

# Prior Authorization Requirements for Texas STAR

Effective Dec. 1, 2021

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR 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](http://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](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> Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
<b>Bone Growth Stimulator</b>		20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction 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.
<b>Cancer Supportive Care</b>	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cancer Supportive Care (continued)		J2505	J2820		Oct. 1, 2017	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33270			Oct. 1, 2016 Jan. 1, 2015	
		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			
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
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95726			March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95724	95718 95722		Jan. 1, 2020	
<b>Chemotherapy</b>		J9348 Q5123	J9353	Oncology DX Codes	Oct. 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.  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.
		J9037	J9349		May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		J9227	J9304		Nov. 1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9165 J9175 J9178 J9181	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179		Jan. 1, 2017	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Chemotherapy (continued)		J9190	J9185				
		J9201	J9200				
		J9205	J9206				
		J9207	J9208				
		J9209	J9211				
		J9212	J9213				
		J9214	J9215				
		J9216	J9228				
		J9218	J9245				
		J9230	J9260				
		J9250	J9262				
		J9261	J9264				
		J9263	J9267				
		J9266	J9271				
		J9268	J9293				
		J9280	J9299				
		J9295	J9302				
		J9301	J9305				
		J9303	J9307				
		J9306	J9315				
		J9308	J9328				
		J9320	J9340				
		J9330	J9352				
		J9351	J9355				
		J9354	J9360				
		J9357	J9371				
		J9370	J9395				
		J9390	J9600				
		J9400	Q2017				
		J9999	Q2050				
			Q2043				
			C9399	J3490		Jan. 1, 2015	
			J3590				
		J1950		Oncology DX	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	
		J9155	J9202		Jan. 1, 2015		
		J9217	J9225				
		J9226					
<b>Circumcision</b>		54150	54160		Jan. 1, 2015		
		54161	54162				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<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		69714 69718 L8614 L8690 L8692	69715 69930 L8619 L8691		Jan. 1, 2015	
<b>Cosmetic &amp; Reconstructive</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020 14041	14021 14061		July 1, 2021	
		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		Jan. 1, 2015	
<b>Continuous Glucose Monitor</b>		A9276 A9278	A9277		Oct. 1, 2021	
		K0553	K0554		July 1, 2021	
<b>Dental Anesthesia</b>		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0639	E0640		Feb. 1, 2021	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0637	E0465		May 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Durable Medical Equipment (DME) (continued)		E0277	E0328		April 1, 2019	Prosthetics are not DME – see Orthotics and prosthetics.  Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.	
		E0329	E0470				
		E0471	E0652				
		E1130	E1825				
		E2310	E2311				
		E2512					
		E0766					April 1, 2017
		E0466					Jan. 1, 2016
		A9279	E0194				Jan. 1, 2015
		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	K0870					
	K0871	K0877					
	K0878	K0879					
	K0880	K0884					
	K0885	K0886					
	K0890	K0891					
	S1040	T1999					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019		
		B9002	B9998		Jan. 1, 2015		
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		33477			May 2, 2016		
		36514 64722 A9274	55866 66180 E1831		Jan. 1, 2015		
<b>Femoroacetabular Impingement Syndrome</b>		29914 29916	29915		Oct. 1 2015		
<b>Functional Endoscopic Sinus Surgery (FESS)</b> <b>Functional Endoscopic Sinus Surgery (FESS) (continued)</b>		31253 31259	31257		July 1, 2018		
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016		
<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 DX codes.	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	BRCA Genetic Testing	81212 81216			Feb. 1, 2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. 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.	
		81163 81165	81164 81166		Jan. 1, 2019		
		81162			Jan. 1, 2018		
	Genetic Testing	81229			Oct. 1, 2021		
		87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U		Nov. 1, 2020		
		0111U 0136U	0129U 0137U		Nov. 1, 2019		
		81167 81237	81233		April 1, 2019		
		0040U 81106 81108 81110 81120 81161 81200	81105 81107 81109 81111 81121 81170 81201		Feb. 1, 2019		

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>		81205	81203			
		81209	81208			
		81218	81223			
		81220	81225			
		81222	81227			
		81224	81240			
		81226	81242			
		81241	81244			
		81243	81246			
		81245	81251			
		81250	81253			
		81252	81255			
		81254	81257			
		81256	81261			
		81260	81263			
		81262	81265			
		81264	81267			
		81266	81273			
		81268	81276			
		81272	81288			
		81287	81291			
		81290	81295			
		81292	81297			
		81294	81303			
		81298	81310			
		81300	81314			
		81302	81316			
		81304	81318			
		81313	81321			
		81315	81323			
		81317	81325			
		81319	81327			
		81322	81331			
		81324	81340			
		81326	81342			
		81330	81355			
		81332	81371			
		81341	81373			
		81350	81375			
		81370	81377			
	81372	81379				
	81376	81381				
	81378	81383				
	81380	81401				
	81382	81403				
	81400	81405				
	81402	81407				
	81404	81410				
	81406	81420				
	81408	81519				
	81411					
	81507					
<b>Home Health Care</b>		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	S9474		Jan. 1, 2015	
<b>Injectable Medications</b>	Fensolvi®	J1951			Oct. 1, 2021	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-
	Amondys 45	C9075	J3490		Sept. 1, 2021	
	Krystexxa®	J2507			Aug. 1, 2021	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Nplate®	J2796			<p>to-date information on drugs newly approved by the Food &amp; 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> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 888-397-8129.</p> <p>***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.</p> <p>For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> <p>**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at <a href="http://UHCProvider.com">UHCProvider.com</a>&gt; UnitedHealthcare Provider Portal &gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
	Octreotide Acetate	J2354				
	Sandostatin® LAR	J2353				
	Signifor® LAR	J2502				
	Somatuline® Depot	J1930				
	Firmagon®****	J9155				July 1, 2021
	IVIg	J1554				
	Lupron Depot®****	J1950				
	Lupron Depot, Eligard®****	J9217				
	Supprelin® LA****	J9226				
	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	Vantas™****	J9225				
	Viltepso™	J1427				
	Zoladex®****	J9202				
	Avsola®	Q5121				April 1, 2021
	Uplizna®	J1823				
	Spravato®	S0013				Feb. 1, 2021
	Vyepti™	J3032				Jan. 1, 2021
	Tepezza®	J3241				Dec. 1, 2020
	Cinryze®	J0598				Oct. 1, 2020
	Ruconest®	J0596				
	Adakveo®	J0791				July 1, 2020
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
Vyondys 53®	J1429					
Xembify®	J1558					
Zolgensma®	J3399					
Benlysta	J0490			April 1, 2020		
Cimzia®	J0717					
Rituxan®	J9312					
Rituxan Hycela®	J9311					
Stelara IV®	J3358					
**Therapeutic Radio-pharmaceuticals	A9590			March 1, 2020		
Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	**Therapeutic Radio-pharmaceuticals	A9513				
	Evenity™	J3111			Oct. 1, 2019	
	Gamifant®	J9210				
	Onpattro™	J0222				
	Sodium Hyaluronate	J7320	J7321			
		J7322	J7324			
		J7325	J7326			
		J7327	J7329			
	Ultomiris™	J1303				
	***White blood cell colony-stimulating factors	J1442	J1447			
		Q5101	Q5110			
	**Therapeutic Radio-pharmaceuticals	A9699			May 1, 2019	
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606				Nov. 1, 2018
	Sublocade™	Q9991	Q9992			July 1, 2018
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIIG	J1555				
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
Spinraza™	J2326					
Lemtrada®	J0202			Oct. 1, 2017		
Soliris®	J1300					
Cinqair®	J2786			April 1, 2017		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Injectable Medications (continued)</b>	Nucala®	J2182					
	Probuphine®	J0570					
	IVIg	J1575			May 1, 2016		
	Acthar®	J0800			Jan. 1, 2015		
	Botulinum Toxin	J0585	J0586				
		J0587	J0588				
	IVIg	90284	J1459				
		J1556	J1557				
		J1559	J1561				
		J1566	J1568				
J1569		J1572					
J1599							
Makena®	J2675						
*Synagis®	90378						
Xolair®	J2357						
<b>Injectable Medications – Unclassified</b>	Cutaquig® Lupaneta Pack™	C9399 J3590	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 <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
<b>Joint Replacement</b> 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		
<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		

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<b>Orthognathic Surgery</b>		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>		L1832			May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631		April 1, 2019	
		L5647	L5649			
		L5673	L5683			
		L5700	L5705			
		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2019	
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L2136	L2350			
		L2510	L2526			
		L2627	L2628			
		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
		L5250	L5270			
		L5280	L5301			
		L5312	L5321			
		L5331	L5341			
		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L6000	L6010			
		L6020	L6050			
		L6055	L6100			
		L6110	L6120			
		L6130	L6200			
		L6205	L6250			
		L6300	L6310			
		L6320	L6350			
		L6360	L6370			
		L6380	L6382			
		L6384	L6400			
		L6450	L6500			
		L6550	L6570			
		L6580	L6582			
		L6584	L6586			
		L6588	L6590			
		L6621	L6623			
		L6624	L6646			
		L6648	L6686			
		L6687	L6689			
		L6690	L6692			
		L6693	L6694			
		L6695	L6696			
		L6697	L6704			
		L6707	L6708			
		L6709	L6711			
		L6712	L6713			
		L6714	L6715			
		L6880	L6881			
		L6882	L6883			
		L6884	L6885			
		L6895	L6900			
		L6905	L6910			
		L6915	L6920			
		L6925	L6930			
		L6935	L6940			
		L6945	L6950			
		L6955	L6960			
		L6965	L6970			
		L6975	L7007			
		L7008	L7009			
		L7040	L7045			
		L7170	L7180			
		L7181	L7185			
		L7186	L7190			
		L7191	L7405			
		L8040	L8042			
	L8043	L8044				
	L8045	L8046				
	L8047	L8499				
		L8610				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy		70371 92627 92633 97024 97035 97139 97164 97535 97542* 97760 S9152	92626 92630 96105 97032 97036 97150 97168 97537 97750 97761		July 1, 2017	<p>Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)</p> <p>Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com&gt; UnitedHealthcare Provider Portal &gt; Prior Authorization and Notification.</p> <p>* Prior authorization not required for DME providers</p>
		97530			Nov. 7, 2016	
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	92508 97012 97016 97022 97028 97034 97110 97113 97124 97799 S8990		Jan. 1, 2015	
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
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		96136	96131 96133 96137		Oct. 1, 2019	
Radiology		76391			March 1, 2020	Care providers ordering an advanced outpatient imaging procedure are responsible for
		76390 78831	78830 78832		Jan. 1, 2020	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Radiology (continued)		0501T	0502T		Jan. 1, 2019	providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.	
		0503T	0504T				
		77046	77047				
		77048	77049				
			70336	70450		Jan. 1, 2015	For more details, please visit <b>UHCprovider.com/TXcommunity plan</b> > 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				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
	78469	78472				
	78473	78481				
	78483	78494				
	78496	78499				
	78579	78580				
	78582	78597				
	78598	78599				
	78600	78601				
	78605	78606				
	78608	78609				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		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				
	C8936	G0235				
	G0252	S8042				
	S8037	S8092				
	S8085					
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
<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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Cosmetic & Reconstructive	13101	13132			
		14040	14060			
		14301	21552			
		21931				
	Digestive System	42415	42440			
		43200	43236			
		43237	43238			
		43242	43245			
		43246	43247			
		43248	43251			
43254		43255				
43259		44360				
44361		45171				
45334		45335				
45381		45390				
45990		46020				
46040		46050				
46200		46220				
46221		46250				
46255		46261				
46270	46275					
46288	46505					
46750	46910					
46946						
ENT Procedures	21320	30140				
	30520	69436				
	69631					
Eye and Ocular Adnexa	65710	65820				
	66250	66710				
	66711	66825				
	66986	67010				
	67041	67042				
	67105	67108				
	67113	67840				
	68110	68115				
	68320	68720				
68815						
Female Genital System	57240	57250				
	57461	57520				
	58561	58562				
Gynecologic Procedures	57522	58353				
	58558	58563				
	58565					
Hemic and Lymphatic Systems	38500	38510				
	38525					
Hernia Repair	49505	49585				
	49587	49650				
	49651	49652				
	49653	49654				
	49655					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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				
	67228	67311				
	67312					
Respiratory System	30802	30930				
	31525	31535				
	31536	31541				
	31624					

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>	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 63017 63030 63042 63046 63050	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 63040 63045 63047 63055			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
	63306	63307				
	63308					
<b>Stimulators</b>	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
<b>Transplants</b>	CAR T-Cell Therapy	Q2053			July 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		0537T	0538T		Jan. 1, 2019	
		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			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		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> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b> 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 <b>855-282-8929</b> .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
	Q0507	Q0508				
	Q0509					
<b>Wound Vac</b>		E2402			Jan. 1, 2015	

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