	65710	65820				
	66250	66710				
	66711	66825				
	66986	67010				
	67041	67042				
	67105	67108				
	67113	67840				
	68110	68115				
	68320	68720				
	68815					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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				
	67036	67040				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Site of Service (SOS) – Outpatient Hospital (continued)		67228 67312	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				
	Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
	Spinal Surgery		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017	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 63020		Jan 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Spinal Surgery (continued)		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					
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	0537T	0538T		Jan. 1, 2019
	0539T		0540T			
	Q2042				April 1, 2018	
	Q2041				Jan. 1, 2015	
	Transplant Services	32850	32851			
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
38240	38241					
38242	44132					

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