

# Prior Authorization Requirements for Texas STAR

Effective July 1, 2021

## General Information

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

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

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
<b>Bone Growth Stimulator</b>		20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.
<b>Cancer Supportive Care</b>	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	

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<b>Cancer Supportive Care (continued)</b>		J2505	J2820		Oct. 1, 2017	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
<b>Cardiology</b>		33270			Oct. 1, 2016 Jan. 1, 2015	
		33206 33208 33213 33221 33225 33228 33230 33240 33262 33264 93304 93307 93350 93452 93454 93456 93458 93460	33207 33212 33214 33224 33227 33229 33231 33249 33263 93303 93306 93308 93351 93453 93455 93457 93459 93461			
<b>Cardiovascular</b>		37220 37224 37226 37228	37221 37225 37227 37229		Sept. 1, 2020	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cardiovascular (continued)		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.
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. <b>*For dates of service on or after 8/1/2021 prior authorization will not be required for codes 95700, 95711, 95712, 95713, 95714, 95715, and 95716</b>
		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.  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.  Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		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	
		J9044	J9057		Jan. 1, 2019	
		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				
	J9165	J9160				

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Chemotherapy (continued)		J9175	J9171			
		J9178	J9176			
		J9181	J9179			
		J9190	J9185			
		J9201	J9200			
		J9205	J9206			
		J9207	J9208			
		J9209	J9211			
		J9212	J9213			
		J9214	J9215			
		J9216	J9228			
		J9218	J9245			
		J9230	J9260			
		J9250	J9262			
		J9261	J9264			
		J9263	J9267			
		J9266	J9271			
		J9268	J9293			
		J9280	J9299			
		J9295	J9302			
		J9301	J9305			
		J9303	J9307			
		J9306	J9315			
		J9308	J9328			
		J9320	J9340			
		J9330	J9352			
		J9351	J9355			
		J9354	J9360			
		J9357	J9371			
		J9370	J9395			
		J9390	J9600			
		J9400	Q2017			
		J9999	Q2050			
	Q2043					
	C9399	J3490			Jan. 1, 2015	
	J3590					
	J1950			Oncology DX	July 1, 2021	
	J9155	J9202			Jan. 1, 2015	
	J9217	J9225				
	J9226					
<b>Circumcision</b>		54150	54160		Jan. 1, 2015	
		54161	54162			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714	69715		Jan. 1, 2015	
		69718	69930			
		L8614	L8619			
		L8690	L8691			
		L8692				
<b>Cosmetic &amp; Reconstructive</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020	14021		July 1, 2021	
		14041	14061		Jan. 1, 2015	
		11960	11971			
		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					
<b>Continuous Glucose Monitor</b>		K0553	K0554		July 1, 2021	
<b>Dental Anesthesia</b>		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0639	E0640		Feb. 1, 2021	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0637	E0465		May 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Durable Medical Equipment (DME) (continued)		E0277	E0328		April 1, 2019	Prosthetics are not DME – see Orthotics and prosthetics.  Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.	
		E0329	E0470				
		E0471	E0652				
		E1130	E1825				
		E2310	E2311				
		E2512					
		E0766					April 1, 2017
		E0466					Jan. 1, 2016
		A9279	E0194				Jan. 1, 2015
		E0265	E0300				
		E0445	E0457				
		E0460	E0483				
		E0638	E0641				
		E0642	E0669				
		E0700	E0710				
		E0745	E0762				
		E0764	E0784				
		E1002	E1003				
		E1004	E1005				
		E1006	E1007				
		E1008	E1009				
		E1010	E1035				
		E1161	E1229				
		E1231	E1232				
		E1233	E1234				
		E1235	E1236				
		E1237	E1238				
		E1239	E1399				
		E2100	E2227				
		E2228	E2300				
		E2325	E2327				
		E2329	E2351				
		E2373	E2510				
		E2511	E2599				
	E2626	E2627					
	E2628	E2629					
	E2630	E8001					
	K0005	K0008					
	K0013	K0108					
	K0848	K0849					
	K0850	K0851					
	K0852	K0853					
	K0854	K0855					
	K0856	K0857					
	K0858	K0859					
	K0860	K0861					
	K0862	K0863					
	K0864	K0868					
	K0869	K0870					
	K0871	K0877					
	K0878	K0879					
	K0880	K0884					
	K0885	K0886					
	K0890	K0891					
	S1040	T1999					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159	B4035 B4100 B4104 B4150 B4153 B4158 B4160		May 1, 2019	
		B9002	B9998		Jan. 1, 2015	
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		33477			May 2, 2016	
		36514 64722 A9274	55866 66180 E1831		Jan. 1, 2015	
<b>Femoroacetabular Impingement Syndrome</b>		29914 29916	29915		Oct. 1 2015	
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016	
<b>Gender Dysphoria Treatment</b>		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these DX codes.
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	BRCA Genetic Testing	81212 81216	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.
		81163 81165	81164 81166		Jan. 1, 2019	
		81162			Jan. 1, 2018	
	Genetic Testing	87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U		Nov. 1, 2020	
		0111U 0136U	0129U 0137U		Nov. 1, 2019	
		81167 81237	81233		April 1, 2019	
		0040U 81106 81108 81110 81120	81105 81107 81109 81111 81121		Feb. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (continued)</b>		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			
		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	Krystexxa®	J2507			Aug. 1, 2021	<p>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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>**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 888-397-8129.</b></p> <p><b>***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.</b></p> <p><b>For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</b></p> <p><b>**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool</b></p>	
	Nplate®	J2796					
	Octreotide Acetate	J2354					
	Sandostatin® LAR	J2353					
	Signifor® LAR	J2502					
	Somatuline® Depot	J1930					
	Firmagon®****	J9155			July 1, 2021		
	IVIG	J1554					
	Lupron Depot®****	J1950					
	Lupron Depot, Eligard®****	J9217					
	Supprelin® LA****	J9226					
	Trelstar®	J3315					
	Triptodur®	J3316					
	Truxima®	Q5115					
	Vantas™****	J9225					
	Viltepsa™	J1427					
	Zoladex®****	J9202					
	Avsola®	Q5121					April 1, 2021
	Uplizna®	J1823					
	Spravato®	S0013			Feb. 1, 2021		
	Vyepti™	J3032			Jan. 1, 2021		
	Tepezza®	J3241			Dec. 1, 2020		
	Cinryze®	J0598			Oct. 1, 2020		
	Ruconest®	J0596					
	Adakveo®	J0791			July 1, 2020		
	Givlaari®	J0223					
Reblozyl®	J0896						
Ruxience®	Q5119						
Vyondys 53®	J1429						
Xembify®	J1558						
Zolgensma®	J3399						
Benlysta	J0490			April 1, 2020			
Cimzia®	J0717						
IV Iron Therapy*****	J1439	Q0138					
Rituxan®	J9312						
Rituxan Hycela®	J9311						
Stelara IV®	J3358						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	**Therapeutic Radio-pharmaceuticals	A9590			March 1, 2020	on your Provider Portal dashboard or call 877-842-3210 ***** Effective for dates of service on or after 8/1/2021 Prior authorization will no longer be required for codes J1439 and Q0138
	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	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
Exondys 51™	J1428			Jan. 1, 2018		
IVIIG	J1555					
Makena®	J1726	J1729				
Ocrevus™	J2350					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Injectable Medications (continued)	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® Lupaneta Pack™	C9399 J3590	J3490		Jan. 1, 2015*	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > 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	

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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	
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 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999		April 1, 2019	
		L1812 L1830 L1836	L1820 L1831 L1847		Jan. 1, 2018	
		L1834			March 1, 2019	
		L0112 L0456 L0464 L0482 L0486 L0629 L0632 L0636 L0638 L0700 L0810 L0830 L1000 L1200 L1310 L1680 L1700 L1720 L1755 L1844 L1846	L0170 L0462 L0480 L0484 L0624 L0631 L0634 L0637 L0640 L0710 L0820 L0859 L1005 L1300 L1499 L1685 L1710 L1730 L1840 L1845 L1860		Jan. 1, 2015	

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		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			
		L7008	L7009			
		L7040	L7045			
	L7170	L7180				
	L7181	L7185				
	L7186	L7190				
	L7191	L7405				
	L8040	L8042				
	L8043	L8044				
	L8045	L8046				
	L8047	L8499				
		L8610				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Outpatient Therapy</b>		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 <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a>  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.
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>		T1025 T2002	T1026		Oct. 1, 2018	
<b>Private Duty Nursing</b>		T1000 T1003	T1002		Jan. 1, 2015	
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Psychological Testing</b>		96116	96121		Oct. 1, 2019	
		96130	96131			
		96132	96133			
		96136	96137			
<b>Radiology</b>		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 UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.</p> <p>For more details, please visit <a href="http://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunity plan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>
		76390	78830		Jan. 1, 2020	
		78831	78832			
		0501T	0502T		Jan. 1, 2019	
		0503T	0504T			
		77046	77047			
		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				
	72193	72194				
	72195	72196				
	72197	72198				
	73200	73201				
	73202	73206				
	73218	73219				
	73220	73221				
	73222	73223				
	73225	73700				
	73701	73702				
	73706	73718				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		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			
		78454	78456			
		78457	78458			
		78466	78468			
	78469	78472				
	78473	78481				
	78483	78494				
	78496	78499				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		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					
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
<b>Site of Service (SOS) – Outpatient Hospital</b>	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting.  Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	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			
	Hemic and Lymphatic Systems	38500 38525	38510			
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Integumentary System	10121	11440			
		11450	11624			
		11770	13121			
		15100	15120			
		15240	19020			
		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22514			
		22902	22903			
		23071	23075			
		24071	27327			
		27337	27632			
		28035	28039			
		28041	28060			
		28080	28090			
28104		28110				
28118		28119				
28124		28285				
28289		28292				
28296		28297				
28298		28299				
29806		29807				
29819		29822				
29823	29824					
29825	29826					
29827	29828					
29835	29840					
29845	29846					
29848	29861					
29875	29876					
29877	29879					
29880	29881					
29882	29888					
29893						
Nervous System	64561	64640				
Ophthalmologic	65426	65730				
	65855	66170				
	66761	67028				
	67036	67040				
	67228	67311				
	67312					
Respiratory System	30802	30930				
	31525	31535				
	31536	31541				
	31624					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
<b>Spinal Surgery</b>		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63194	63195			
		63196	63198			
		63199	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
	63306	63307				
	63308					
<b>Stimulators</b>	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
<b>Transplants</b>	CAR T-Cell Therapy	Q2053			July 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		0537T	0538T		Jan. 1, 2019	
		0539T	0540T			
	Q2042					
		Q2041			April 1, 2018	
	Transplant Services	32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		47141	47142			
		47143	47144			
		47145	47146			
		47147	48551			
		48552	48554			
		50300	50320			
		50323	50325			
		50340	50360			
		50365	50370			
		50380	50547			
	S2060	S2061				
	S2152					
	38232			Oncology DX Codes	Jan. 1, 2015	
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
	Q0507	Q0508				
	Q0509					
<b>Wound Vac</b>		E2402			Jan. 1, 2015	

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