

Prior Authorization Requirements for Texas STAR

Effective July 1, 2020

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	
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		19316 19324 19328 19340 19350 19361 19366 19368 19370 19380	19318 19325 19330 19342 19357 19364 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.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other 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.
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5110		Oncology DX Codes	Jan. 1, 2019	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.
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33270			Oct. 1, 2016	Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. 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.
		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		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		J9177	J9198	July 1, 2020	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.</p> <p>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.</p> <p>Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.</p>
		J9246	J9358	March 1, 2020	
		Q5119			
		J0642		Feb. 1, 2020	
		J9309		Oct. 1, 2019	
		J9119	J9204	Aug. 1, 2019	
		J9210	J9269		
		J9313		Jan. 1, 2019	
		J9030	J9036	April 1, 2018	
		J9044	J9057		
		J9153	J9173		
		J9229	J9311	Jan. 1, 2017	
		J9312			
		J9022	J9023		
		J9203	J9285		
		J0640	J0641		
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
		J9150	J9151		
		J9155	J9160		
		J9165	J9171		
	J9175	J9176			
	J9178	J9179			
	J9181	J9185			
	J9190	J9200			
	J9201	J9202			
	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 (continued)		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	Q2049				
	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)		E0787			May 1, 2020	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	Prosthetics are not DME – see Orthotics and prosthetics.
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		E0766			April 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		E0466		Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628 E2630 K0005 K0013 K0848 K0850 K0852 K0854 K0856 K0858 K0860 K0862 K0864 K0869 K0871 K0878 K0880	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2300 E2327 E2351 E2510 E2599 E2627 E2629 E8001 K0008 K0108 K0849 K0851 K0853 K0855 K0857 K0859 K0861 K0863 K0868 K0870 K0877 K0879 K0884	Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (continued)		K0885 K0890 S1040	K0886 K0891 T1999			
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159	B4035 B4100 B4104 B4150 B4153 B4158 B4160		May 1, 2019	
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514 64722 A9274	55866 66180 E1831		Jan. 1, 2015	
Femoroacetabular Impingement Syndrome		29914 29916	29915		Oct. 1 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016	
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 81216	81215 81217		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. 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.
		81163 81165	81164 81166		Jan. 1, 2019	
		81162			Jan. 1, 2018	
	Genetic Testing	0111U 0130U 0132U 0134U 0136U 0138U	0129U 0131U 0133U 0135U 0137U		Nov. 1, 2019	
		81167 81237	81233		April 1, 2019	
		0040U 81106 81108 81110 81120 81161	81105 81107 81109 81111 81121 81170		Feb. 1, 2019	

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)		81200	81201			
		81202	81203			
		81205	81206			
		81207	81208			
		81209	81210			
		81218	81219			
		81220	81221			
		81222	81223			
		81224	81225			
		81226	81227			
		81235	81240			
		81241	81242			
		81243	81244			
		81245	81246			
		81250	81251			
		81252	81253			
		81254	81255			
		81256	81257			
		81260	81261			
		81262	81263			
		81264	81265			
		81266	81267			
		81268	81270			
		81272	81273			
		81275	81276			
		81287	81288			
		81290	81291			
		81292	81293			
		81294	81295			
		81296	81297			
		81298	81299			
		81300	81301			
		81302	81303			
		81304	81310			
		81313	81314			
		81315	81316			
		81317	81318			
		81319	81321			
		81322	81323			
		81324	81325			
		81326	81327			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Home Health Care		G0162			Jan. 1, 2018		
		G0299	G0300		March 1, 2016		
		99503	S9474		Jan. 1, 2015		
Injectable Medications	Adakveo®	J0791			July 1, 2020	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> .	
	Givlaari®	J0223					
	Reblozyl®	J0896					
	Ruxience®	Q5119					
	Vyondys 53®	J1429					
	Xembify®	J1558					
	Zolgensma®	J3399					
	Benlysta	J0490				April 1, 2020	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.
	Cimzia®	J0717					
	IV Iron Therapy	J1439	Q0138				
	Rituxan®	J9312					
	Rituxan Hycela®	J9311					
	Stelara IV®	J3358					
	**Therapeutic Radio-pharmaceuticals	A9590				March 1, 2020	
	Sodium Hyaluronate	J7331	J7332			Nov. 1, 2019	
	**Therapeutic Radio-pharmaceuticals	A9513					
	Evenity™	J3111				Oct. 1, 2019	
	Gamifant®	J9210					
	Onpattro™	J0222					
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329				
Ultomiris™	J1303						
***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110					
**Therapeutic Radio-pharmaceuticals	A9699				May 1, 2019		
Actemra®	J3262				Jan. 1, 2019	***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer Supportive Care section above. For non-oncology DX, submit online at UHCprovider.com > Link > Prior Authorization and Notification tile on your Link dashboard or call 877-842-3210 .	
Brineura™	J0567						
Crysvisa®	J0584						
Entyvio®	J3380						
Fasenra™	J0517						
Ilumya™	J3245						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	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
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIIG	J1575				May 1, 2016
	Acthar®	J0800				Jan. 1, 2015
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIIG	90284	J1459			
		J1556	J1557			
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
	J1599					
Makena®	J2675					
*Synagis®	90378					
Xolair®	J2357					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications – Unclassified	Cutaquig® Spravato™	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.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	
Orthognathic Surgery		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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		
		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L5250	L5270			
		L5280	L5301			
		L5312	L5321			
		L5331	L5341			
		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
		L5828	L5830			
		L5848	L5857			
		L5858	L5930			
		L5950	L5960			
		L5961	L5964			
		L5966	L5968			
		L5973	L5976			
		L5979	L5980			
		L5981	L5982			
		L5984	L5987			
		L5988	L5990			
		L6000	L6010			
		L6020	L6050			
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Orthotics and Prosthetics (continued)		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			
	Outpatient Therapy		92521	92522	Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		92523	92524			
		92610	97161			
		97162	97163			
		97165	97166			
		97167				
		70371	92626	July 1, 2017	Prior authorization should be submitted online through the Optum Physical Health portal at myoptumphysicalhealth.com .	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97535	97537			
		97542*	97750			
		97760	97761			
	S9152					
	97530		Nov. 7, 2016	All prior authorization requests will require: <ul style="list-style-type: none"> •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21) 		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (continued)		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	only). 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	
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	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 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.
		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	70450 70470 70481 70486 70488 70491 70496 70540		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		70542	70543		For more details, please visit UHCprovider.com/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
	75574	75635			
	76376	76377			
	76380	76497			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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		
		78610	78630		
		78635	78645		
	78650	78660			
	78699	78700			
	78701	78707			
	78708	78709			
	78740	78761			
	78799	78800			
	78801	78802			
	78803	78804			
	78811	78812			
	78813	78814			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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	G0297			
		S8037	S8042			
	S8085	S8092				
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				
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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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					
Integumentary System	10121	11440				
	11450	11624				
	11770	13121				
	15100	15120				
	15240	19020				
	19120	19125				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Site of Service (SOS) – Outpatient Hospital (continued)	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						
Tonsillectomy & Adenoidectomy	42820	42821					
	42825	42826					
	42830						
Upper Gastrointestinal Endoscopy	43235	43239					
	43249						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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 42145	41599		Jan. 1, 2015	
Spinal Surgery		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173 63182	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 63064 63077 63085 63090 63102 63172 63180 63185			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (continued)		63190	63191			
		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
		63308				
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
	L8688					
Transplants	CAR T-Cell Therapy	0537T	0538T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.
		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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Transplants (continued)		48552	48554			
		50300	50320			
		50323	50325			
		50340	50360			
		50365	50370			
		50380	50547			
		S2060	S2061			
		S2152				
		38232		Oncology DX Codes	Jan. 1, 2015	
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402			Jan. 1, 2015	

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