

Prior Authorization Requirements

STAR

Effective Mar 1 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://www.uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at [UHCprovider.com/TXCommunityPlan](https://www.uhcprovider.com/TXCommunityPlan) [UHCprovider.com/TXCommunityPlan](https://www.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.

Medical

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Bone-Modifying Agents	J0897	Oncology DX Codes	06/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony-Stimulating Factors	J1442 J1447 J2820 Q5101	Oncology DX Codes	10/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony-Stimulating Factors	Q5108 Q5110 Q5111	Oncology DX Codes	01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony-Stimulating Factors	Q5120	Oncology DX Codes	07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony-Stimulating Factors	Q5122	Oncology DX Codes	02/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cancer Supportive Care	Colony-Stimulating Factors	J1448 J2506	Oncology DX Codes	01/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cardiology		HO HN allowed		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9155 J9202 J9217 J9225 J9226	Oncology DX	01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J1950	Oncology DX	07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		C9399 J3490 J3590	Oncology DX Codes	01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		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 J9160 J9165 J9171 J9175	Oncology DX Codes	01/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

		J9176 J9178 J9179 J9181 J9185 J9190 J9200 J9201 J9205 J9206 J9207 J9208 J9209 J9211 J9212 J9213 J9214 J9215 J9216 J9218 J9228 J9230 J9245 J9250 J9260 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9271 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 Q2050				
Chemotherapy		J9022 J9023 J9203 J9285	Oncology DX Codes	04/01/2018		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9057 J9153 J9173 J9229 J9311 J9312	Oncology DX Codes	01/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9030 J9036	Oncology DX Codes	08/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9119 J9204 J9210 J9269 J9313	Oncology DX Codes	10/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9309	Oncology DX Codes	02/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J0642	Oncology DX Codes	03/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Chemotherapy		J9177 J9198 J9246 J9358 Q5119	Oncology DX Codes	07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		Q5107 Q5117	Oncology DX Codes	10/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9227 J9304	Oncology DX Codes	11/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9118 J9144 J9223 J9281 J9316 J9317	Oncology DX Codes	01/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9037 J9349	Oncology DX Codes	05/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9348 J9353 Q5123	Oncology DX Codes	10/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		9 J9247 J931 J9318	Oncology DX Codes	01/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Chemotherapy		J9071 J9273 J9359	Oncology DX Codes	07/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cochlear Implants and Other Auditory Implants		69729	69730	01/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Continuous Glucose Monitor		E2102		02/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Continuous Glucose Monitor		A4238 A4239	E2103	01/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Continuous Glucose Monitor		A9276 A9278	A9277	10/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Cosmetic & Reconstructive		11971		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Dental Anesthesia		00170		07/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Durable Medical Equipment (DME)		A9279 E0194 E0265 E0300 E0445 E0457 E0460 E0483 E0638 E0641 E0642 E0669 E0700 E0710 E0745 E0762 E0764 E0784 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1035 E1161 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1399 E2100 E2227 E2228 E2300 E2325 E2327 E2329 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0008 K0013 K0108 K0848 K0849 K0850 K0851 K0852 K0853 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0868 K0869		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

		K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 S1040 T1999				
Durable Medical Equipment (DME)		E0466		01/01/2016		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Durable Medical Equipment (DME)		E0766		04/01/2017		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Durable Medical Equipment (DME)		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		04/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Durable Medical Equipment (DME)		A9900 E0465 E0637		05/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Durable Medical Equipment (DME)		E0639 E0640		02/01/2021		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Experimental & Investigational (and/or Linked Services)		36514 64722 66180 A9274 E1831		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Experimental & Investigational (and/or Linked Services)		33477		05/02/2016			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Femoroacetabular Impingement Syndrome		29914 29915 29916		10/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81162		01/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81163 81164 81165 81166		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212 81216		02/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0040U 81105 81106 81107 81108 81109 81110 81111 81120 81121 81161 81170 81200 81201 81203 81205 81208 81209 81218 81220 81222 81223 81224 81225 81226 81227 81240 81241 81242 81243 81244 81245 81246 81250 81251 81252 81253 81254 81255 81256 81257 81260 81261 81262 81263 81264 81265 81266 81267 81268 81272 81273 81276 81287 81288 81290 81291 81292 81294 81295 81297 81298 81300 81302 81303 81304 81310 81313 81314 81315 81316 81317 81318 81319 81321 81322 81323 81324 81325 81326 81327 81330 81331 81332 81340 81341 81342 81350 81355 81370 81371 81372 81373 81375 81376 81377 81378 81379 81380 81381 81382 81383 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81420		02/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	

		81507 81519				
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81167 81233 81237		04/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0111U 0129U 0136U 0137U		11/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	0068U 0097U 87481 87482 87505 87506 87507 87510 87511 87512 87623 87797 87799 87800 87801		11/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81229		10/01/2021		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81238 81247 81248 81249 81258 81259 81269 81278 81334 81351 81352 81353 81361 81364		06/01/2022		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Amvuttra™	J0225		04/01/2023		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Lanreotide™	J1932		04/01/2023		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Skyrizi®	J2327		04/01/2023		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Enjaymo™	J1302		02/01/2023		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Vabysmo®	J2777		02/01/2023		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	***White blood cell colony-stimulating factors	J1442 J1447 Q5101 Q5110		10/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	**Therapeutic Radio-pharmaceuticals	A9699		05/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	**Therapeutic Radio-pharmaceuticals	A9513		11/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	**Therapeutic Radio-pharmaceuticals	A9590		03/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	*Synagis®	90378		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Actemra®	J3262		01/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Acthar®	J0800		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Adakveo®	J0791		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Aduhelm®	J0172		02/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Aldurazym®	J1931		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Amondys 45	C9075		09/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Aralast NP®	J0256		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Avsola®	Q5121		04/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Brineura™	J0567		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Cimzia®	J0717		04/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Cinqair®	J2786		04/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Cinryze®	J0598		10/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Crysvita®	J0584		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Elaprase®	J1743		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Entyvio®	J3380		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Evenity™	J3111		10/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Exondys 51™	J1428		01/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Fabrazyme®	J0180		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Fasenra™	J0517		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Fensolvi®	J1951		10/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Firmagon®****	J9155		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Gamifant®	J9210		10/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Givlaari®	J0223		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Glassia®	J0257		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ilaris®	J0638		04/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ilumya™	J3245		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Inflectra®	Q5103		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Kanuma®	J2840		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Krystexxa®	J2507		08/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Lemtrada®	J0202		10/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Lumizyme®	J0221		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Lupron Depot, Eligard®****	J9217		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Lupron Depot®****	J1950		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Luxturna™	J3398		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Makena®	J2675		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Makena®	J1726 J1729		01/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Mepsevii®	J3397		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Naglazyme®	J1458		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Nexviazyme®	C9085 J3490 J3590		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Nexviazyme®	J0219		05/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Nplate®	J2796		08/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Nucala®	J2182		04/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ocrevus™	J2350		01/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Onpatro™	J0222		10/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Orencia®	J0129		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Parsabiv™	J0606		11/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Probuphine®	J0570		04/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Radicava®	J1301		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Reblozyl®	J0896		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Remicade®	J1745		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Renflexis®	Q5104		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Revcovi®	J3590		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Rituxan Hycela®	J9311		04/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Rituxan®	J9312		04/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ruconest®	J0596		10/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ruxience®	Q5119		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Injectable Medications	Sandostatin® LAR	J2353		08/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Saphnelo™	C9086		02/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Saphnelo™	J0491		05/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Signifor® LAR	J2502		08/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Soliris®	J1300		10/01/2017			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Somatuline® Depot	J1930		08/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Spinraza™	J2326		01/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Spravato®	S0013		02/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Stelara IV®	J3358		04/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Sublocade™	Q9991 Q9992		07/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Supprelin® LA****	J9226		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Susvimo™	C9093		05/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Tepezza®	J3241		12/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Trelstar®	J3315		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Triptodur®	J3316		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Trogarzo™	J1746		01/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Truxima®	Q5115		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Ultomiris™	J1303		10/01/2019			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

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Injectable Medications	Uplizna®	J1823		04/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Vantas™****	J9225		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Viltepso™	J1427		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Vimizim®	J1322		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Vyepti™	J3032		01/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Vyondys 53 ®	J1429		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Xembify ®	J1558		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Xolair®	J2357		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Zoladex®****	J9202		07/01/2021			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications	Zolgensma ®	J3399		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Injectable Medications – Unclassified	Cutaquig®Lupaneta Pack™	C9399		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Orthotics and		L0112 L0170 L0456 L0462 L0464 L0480 L0482 L0484 L0486 L0624 L0629 L0631 L0632 L0634 L0636 L0637 L0638 L0640 L0700 L0710 L0810 L0820 L0830 L0859 L1000 L1005 L1200 L1300 L1310 L1499 L1680 L1685 L1700 L1710 L1720 L1730 L1755 L1840 L1844 L1845 L1846 L1860 L1945 L1950 L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2060 L2106 L2108 L2126 L2136 L2350 L2510 L2526 L2627 L2628 L3230 L3265 L3649 L3671 L3674 L3720 L3730 L3740 L3764 L3900 L3901 L3904 L3905 L3961 L3971 L3975 L3976 L3977 L3999 L4000 L4010 L4020 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

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Orthotics and		L1812 L1820 L1830 L1831 L1836 L1847		01/01/2018		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Orthotics and		L1834		03/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Orthotics and		L3763 L4631 L5647 L5649 L5673 L5683 L5700 L5705 L5845 L5962 L5986 L5999		04/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Orthotics and		L1832		05/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Outpatient Therapy		97542*		07/01/2017		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Outpatient Therapy	OR billed with these revenue codes	419 420 421 422 423 424 429 430 431 432 433 434 439 977 978		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

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Rhinoplasty and Septoplasty		30400 30410 30420 30430 30435 30450 30460 30462 30465		01/01/2015			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Cardiovascular System	36590 36832		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Carpal Tunnel Surgery	64721		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Cataract Surgery	66821 66982 66984		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Colonoscopy	45378 45380 45384 45385		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Cosmetic & Reconstructive	13101 13132 14040 14060 14301 21552 21931		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	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		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	ENT Procedures	21320 30140 30520 69436 69631		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Eye and Ocular Adnexa	6 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68815 8720		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Female Genital System	57240 57250 57461 57520 58561 58562		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Gynecologic Procedures	57522 58353 58558 58563 58565		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Hemic and Lymphatic Systems	38500 38510 38525		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Hernia Repair	49505 49585 49587 49650 49651 49652 49653 49654		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

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Site of Service (SOS) – Outpatient Hospital	Integumentary System	10121 11440 11450 11624 11770 13121 15100 15120 15240 19020 19120 19125		07/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Liver Biopsy	47000		07/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Male Genital System	54840		07/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Miscellaneous	20680		07/01/2020		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization	
Site of Service (SOS) – Outpatient Hospital	Musculoskeletal System	20552 20553 21012 21013 21336 21554 21555 21556 21930 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		07/01/2020				Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Site of Service (SOS) – Outpatient Hospital	Nervous System	64561 64640		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Ophthalmologic	65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Respiratory System	30802 30930 31525 31535 31536 31541 31624		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Tonsillectomy & Adenoidectomy	42820 42821 42825 42826 42830		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Upper Gastrointestinal Endoscopy	43235 43239 43249		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Urinary System	52276 52287 52320 52344		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Site of Service (SOS) – Outpatient Hospital	Urologic Procedures	50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 55700 57288		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Spinal Surgery		22514		07/01/2020			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Spinal Surgery		22510 22511 22512 22513 22515		04/01/2022			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Transplants	CAR T-Cell Therapy	Q2056		02/01/2023			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	
Transplants	CAR T-Cell Therapy	Q2041		04/01/2018			Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf	

Transplants	CAR T-Cell Therapy	0537T 0538T 0539T 0540T Q2042		01/01/2019		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Transplants	CAR T-Cell Therapy	Q2053		07/01/2021		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Transplants	CAR T-Cell Therapy	Q2055		02/01/2022		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Transplants	CAR T-Cell Therapy	C9098 J9999		07/01/2022		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Transplants	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 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		01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf
Transplants	Transplant Services	38232	Oncology DX Codes	01/01/2015		Refer below link https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Medical-Record-Requirements-for-Pre-Service.pdf

Behavioral

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Crisis Services	Crisis intervention service, per 15 minutes	H2011	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII or ASAM for SUD
Electroconvulsive therapy	ECT (Single Seizures)	90870	MH	09/01/2014	07/06/2021		Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT)
Electroconvulsive therapy	Electroshock treatment	901	MH	09/01/2014	07/06/2021		Supplemental Clinical Criteria: Electroconvulsive Therapy (ECT)
Inpatient Mental Health	Intensive Care-Psychiatric	204	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/3-4 bed	134	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/pvt	114	MH	09/01/2014	08/16/2022		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/pvt deluxe	144	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/semi	124	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Mental Health	Psychiatric/ward	154	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Inpatient Substance Abuse	Detoxification/3-4 bed	136	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/pvt	116	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/pvt deluxe	146	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/semi	126	SA	09/01/2014	07/06/2021		ASAM Criteria
Inpatient Substance Abuse	Detoxification/ward	156	SA	09/01/2014	07/06/2021		ASAM Criteria
Intensive Outpatient (IOP)	Intensive OP Services - Chem Dep	906	SA	09/01/2014	07/06/2021		ASAM Criteria
Intensive Outpatient (IOP)	Intensive OP Services - Psychiatric	905 905	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Partial	Partial	913	BH	09/01/2014	07/06/2021		LOCUS 19 and

Hospitalization (PHP)/Day Treatment	hospitalization-intensive						above/CASSI/CALOCUS ECSII
Partial Hospitalization (PHP)/Day Treatment	Partial hospitalization-less intensive	912	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII

Category	Sub Category Description	Proc-Code	Diagnosis Codes	Effective Date	Review Date	Comments	Documentation necessary to obtain prior authorization
Psych/Neuropsych	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	96110	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Psych/Neuropsych	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	96137	Any	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Or Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or
Psych/Neuropsych	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136	Any	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Or Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Or
Psych/Neuropsych	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	96130	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Psych/Neuropsych	Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	BH	09/01/2014	07/06/2021		AMA Psychological and Neuropsychological Testing Billing and Coding Guide & Optum Supplemental Clinical Criteria: Optum Psychological and Neuropsychological Testing
Rehab services	Behavioral health day treatment, per hour	H2012	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Rehab services	Psychosocial rehabilitation services, per 15 minutes	H2017	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	H0016	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	H0012	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or other drug treatment program, per hour	H2035	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Mental health assessment, by non-physician	H0031	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Patient education, not otherwise classified, non-physician provider, individual, per session	S9445	BH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Residential	H2035	SA	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII
Residential	Residential Treatment - Chem Dep	1002	SA	09/01/2014	07/06/2021		ASAM Criteria
Residential	Residential Treatment - Psychiatric	1001	MH	09/01/2014	07/06/2021		LOCUS 19 and above/CASSI/CALOCUS ECSII