

Prior Authorization Requirements for Texas STAR

Effective May 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 877-940-1972.** The 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 requests must be made by an In-Network provider 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 | 43645 | Jan. 1, 2015 | |
| | | 43659 | 43770 | | |
| | | 43775 | 43842 | | |
| | | 43845 | 43846 | | |
| | | 43847 | 43848 | | |
| | | 43860 | | | |
| Behavioral Health Services | | | | | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services |
| Bone Growth Stimulator | | 20975 | 20979 | Jan. 1, 2015 | |
| Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy | | 11971 | | Oct. 1, 2022 | Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes |
| | | 19316 | 19318 | Breast Reconstruction DX Codes Jan. 1, 2015 | |
| | | 19325 | 19328 | | |
| | | 19330 | 19340 | | |
| | | 19342 | 19350 | | |
| | | 19357 | 19361 | | |
| | | 19364 | 19367 | | |
| | | 19368 | 19369 | | |
| | | 19370 | 19371 | | |
| | | 19380 | 19396 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|------------------------|-----------------------------------|----------------------------|----------------|------------------------------------|--|--------------|
| Cancer Supportive Care | Colony-Stimulating Factors | J1449 | | Oct. 1, 2023 | <p>Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.</p> <p>Please submit requests online 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</p> | |
| | Erythropoiesis-Stimulating Agents | J0885 | | | | |
| | Antiemetic Drugs | J1456 | | July 1, 2023 | | |
| | Colony-Stimulating Factors | Q5125 | | Oncology DX Codes | | Jan. 1, 2023 |
| | | J1448 | J2506 | | | Jan. 1, 2022 |
| | Bone-Modifying Agents | J0897 | | | | June 1, 2018 |
| | Colony-Stimulating Factors | Q5120 | | | | July 1, 2020 |
| | | Q5108 | Q5111 | | | Jan. 1, 2019 |
| | | J2820 | | | | Oct. 1, 2017 |
| | | Colony-Stimulating Factors | Q5122 | Oncology DX Codes | | Feb. 1, 2021 |
| | | Q5110 | | Jan. 1, 2019 | | |
| | | J1442 | Q5101 | Oct. 1, 2017 | | |
| | | J1447 | | | | |
| Cardiology | | 37230 | 37231 | Jan. 1, 2023 | <p>Prior authorization is required for participating physicians for outpatient and office-based</p> | |
| | | 93319 | | June 1, 2022 | | |
| | | 33270 | | Oct. 1, 2016 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--|-------------|-------|----------------|------------------------------------|--|-------------------|
| Cardiology (cont.) | | 33206 | 33207 | Jan. 1, 2015 | diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. 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. | |
| | | 33208 | 33212 | | | |
| | | 33213 | 33214 | | | |
| | | 33221 | 33224 | | | |
| | | 33225 | 33227 | | | |
| | | 33228 | 33229 | | | |
| | | 33230 | 33231 | | | |
| | | 33240 | 33249 | | | |
| | | 33262 | 33263 | | | |
| | | 33264 | 93351 | | | |
| | | 93350 | 93453 | | | |
| | | 93452 | 93455 | | | |
| | | 93454 | 93457 | | | |
| | | 93456 | 93459 | | | |
| | 93458 | 93461 | | | | |
| | 93460 | | | | | |
| Cardiovascular | | 93580 | | April 1, 2022 | Prior authorization required for members age 18 and older | |
| | | 37220 | 37221 | Sept. 1, 2020 | | |
| | | 37224 | 37225 | | | |
| | | 37226 | 37227 | | | |
| | | 37228 | 37229 | | | |
| 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. | |
| | | 95720 | 95718 | Jan. 1, 2020 | | |
| | | 95724 | 95722 | | | |
| Chemotherapy | | J9051 | J9064 | Jan. 1, 2024 | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis. | |
| | | J9345 | J9052 | | | |
| | | J9072 | J9172 | | | |
| | | J9255 | J9258 | | | |
| | | J9286 | J9321 | | | |
| | | J9324 | | | | |
| | | J9029 | J9056 | | | Oct. 1, 2023 |
| | | J9058 | J9059 | | | |
| | | J9063 | J9259 | | | |
| | | J9322 | J9323 | | | |
| | | J9347 | J9350 | | | |
| | | J9380 | | | | |
| | | J9274 | J9298 | | | Oncology DX Codes |
| | J9331 | J9332 | | Oct. 1, 2022 | Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267. | |
| | J9071 | J9273 | | July 1, 2022 | | |
| | J9359 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-------------------------|-------------|-------|----------------|------------------------------------|--|
| Chemotherapy (cont.) | | J9247 | J9318 | | Jan. 1, 2022 |
| | | J9319 | | | |
| | | J9348 | J9353 | | Oct. 1, 2021 |
| | | Q5123 | | | |
| | | J9037 | J9349 | | May 1, 2021 |
| | | J9317 | J9118 | | Jan. 1, 2021 |
| | | J9144 | J9223 | | |
| | | J9316 | J9281 | | |
| | | J9227 | J9304 | | Nov. 1, 2020 |
| | | Q5107 | Q5117 | | Oct. 1, 2020 |
| | | J9177 | J9198 | | July 1, 2020 |
| | | J9246 | J9358 | | |
| | | Q5119 | | | |
| | | J0642 | | | March 1, 2020 |
| | | J9309 | | | Feb. 1, 2020 |
| | | J9119 | J9204 | | Oct. 1, 2019 |
| | | J9210 | J9269 | | |
| | | J9313 | | | |
| | | J9030 | J9036 | | Aug. 1, 2019 |
| | | J9153 | J9057 | | Jan. 1, 2019 |
| | | J9229 | J9173 | | |
| | | J9312 | J9311 | | |
| | | 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 | | |
| | J9165 | J9160 | | | |
| | J9175 | J9171 | | | |
| | J9178 | J9176 | | | |
| | J9181 | J9179 | | | |
| | J9190 | J9185 | | | |
| | J9201 | J9200 | | | |
| | J9205 | J9206 | | | |
| | J9207 | J9208 | | | |
| | J9209 | J9211 | | | |
| | J9212 | J9213 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-----------------------------|-------------|-------|----------------|------------------------------------|--|
| Chemotherapy (cont.) | | 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 | J9328 | | |
| | | J9308 | J9340 | | |
| | | J9320 | J9352 | | |
| | | J9330 | J9355 | | |
| | | J9351 | J9360 | | |
| | | J9354 | J9371 | | |
| | | J9357 | J9395 | | |
| | | J9370 | J9600 | | |
| | | J9390 | Q2017 | | |
| | | J9400 | Q2050 | | |
| | J9999 | | | | |
| | 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 | | | | |
| Circumcision | | 54150 | 54160 | | Jan. 1, 2015 |
| | | 54161 | 54162 | | |
| | | 69729 | 69730 | | Mar. 1, 2023 |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|--|--------|----------------|------------------------------------|---|
| 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 | 69930 | Jan. 1, 2015 | |
| | | L8614 | L8619 | | |
| | | L8690 | L8691 | | |
| | | L8692 | | | |
| 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 | 14020* | 14021* | July 1, 2021 | *will NOT require prior auth when billed with skin cancer diagnoses |
| | | 14041 | 14061* | | |
| | | 11960 | 15821 | Jan. 1, 2015 | |
| | | 15820 | 15823 | | |
| | | 15822 | 15847 | | |
| | | 15830 | 17107 | | |
| | | 17106 | 17999 | | |
| | | 17108 | 21138 | | |
| | | 21137 | 21172 | | |
| | | 21139 | 21179 | | |
| | | 21175 | 21181 | | |
| | | 21180 | 21183 | | |
| | | 21182 | 21230 | | |
| | | 21184 | 21256 | | |
| | | 21235 | 21280 | | |
| | | 21275 | 21295 | | |
| | | 21282 | 21742 | | |
| | | 21740 | 28344 | | |
| | | 21743 | 67900 | | |
| | | 30620 | 67902 | | |
| | | 67901 | 67904 | | |
| | | 67903 | 67908 | | |
| | | 67906 | 67911 | | |
| | | 67909 | 67914 | | |
| | | 67912 | 67916 | | |
| | | 67915 | 67921 | | |
| | | 67917 | 67923 | | |
| 67922 | 67950 | | | | |
| 67924 | 67966 | | | | |
| 67961 | | | | | |
| Q2026 | | | | | |
| Continuous Glucose Monitor | | E2102 | E2103 | Feb. 1, 2023 | |
| | | A4238 | A4239 | | |
| | | A9276 | A9277 | Oct. 1, 2021 | |
| | | A9278 | | | |
| 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 |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | A9900 | E0465 | May 1, 2019 | retail purchase or a cumulative rental cost of more than \$500. 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 | | |
| | | E0638 | E0483 | | |
| | | E0642 | E0641 | | |
| | | E0700 | E0669 | | |
| | | E0745 | E0710 | | |
| | | E0764 | E0762 | | |
| | | E1002 | E0784 | | |
| | | E1004 | E1003 | | |
| | | E1006 | E1005 | | |
| | | E1008 | E1007 | | |
| | | E1010 | E1009 | | |
| | | E1161 | E1035 | | |
| | | E1231 | E1229 | | |
| | | E1233 | E1232 | | |
| | | E1235 | E1234 | | |
| | | E1237 | E1236 | | |
| | | E1239 | E1238 | | |
| | | E2100 | E1399 | | |
| | | E2228 | E2227 | | |
| | | E2325 | E2300 | | |
| | | E2329 | E2327 | | |
| | | E2373 | E2351 | | |
| | | E2511 | E2510 | | |
| | | E2626 | E2599 | | |
| | | E2628 | E2627 | | |
| | E2630 | E2629 | | | |
| | K0005 | E8001 | | | |
| | K0013 | K0008 | | | |
| | K0848 | K0108 | | | |
| | K0850 | K0849 | | | |
| | K0852 | K0851 | | | |
| | K0854 | K0853 | | | |
| | K0856 | K0855 | | | |
| | K0858 | K0857 | | | |
| | K0860 | K0859 | | | |
| | K0862 | K0861 | | | |
| | K0864 | K0863 | | | |
| | K0869 | K0868 | | | |
| | K0871 | K0870 | | | |
| | K0878 | K0877 | | | |
| | K0880 | K0879 | | | |
| | K0885 | K0884 | | | |
| | K0890 | K0886 | | | |
| | S1040 | K0891 | | | |
| | | T1999 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--|----------------------|----------------|----------------|-------------------------------------|--|---|
| Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube | | B4034 | B4035 | | May 1, 2019 | |
| | | B4036 | B4104 | | | |
| | | B4103 | B4150 | | | |
| | | B4149 | B4153 | | | |
| | | B4152 | B4158 | | | |
| | | B4155 | B4160 | | | |
| | | B4159 B4161 | | | | |
| | | B9002 | B9998 | | Jan. 1, 2015 | |
| Experimental & Investigational (and/or Linked Services) | | 33477 | | | May 2, 2016 | |
| | | 36514 | 66180 | | Jan. 1, 2015 | |
| | | 64722 | E1831 | | | |
| | | A9274 | | | | |
| Femoroacetabular Impingement Syndrome | | 29914 | 29915 | | Oct. 1 2015 | |
| | | 29916 | | | | |
| Functional Endoscopic Sinus Surgery (FESS) | | 31253 | 31257 | | July 1, 2018 | |
| | | 31259 | | | | |
| | | 31240 | 31254 | | May 2, 2016 | |
| | | 31255 | 31256 | | | |
| | | 31267 | 31276 | | | |
| | | 31287 | 31288 | | | |
| Gender Dysphoria Treatment | | 55970 | 55980 | | July 1, 2018 | Prior authorization is required for these codes with any DX. |
| | | 56805 | 57335 | Gender Dysphoria Treatment DX Codes | | |
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing | 81520 | | | Dec. 1, 2022 | 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. |
| | Genetic Testing | | | | | |
| | BRCA Genetic Testing | | | | | |
| | | 81163 | 81164 | | Jan. 1, 2019 | |
| | | 81162 | | | Jan. 1, 2018 | |
| Genetic Testing | 81229 | | | | Oct. 1, 2021 | Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting |

| 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 (cont.) | | 87505 87507 | 87506 | Nov. 1, 2020 | the test and the laboratory will notify UnitedHealthcare |
| | | 0111U | 0129U | Nov. 1, 2019 | |
| | | 81400 81402 81404 81406 81408 81411 | 81401 81403 81405 81407 81410 81519 | Feb. 1, 2019 | |
| | Home Health Care | G0162 | | Jan. 1, 2018 | |
| | | G0299 | G0300 | March 1, 2016 | |
| | | 99503 | S9474 | Jan. 1, 2015 | |
| Injectable Medications | | | | April 1, 2024 | |
| | Eylea HD® | J0177 | | | |
| | Izervay® | J2782 | | | |
| | Pombiliti® | J1203 | | | |
| | Roctavian® | J1412 | | | |
| | Vyjuvek® | J3401 | | | |
| | Acthar Gel® | J0801 | | Feb. 1, 2024 | |
| | Cortrophin Gel™ | J0802 | | | |
| | Elevidys® | J1413 | | | |
| | Elfabrio® | J2508 | | | |
| | Lamzedo® | J0217 | | | |
| | Qalsody® | J1304 | | | |
| | Rystiggo® | J9333 | | Jan. 1, 2024 | |
| | Vyvgart | J9334 | | | |
| Hytrulo® | | | | | |
| Hemgenix® | J1411 | | Dec. 1, 2023 | Prior authorization through Optum SGP | |
| Leqembi® | J0174 | | | | |
| Briumvi® | J2329 | | Nov. 1, 2023 | 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> . | |
| Panzyna® | J1576 | | | | |
| Syfovre® | J2781 | | | | |
| Cimerli™ | Q5128 | | July 1, 2023 | | |
| Rolvedon™ | J1449 | | | Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is | |
| Spevigo® | J1747 | | | | |
| Tziel™ | J9381 | | | | |
| Xenpozyme™ | J0218 | | | | |
| Eylea® | J0178 | VEGF | May 1, 2023 | | |
| Beovu® | J0179 | | | | |
| Vabysmo® | J2777 | | | | |
| Lucentis® | J2778 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--------------------------------|----------------------------------|-------|----------------|------------------------------------|---|---------------|
| Injectable Medications (cont.) | Susvimo™ | J2779 | | | <p>available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129.</p> | |
| | Byooviz™ | Q5124 | | | | |
| | Amvuttra® | J0225 | | April 1, 2023 | | |
| | Fylnetra® | Q5130 | | | | |
| | Lanreotide® | J1932 | | | | |
| | Skyrizi® | J2327 | | | | |
| | Stimufend® | Q5127 | | | | |
| | Enjaymo® | J1302 | | | | Feb. 1, 2023 |
| | Vabysmo® | J2777 | | | | |
| | Prolia® | J0897 | | | | Jan. 1, 2023 |
| | Therapeutic Radiopharmaceuticals | A9607 | | | | |
| | Releuko® | Q5125 | | | | Oct. 1, 2022 |
| | Scenesse® | J7352 | | | | |
| | Tezspire® | J2356 | | | | |
| | Apretude™ | J7039 | | | | Aug 1, 2022 |
| | Leqvio® | J1306 | | | | |
| | Vyvgart™ | J9332 | | | | |
| | Cutaquig® | J1551 | | | | |
| | Nexviazyme® | J0219 | | | | May 1, 2022 |
| | Saphnelo™ | J0491 | | | | |
| | Aralast NP® | J0256 | | | | April 1, 2022 |
| | Prolastin-C® | | | | | |
| | Zemaira® | | | | | |
| | Glassia® | J0257 | | | | |
| | Nexviazyme® | J3490 | J3590 | | | |
| | | C9085 | | | | |
| | Aldurazym® | J1931 | | | | |
| | Elaprase® | J1743 | | | | |
| | Fabrazyme® | J0180 | | | | |
| | Kanuma® | J2840 | | | | |
| Lumizyme® | J0221 | | | | | |
| Mepsevii® | J3397 | | | | | |
| Naglazyme® | J1458 | | | | | |
| Revcovi® | J3590 | | | | | |
| Vimizim® | J1322 | | | | | |
| Aduhelm® | J0172 | | | Feb. 1, 2022 | | |
| Saphnelo™ | C9086 | | | | | |
| Fensolvi® | J1951 | | | Oct. 1, 2021 | | |
| Amondys 45 | C9075 | | | Sept. 1, 2021 | | |
| Krystexxa® | J2507 | | | Aug. 1, 2021 | | |
| Nplate® | J2796 | | | | | |
| Octreotide Acetate | J2354 | | | | | |
| Sandostatin® LAR | J2353 | | | | | |
| Signifor® LAR | J2502 | | | | | |
| Somatuline® Depot | J1930 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---------------------------------------|-------------------------------------|-------|----------------|------------------------------------|--|
| Injectable Medications (cont.) | Firmagon® | J9155 | | July 1, 2021 | |
| | IVIG | J1554 | | | |
| | Lupron Depot® | J1950 | | | |
| | Lupron Depot, Eligard® | J9217 | | | |
| | Supprelin® LA | J9226 | | | |
| | Trelstar® | J3315 | | | |
| | Triptodur® | J3316 | | | |
| | Truxima® | Q5115 | | | |
| | Viltepso™ | J1427 | | | |
| | Zoladex® | J9202 | | | |
| | Avsola® | Q5121 | | | April 1, 2021 |
| | Uplizna® | J1823 | | | |
| | 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 |
| | **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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|----------|---|--|---|------------------------------------|--|
| | White blood cell colony-stimulating factors | J1442 Q5101 | J1447 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 | | | |
| | Parsabiv™ | J0606 | | Nov. 1, 2018 | |
| | Ilaris® | J0638 | | April 1, 2018 | |
| | 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 | | | |
| | IVIg | J1575 | | May 1, 2016 | |
| | | | | Jan. 1, 2015 | |
| | Botulinum Toxin | J0585 J0587 | J0586 J0588 | | |
| | IVIg | 90284 J1556 J1559 J1566 J1569 J1599 | J1459 J1557 J1561 J1568 J1572 | | |
| | Makena® | J2675 | | | |
| | *Synagis® | 90378 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|--------------|---|--|------------------------------------|--|
| | Xolair® | J2357 | | | |
| Injectable Medications –Unclassified | Adzyna® | C9167 J3590 | J3490 | April 1, 2024 | 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. |
| | Cosentyx IV® | C9166 J3590 | J3490 | | |
| | Omvo® | C9168 J3590 | J3490 | | |
| | Qalsody® | C9157 | | Oct. 1, 2023 | |
| Joint Replacement | | 23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867 | 23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868 | Jan. 1, 2015 | |
| Non-Emergent Air Ambulance Transport | | A0430 A0435 | A0431 A0436 | Jan. 1, 2015 | |
| Non-Emergent Ground Ambulance TX MANDATE | | A0382 A0420 A0424 A0426 A0433 | A0398 A0422 A0425 A0428 A0434 | April 1, 2016 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---------------------------|-------------|-------|----------------|------------------------------------|---|
| 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 | | | |
| | 21299 | | | | |
| Orthotics and Prosthetics | | 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 (cont.) | | 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 |
|----------|-------------|-------|----------------|------------------------------------|--|
| | | 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 | | | |
| | | S9152 | | Dec. 1, 2022 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|------------------------------------|--------|----------------|------------------------------------|---|
| Outpatient Therapy | | 70371 | 92626 | July 1, 2017 | Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization. |
| | | 92627 | 92630 | | |
| | | 92633 | 96105 | | |
| | | 97024 | 97032 | | |
| | | 97035 | 97036 | | |
| | | 97139 | 97150 | | |
| | | 97164 | 97168 | | |
| | | 97535 | 97537 | | |
| | | 97542* | 97750 | | |
| | | 97760 | 97761 | | |
| | | 97530 | | Nov. 7, 2016 | Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers |
| | | 92507 | 92508 | Jan. 1, 2015 | |
| | | 92526 | 97012 | | |
| | | 97014 | 97016 | | |
| | | 97018 | 97022 | | |
| | 97026 | 97028 | | | |
| | 97033 | 97034 | | | |
| | 97039 | 97110 | | | |
| | 97112 | 97113 | | | |
| | 97116 | 97124 | | | |
| | 97140 | 97799 | | | |
| | G0129 | S8990 | | | |
| | OR billed with these revenue codes | 419 | 420 | | |
| | | 421 | 422 | | |
| | | 423 | 424 | | |
| | | 429 | 430 | | |
| | | 431 | 432 | | |
| | | 433 | 434 | | |
| | | 439 | 977 | | |
| | | 978 | | | |
| Potentially Unproven Services | | 33289 | C2624 | April 1, 2023 | |
| Prescribed Pediatric Extended Care Services (PPEC) | | T1025 | T1026 | Oct. 1, 2018 | |
| | | T2002 | | | |
| Private Duty Nursing | | T1000 | T1002 | Jan. 1, 2015 | |
| | | T1003 | | | |
| Prostate Procedures | | 37243 | 53850 | April 1, 2022 | |
| | | 55874 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|------------------------------|---|-------|-------------------------|------------------------------------|--|
| Proton Beam Therapy | | 77520 | 77522 | Jan. 1, 2015 | |
| | | 77523 | 77525 | | |
| | Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | | | | |
| Psychological Testing | | 96136 | 96131 96133 96137 | Oct. 1, 2019 | Prior authorization will not be required for dates of service on or after March 1, 2022 |
| Radiology | | 75580 | | Jan. 1, 2024 | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the 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. For more details, please visit UHCprovider.com/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. |
| | | 0697T | 0698T | June 1, 2022 | |
| | | 0710T | 0711T | | |
| | | 0712T | 0713T | | |
| | | 76391 | | March 1, 2020 | |
| | | 76390 | 78830 | Jan. 1, 2020 | |
| | | 78831 | 78832 | | |
| | | 77046 | 77047 | Jan. 1, 2019 | |
| | | 77048 | 77049 | | |
| | | 70336 | 70450 | Jan. 1, 2015 | |
| | | 70460 | 70470 | | |
| | | 70480 | 70481 | | |
| | | 70482 | 70486 | | |
| | | 70487 | 70488 | | |
| | | 70490 | 70491 | | |
| | | 70492 | 70496 | | |
| | | 70498 | 70540 | | |
| | | 70542 | 70543 | | |
| | | 70544 | 70545 | | |
| | | 70546 | 70547 | | |
| | | 70548 | 70549 | | |
| | | 70551 | 70552 | | |
| | | 70553 | 70554 | | |
| | | 70555 | 71250 | | |
| | | 71260 | 71270 | | |
| | | 71275 | 71550 | | |
| | | 71551 | 71552 | | |
| | | 71555 | 72125 | | |
| | | 72126 | 72127 | | |
| | | 72128 | 72129 | | |
| | | 72130 | 72131 | | |
| | | 72132 | 72133 | | |
| | | 72141 | 72142 | | |
| | 72146 | 72147 | | | |
| | 72148 | 72149 | | | |
| | 72156 | 72157 | | | |
| | 72158 | 72159 | | | |
| | 72191 | 72192 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|-------------------|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) | | 72193 | 72194 | | |
| | | 72195 | 72196 | | |
| | | 72197 | 72198 | | |
| | | 73200 | 73201 | | |
| | | 73202 | 73206 | | |
| | | 73218 | 73219 | | |
| | | 73220 | 73221 | | |
| | | 73222 | 73223 | | |
| | | 73225 | 73700 | | |
| | | 73701 | 73702 | | |
| | | 73706 | 73718 | | |
| | | 73719 | 73720 | | |
| | | 73721 | 73722 | | |
| | | 73723 | 73725 | | |
| | | 74150 | 74160 | | |
| | | 74170 | 74174 | | |
| | | 74175 | 74176 | | |
| | | 74177 | 74178 | | |
| | | 74181 | 74182 | | |
| | | 74183 | 74185 | | |
| | | 74261 | 74262 | | |
| | | 74263 | 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 | | |
| | | 78226 | 78199 | | |
| | | 78264 | 78227 | | |
| | | 78266 | 78265 | | |
| | | 78300 | 78299 | | |
| | | 78306 | 78305 | | |
| | | 78399 | 78315 | | |
| | | 78452 | 78451 | | |
| | | 78454 | 78453 | | |
| | 78466 | 78468 | | | |
| | 78469 | 78472 | | | |
| | 78473 | 78481 | | | |
| | 78483 | 78494 | | | |
| | 78496 | 78499 | | | |
| | 78579 | 78580 | | | |
| | 78582 | 78597 | | | |
| | 78598 | 78599 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|--|---|---|---|------------------------------------|--|
| Radiology (cont.) | | 78608 | 78609 | | |
| | | 78699 | 78707 | | |
| | | 78708 | 78709 | | |
| | | 78799 | 78800 | | |
| | | 78801 | 78802 | | |
| | | 78803 | 78804 | | |
| | | 78811 | 78812 | | |
| | | 78813 | 78814 | | |
| | | 78815 | 78816 | | |
| | | 78999 | G0235 | | |
| | G0252 | S8092 | | | |
| | S8037 | | | | |
| Rhinoplasty and Septoplasty | | 30400 | 30410 | Jan. 1, 2015 | |
| | | 30420 | 30430 | | |
| | Treatment of nasal functional impairment and septal deviation | 30435 | 30450 | | |
| | | 30460 | 30462 | | |
| | | 30465 | | | |
| Sinuplasty | | 31298 | | July 1, 2018 | |
| | | 31295 | 31296 | Aug. 3, 2015 | |
| | | 31297 | | | |
| Site of Service (SOS) – Outpatient Hospital | Auditory System | 69205 | | July 1, 2020 | <p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).</p> |
| | 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 | 42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-----------------------------|-------|----------------|------------------------------------|--|
| Site of Service (SOS) – Outpatient Hospital (cont.) | | 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 | | | |
| | 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 | 22903 | | |
| | | 22902 | 23075 | | |
| | | 23071 | 27327 | | |
| | | 24071 | 27632 | | |
| | 27337 | 28039 | | | |
| | 28035 | 28060 | | | |
| | 28041 | 28090 | | | |
| | 28080 | 28110 | | | |
| | 28104 | 28119 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|--|----------------------------------|----------------|----------------|------------------------------------|--|--|
| Site of Service (SOS) – Outpatient Hospital (cont.) | | 28118 | 28285 | | | |
| | | 28124 | 28292 | | | |
| | | 28289 | 28297 | | | |
| | | 28296 | 28299 | | | |
| | | 28298 | 29807 | | | |
| | | 29806 | 29822 | | | |
| | | 29819 | 29824 | | | |
| | | 29823 | 29826 | | | |
| | | 29825 | 29828 | | | |
| | | 29827 | 29840 | | | |
| | | 29835 | 29846 | | | |
| | | 29845 | 29861 | | | |
| | | 29848 | 29876 | | | |
| | | 29875 | 29879 | | | |
| | | 29877 | 29881 | | | |
| | | 29880 | 29888 | | | |
| | | 29882 | | | | |
| | | 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 | | | | |
| | Tonsillectomy & Adenoidectomy | 42820 | 42821 | | | |
| | | 42825 | 42826 | | | |
| | | 42830 | | | | |
| | Upper Gastrointestinal Endoscopy | 43235 | 43239 | | | |
| | | 43249 | | | | |
| | Urinary System | 52276 | 52287 | | | |
| | | 52320 | 52344 | | | |
| | Urologic Procedures | 50590 | 52000 | | | |
| | | 52005 | 52204 | | | |
| | | 52224 | 52234 | | | |
| | | 52235 | 52260 | | | |
| | | 52281 | 52310 | | | |
| | | 52332 | 52351 | | | |
| | | 52352 | 52353 | | | |
| | | 52356 | 55040 | | | |
| | | 55700 | 57288 | | | |

Sleep Apnea Procedures & Surgeries

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

21685 41599
42145

Jan. 1, 2015

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization | |
|----------------|------------------------|-------|----------------|------------------------------------|---|--------------|
| Spinal Surgery | | 22510 | 22511 | April 1, 2022 | Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization | |
| | | 22512 | 22513 | | | |
| | | 22515 | | | | |
| | | 22514 | | July 1, 2020 | | |
| | | | 22100 | 22101 | | Jan. 1, 2015 |
| | | | 22102 | 22110 | | |
| | | | 22112 | 22114 | | |
| | | | 22206 | 22207 | | |
| | | | 22210 | 22212 | | |
| | | | 22214 | 22220 | | |
| | | | 22224 | 22532 | | |
| | | | 22533 | 22548 | | |
| | | | 22551 | 22554 | | |
| | | | 22556 | 22558 | | |
| | | | 22586 | 22590 | | |
| | | | 22595 | 22600 | | |
| | | | 22610 | 22612 | | |
| | | | 22630 | 22633 | | |
| | | | 22800 | 22802 | | |
| | | | 22804 | 22808 | | |
| | | | 22810 | 22812 | | |
| | | | 22818 | 22819 | | |
| | | | 22830 | 22849 | | |
| | | | 22850 | 22852 | | |
| | | | 22855 | 63001 | | |
| | | | 22899 | 63005 | | |
| | | | 63003 | 63012 | | |
| | | | 63011 | 63016 | | |
| | | | 63015 | 63020 | | |
| | | | 63017 | 63040 | | |
| | | | 63030 | 63045 | | |
| | | | 63042 | 63047 | | |
| | | | 63046 | 63055 | | |
| | | | 63050 | 63064 | | |
| | | | 63056 | 63077 | | |
| | | | 63075 | 63085 | | |
| | | | 63081 | 63090 | | |
| | | | 63087 | 63102 | | |
| | | | 63101 | 63172 | | |
| | | | 63170 | 63185 | | |
| | | | 63173 | 63191 | | |
| | | | 63190 | 63200 | | |
| | | | 63250 | 63251 | | |
| | | 63252 | 63265 | | | |
| | | 63267 | 63268 | | | |
| | | 63270 | 63271 | | | |
| | | 63272 | 63286 | | | |
| | | 63300 | 63301 | | | |
| | | 63302 | 63303 | | | |
| | | 63304 | 63305 | | | |
| | | 63306 | 63307 | | | |
| | | 63308 | | | | |
| Stimulators | Bone Growth Stimulator | E0760 | | Dec. 7, 2015 | | |
| | | E0747 | E0748 | Jan. 1, 2015 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|---------------------|-------------------|----------------|------------------------------------|---|
| 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 | | | |
| Transplants | Unclassified* | C9399 | J3490 | April 1, 2024 | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), 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. |
| | | J3590 | | | |
| | CAR T-Cell Therapy | Q2056 | | Feb. 1, 2023 | |
| | | J9999 | | July 1, 2022 | |
| | | Q2055 | | Feb. 1, 2022 | |
| | | Q2053 | | July 1, 2021 | |
| | | 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 | | | |
| 47141 | | 47142 | | | |
| 47143 | | 47144 | | | |
| 47145 | 47146 | | | | |
| 47147 | 48551 | | | | |
| 48552 | 48554 | | | | |
| 50300 | 50320 | | | | |
| 50323 | 50325 | | | | |
| 50340 | 50360 | | | | |
| 50365 | 50370 | | | | |
| S2060 | 50547 | | | | |
| S2152 | S2061 | | | | |
| 38232 | | Oncology DX Codes | Jan. 1, 2015 | | |

*Casgevy, Lantidra, Lyfgenia

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| 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 | | 37765 | 37766 | July 1, 2021 | |
| | | 36473 | | April 1, 2017 | |
| | | 36475 | 36478 | Jan. 1, 2015 | |
| | | 37700 | 37718 | | |
| | | 37722 | 37780 | | |
| Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 | 33928 | Jan. 1, 2018 | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 . |
| | | 33929 | | | |
| | | 33975 | 33976 | Jan. 1, 2015 | |
| | | 33979 | 33981 | | |
| | | 33982 | 33983 | | |
| | | Q0507 | Q0508 | | |
| | | Q0509 | | | |
| Wound Vac | | E2402 | | Jan. 1, 2015 | |

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