

Prior Authorization Requirements for Texas STAR

Effective May 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 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 Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
Bone Growth Stimulator		20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.
	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 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.
	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 by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33270			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>
	33206	33207		Jan. 1, 2015		
	33208	33212				
	33213	33214				
	33221	33224				
	33225	33227				
	33228	33229				
	33230	33231				
	33240	33249				
	33262	33263				
	33264	93303				
	93304	93306				
	93307	93308				
	93350	93351				
	93452	93453				
	93454	93455				
	93456	93457				
93458	93459					
93460	93461					
Cardiovascular		37220	37221		Sept. 1, 2020	
		37224	37225			
		37226	37227			
		37228	37229			
		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95700	95711		Jan. 1, 2020		
		95712	95713				
		95714	95715				
		95716	95718				
		95720	95722				
Chemotherapy		J9037	J9349	Oncology DX Codes	May 1, 2021	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.	
		J9317	J9118		Jan. 1, 2021		
		J9144	J9223				
		J9316	J9281				
		J9227	J9304		Nov. 1, 2020		
		Q5107	Q5117		Oct. 1, 2020		
		J9177	J9198		July 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.
		J9246	J9358				
		Q5119					
		J0642			March 1, 2020		
		J9309			Feb. 1, 2020		
		J9119	J9204		Oct. 1, 2019		
		J9210	J9269				
		J9313					
		J9030	J9036		Aug. 1, 2019		
		J9044	J9057		Jan. 1, 2019	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.	
		J9153	J9173				
		J9229	J9311				
		J9312					
		J9022	J9023		April 1, 2018		
		J9203	J9285				
		J0640	J0641		Jan. 1, 2017		
		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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (continued)		J9205	J9206			
		J9207	J9208			
		J9209	J9211			
		J9212	J9213			
		J9214	J9215			
		J9216	J9217			
		J9218	J9225			
		J9226	J9228			
		J9230	J9245			
		J9250	J9260			
		J9261	J9262			
		J9263	J9264			
		J9266	J9267			
		J9268	J9271			
		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			
		C9399	J3490		Jan. 1, 2015	
		J3590				
Circumcision		54150	54160		Jan. 1, 2015	
		54161	54162			
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		69714	69715		Jan. 1, 2015	
		69718	69930			
		L8614	L8619			
		L8690	L8691			
		L8692				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cosmetic & Reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11960	11971		Jan. 1, 2015	
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
	67906	67908				
	67909	67911				
	67912	67914				
	67915	67916				
	67917	67921				
	67922	67923				
	67924	67950				
	67961	67966				
	Q2026					
Dental Anesthesia		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
Durable Medical Equipment (DME)		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.
		K0553	K0554			
		E0787			May 1, 2020	
		A9900	E0465		May 1, 2019	Prosthetics are not DME – see Orthotics and prosthetics.
		E0637				
		E0277	E0328		April 1, 2019	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		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				
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				
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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 DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212	81215		Feb. 1, 2019	<p>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.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p>
		81216	81217			
		81163 81165	81164 81166		Jan. 1, 2019	
		81162			Jan. 1, 2018	
	Genetic Testing	87481	87482		Nov. 1, 2020	
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87798	87799			
	87800	87801				
	0068U	0097U				
		0111U	0129U		Nov. 1, 2019	
	0136U	0137U				
	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				

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)		81275	81276			
		81287	81288			
		81290	81291			
		81292	81293			
		81294	81295			
		81296	81297			
		81298	81299			
		81300	81301			
		81302	81303			
		81304	81310			
		81313	81314			
		81315	81316			
		81317	81318			
		81319	81321			
		81322	81323			
		81324	81325			
		81326	81327			
		81330	81331			
		81332	81340			
		81341	81342			
		81350	81355			
		81370	81371			
		81372	81373			
		81374	81375			
		81376	81377			
		81378	81379			
		81380	81381			
		81382	81383			
	81400	81401				
	81402	81403				
	81404	81405				
	81406	81407				
	81408	81410				
	81411	81420				
		81507	81519			
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	S9474		Jan. 1, 2015	
Injectable Medications	Avsola®	Q5121			April 1, 2021	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior
	Uplizna®	J1823				
	Viltepso™	C9071				
	IVIG	C9072			Feb. 1, 2021	
	Spravato®	S0013				
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	
	Ruconest®	J0596				
	Adakveo®	J0791			July 1, 2020	
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
	Vyondys 53®	J1429				
	Xembify®	J1558				
Zolgensma®	J3399					
Benlysta	J0490			April 1, 2020		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	Cimzia®	J0717				<p>notifications services at 800-310-6826.</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 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. For non-oncology DX, submit online at UHCprovider.com > Link > Prior Authorization and Notification tile on your Link dashboard or call 877-842-3210.</p>
	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	
	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		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Exondys 51™	J1428			Jan. 1, 2018		
	IVIg	J1555					
	Makena®	J1726	J1729				
	Ocrevus™	J2350					
	Spinraza™	J2326					
	Lemtrada®	J0202				Oct. 1, 2017	
	Soliris®	J1300					
	Cinqair®	J2786				April 1, 2017	
	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						
Injectable Medications – Unclassified	Cutaquig®	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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472		Jan. 1, 2015	
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27122			
		27125	27130			
		27132	27134			
		27137	27138			
		27412	27446			
		27447	27486			
		27487	29866			
		29867	29868			
Non-Emergent Air Ambulance Transport		A0430	A0431		Jan. 1, 2015	
		A0435	A0436			
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398		April 1, 2016	
		A0420	A0422			
		A0424	A0425			
		A0426	A0428			
		A0433	A0434			
Orthognathic Surgery		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			
	Orthotics and Prosthetics		L1832			
		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				

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L7008 L7040 L7170 L7181 L7186 L7191 L8040 L8043 L8045 L8047 L8610	L7009 L7045 L7180 L7185 L7190 L7405 L8042 L8044 L8046 L8499			
Outpatient Therapy		92521 92523 92610 97162 97165 97167	92522 92524 97161 97163 97166		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		70371 92627 92633 97024 97035 97139 97164 97535 97542* 97760 S9152	92626 92630 96105 97032 97036 97150 97168 97537 97750 97761		July 1, 2017	Prior authorization should be submitted online through the Optum Physical Health portal at www.myoptumhealthphysicalhealth.com All prior authorization requests will require: •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only).
		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	For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575. * Prior authorization is not required for DME providers.
	OR billed with these revenue codes	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	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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			March 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 dashboard. Or, call 866-889-8054.</p> <p>For more details, please visit UHCprovider.com/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>
		76390 78831	78830 78832		Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198 73201		Jan. 1, 2015	

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910			
	ENT Procedures	21320 30520 69631	30140 69436			
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720			
	Female Genital System	57240 57461 58561	57250 57520 58562			
	Gynecologic Procedures	57522 58558 58565	58353 58563			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Hemic and Lymphatic Systems	38500 38525	38510			
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654			
	Integumentary System	10121 11450 11770 15100 15240 19120	11440 11624 13121 15120 19020 19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552 21012 21336 21555 21930 22902 23071 24071 27337 28035 28041 28080 28104 28118 28124 28289 28296 28298 29806 29819 29823 29825 29827 29835 29845 29848 29875 29877 29880 29882 29893	20553 21013 21554 21556 22514 22903 23075 27327 27632 28039 28060 28090 28110 28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29840 29846 29861 29876 29879 29881 29888			
	Nervous System	64561	64640			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
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	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		22830	22849			
		22850	22852			
		22855	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
	63304	63305				
	63306	63307				
	63308					
Stimulators 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	C9073	J3490		Feb. 1, 2021	Prior authorization is only required for Tecartus™
		J3590	J9999			
		0537T	0538T			
	0539T	0540T		April 1, 2018		
		Q2042			Jan. 1, 2015	
	Q2041					
	Transplant Services	32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (continued)		32856	33930		Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
	50323	50325			
	50340	50360			
	50365	50370			
	50380	50547			
	S2060	S2061			
	S2152				
	38232		Oncology DX Codes	Jan. 1, 2015	
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
		33929			
		33975	33976		Jan. 1, 2015
		33979	33981		
		33982	33983		
		Q0507	Q0508		
	Q0509				
Wound Vac		E2402			Jan. 1, 2015

CPT® is a registered trademark of the American Medical Association.