Prior authorization requirements for STAR+Plus

Effective February 1, 2026

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan STAR+PLUS health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page
- **Fax: 877-940-1972**. The fax form is available at **Prior Authorization Forms.**

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Bariatric Surgery		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 Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
Breast Reconstruction		11971		Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
Cancer Supportive Care	Colony-Stimulating Factors	J1434 Q5148	J2468		Jan. 1, 2026	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 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	J1449			Oct. 1, 2023	
	Erythropoiesis-Stimulating Factors	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
		Q5125		Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	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	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		0571T	0614T		Aug. 1, 2024	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					June 1, 2022	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, 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.
		33270	33207		Oct. 1, 2016	
		33206	33212			
		33208	33214			
		33213	33224			
		33221	33227			
		33225	33229			
		33228	33231			
		33230	33249			
		33240	33263			
		33262	93351			
		33264	93453			
		93350	93455			
		93452	93457			
		93454	93459			
		93456	93461			
		93458				
		93460				
Cardiovascular		93580			April 1, 2022	Prior authorization requirements applies to memebers 18yrs and older
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		J1299	J1323		Jan 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for 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
		J1326	J2277			
		J3055	J3263			
		J9024	J9026			
		J9028	J9038			
		J9054	J9076			
		J9161	J9174			
		J9275	J9276			
		J9289	J9329			
		J9341	J9342			
		J9382	Q2057			
		Q2058	Q5146			
		Q5147	Q5149			
		Q5150	Q5151			
		Q5152				
		J9073	J9074		July 1, 2024	
		J9075	J9248			
		J9249	J9376			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9361				regardless of cancer diagnosis. For prior authorization, please call **866-604-3267**.
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321		Jan. 1, 2024	
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350		Oct. 1, 2023	
		J9196 J9296 Q5129	J9294 J9297		July 1, 2023	
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394		May 1, 2023	
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	
		J9331	J9332		Oct. 1, 2022	
		J9071 J9359	J9273		July 1, 2022	
		J1952 J9272	J9061		Apr. 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349		May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		J9227	J9304		Nov.1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	J9025			
		J9027	J9032			
		J9033	J9034			
		J9035	J9039			
		J9040	J9041			
		J9042	J9043			
		J9045	J9047			
		J9050	J9055			
		J9060	J9065			
		J9100	J9120			
		J9130	J9145			
		J9150	J9160			
		J9175	J9171			
		J9178	J9176			
		J9181	J9179			
		J9190	J9185			
		J9201	J9200			
		J9205	J9206			
		J9207	J9208			
		J9209	J9211			
		J9214	J9213			
		J9216	J9215			
		J9218	J9228			
		J9230	J9245			
		J9261	J9260			
		J9263	J9262			
		J9266	J9264			
		J9268	J9267			
		J9280	J9271			
		J9295	J9293			
		J9301	J9299			
		J9303	J9302			
		J9306	J9305			
		J9308	J9307			
		J9320	J9328			
		J9330	J9340			
		J9351	J9352			
		J9354	J9355			
		J9357	J9360			
		J9370	J9395			
		J9390	J9600			
		J9400	Q2050			
		J9999				
		Q2043				
		C9399	J3590		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J3490 J1950		Oncology DX Codes	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 J9217 J9226	J9202 J9225		Jan. 1, 2015	
Circumcision		54150 54161	54160 54162		Jan. 1, 2015	Prior authorization is required for members older than age 1.
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		69729	69730		Mar. 1, 2023	
		L8619			Jan. 1, 2017	
		69714 L8614 L8691	69930 L8690 L8692		Jan. 1, 2015	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical		14020* 14041	14021* 14061 *		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
condition or improve or restore physiologic function		21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966			
Continuous Glucose Monitor		A4238 E2102	A4239 E2103		Feb. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
Durable Medical Equipment (DME) – Incontinence Supplies						Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call **866-295-2319**. To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at **800-349-0550**.
Durable Medical Equipment (DME)		E2298			May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see the *Orthotics and Prosthetics* section. Some home health care services may qualify but are not subject to the cost threshold – see the *Home Health Care* section.
		E0639	E0640		Feb. 1, 2021	
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460	E0194 E0300 E0457 E0483		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E0636	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			
		E2327	E2325			
		E2351	E2329			
		E2510	E2373			
		E2599	E2511			
		E2627	E2626			
		E2629	E2628			
		E8001	E2630			
		K0008	K0005			
		K0108	K0013			
		K0849	K0848			
		K0851	K0850			
		K0853	K0852			
		K0855	K0854			
		K0857	K0856			
		K0859	K0858			
		K0861	K0860			
		K0863	K0862			
		K0868	K0864			
		K0870	K0869			
		K0877	K0871			
		K0879	K0878			
		K0884	K0880			
		K0886	K0885			
		K0891	K0890			
		T1999	S1040			
Enteral Services		B4034	B4035		May 1, 2019	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4036	B4104			
		B4103	B4150			
		B4149	B4153			
		B4152	B4158			
		B4155	B4160			
		B4159				
		B4161				

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514 64722 A9274	66180 E1831		Jan. 1, 2015	
Femoroacetabular Impingement Syndrome (FAI)		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. Prior authorization is only required for these codes with these DX codes.
		56805	57335	Gender Dysphoria Treatment DX Codes		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450 81457 81459 81463 81471	81455 81458 81462 81464 81523		July 1, 2025	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
	Genetic Testing	81425 81427	81426 81443		Feb. 1, 2025	
	Genetic Testing	81520			Dec. 1, 2022	
		87505 87507	87506		Nov 1, 2020	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81229			Oct.1, 2021	
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb. 1, 2019	
		81162			May 2, 2016	
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503 S9474	G0153		Jan. 1, 2015	
Injectable Medications						Prior authorization through Optum SGP Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	Avtozma Conexxence Stoboclo Therapeutic Radiopharmaceuticals	Q5156 Q5158 Q5157 A9615			Jan. 1, 2026	
	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174			Oct. 1, 2025	
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesinek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100			July 1, 2025	
	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133			Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998			May 1, 2025	
	Ocrevus Zunovo Pavblu	J2351 Q5147			Apr. 1, 2025	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	PiaSky Soliris	J1307 J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802		Jan. 1, 2025	
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortrophin Gel® Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
				Jan. 1, 2023	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607			
	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551		Aug 1, 2022	
	Susvimo™ Nexviazyme® Saphnelo™	C9085 J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Nexviazyme® Aldurazym® Elaprase® Fabrazyme® Kanuma® Lumizyme® Mepsevii® Naglazyme® Revcovi® Vimizim®	J0256 J0257 J3490 C9085 J1931 J1743 J0180 J2840 J0221 J3397 J1458 J3590 J1322	 J3590 	April 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	Sept. 1, 2021	
	Krystexxa® Octreotide Acetate Sandostatin® LAR Signifor® LAR Somatuline® Depot	J2507 J2354 J2353 J2502 J1930		Aug 1, 2021	
	Firmagon® IVIG Lupron Depot® Lupron Depot, Eligard® Supprelin® LA Trelstar® Triptodur® Truxima® Viltepso™ Zoladex®	J9155 J1554 J1950 J9217 J9226 J3315 J3316 Q5115 J1427 J9202		July 1, 2021	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications (cont.)	Avsola® Uplizna®	Q5121 J1823		April 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze® Ruconest®	J0598 J0596		Oct. 1, 2020	
	Adakveo® Givlaari® Reblozyl ® Ruxience ® Vyondys 53 ® Xembify® Zolgensma ®	J0791 J0223 J0896 Q5119 J1429 J1558 J3399		July 1, 2020	
	Benlysta Cimzia® Rituxan® Rituxan Hycela® Stelara IV®	J0490 J0717 J9312 J9311 J3358		April 1, 2020	
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate Therapeutic Radio-Pharmaceuticals	J7331 J7332 A9513		Nov. 1, 2019	
	Evenity™ Gamifant® Onpattro™ Sodium Hyaluronate Ultomiris™ White blood cell colony-stimulating factors	J3111 J9210 J0222 J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J1303 J1442 J1447 Q5101 Q5110		Oct. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra® Brineura™ Crysvita® Entyvio® Fasenra™ Ilumya™ Inflectra® Luxturna™ Orencia® Radicava®	J3262 J0567 J0584 J3380 J0517 J3245 Q5103 J3398 J0129 J1301		Jan. 1, 2019	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	Remicade® Renflexis® Simponi Aria	J1745 Q5104 J1602				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™ IVIG Ocrevus™ Spinraza™	J1428 J1555 J2350 J2326			Jan. 1, 2018	
	Lemtrada®	J0202			Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182			April 1, 2017	
	IVIG	J1575			May 1, 2016	
	Acthar® Botulinum Toxin IVIG Synagis®* Xolair®	J0800 J0585 J0587 90284 J1556 J1559 J1566 J1569 J1599 90378 J2357	J0586 J0588 J1459 J1557 J1561 J1568 J1572		Jan. 1, 2015	
Injectable Medications – Unclassified	Kebilidi Starjemza Rivfloza	C9399 J3590 C9399 J3590	J3490 J3490		Jan. 1, 2026 July 1, 2024	Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* 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		23470 23473 24360 24362	23472 23474 24361 24363		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
replacement procedures		24370 27120 27125 27132 27137 27412 27447 27487 29867	24371 27130 27134 27138 27446 27486 29866 29868			
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)						Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
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 Treatment of maxillofacial/jaw functional impairment		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, 2019	
Orthotics and Prosthetics		L8000 L8002 L8015 L8030 L8032 L8039	L8001 L8010 L8020 L8031 L8035			**Prior authorization is required for <u>all STAR+PLUS members</u> for orthotic and prosthetics with a retail purchase or a**

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L8499			Jan. 1, 2015	**cumulative rental cost of more than $500.**
		L3763 L5999	L5683		April 1, 2019	**Prior authorization is required for all <u>WAIVER</u> plan members regardless of billed amount (this is not a benefit to non-waiver members).**
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707 L5910 L5940 L5972 L8420	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845 L5920 L5962 L5986 L8500		Jan. 1, 2019	
		L1812 L1830 L1836	L1820 L1831 L1847		Jan. 1, 2018	
		L1834			March 1, 2016	
		L0112 L0456 L0464 L0482 L0486 L0629 L0632 L0636 L0638 L0700 L0810 L0830 L1000 L1200 L1310 L1680 L1700 L1720 L1755 L1844 L1846 L1945 L1970	L0170 L0462 L0480 L0484 L0624 L0631 L0634 L0637 L0640 L0710 L0820 L0859 L1005 L1300 L1499 L1685 L1710 L1730 L1840 L1845 L1860 L1950 L2000		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
		L5828	L5830			
		L5848	L5857			
		L5858	L5930			
		L5950	L5960			
		L5961	L5964			
		L5966	L5968			
		L5973	L5976			
		L5979	L5980			
		L5981	L5982			
		L5984	L5987			
		L5988	L5990			
		L6000	L6010			
		L6020	L6050			
		L6055	L6100			
		L6110	L6120			
		L6130	L6200			
		L6205	L6250			
		L6300	L6310			
		L6320	L6350			
		L6360	L6370			
		L6380	L6382			
		L6384	L6400			
		L6450	L6500			
		L6550	L6570			
		L6580	L6582			
		L6584	L6586			
		L6588	L6590			
		L6621	L6623			
		L6624	L6646			
		L6648	L6686			
		L6687	L6689			
		L6690	L6692			
		L6693	L6694			
		L6695	L6696			
		L6697	L6704			
		L6707	L6708			
		L6709	L6711			
		L6712	L6713			
		L6714	L6715			
		L6880	L6881			
		L6882	L6883			
		L6884	L6885			
		L6895	L6900			
		L6905	L6910			
		L6915	L6920			
		L6925	L6930			
		L6935	L6940			
		L6945	L6950			
		L6955	L6960			
		L6965	L6970			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L6975	L7007			
		L7008	L7009			
		L7040	L7045			
		L7170	L7180			
		L7181	L7185			
		L7186	L7190			
		L7191	L7405			
		L8040	L8042			
		L8043	L8044			
		L8045	L8046			
		L8047	L8610			
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. 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
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97530	97533			
		97535	97542			
		97545	*			
		97750	97546			
		97761	97760			
		G0282	G0281			
		S9152	G0283			
		92507	92508		Jan. 1, 2015	
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97799			
		G0129	G0151			
		G0152	S8990			
	OR billed with these revenue codes:	419	420		Jan. 1, 2015	** Prior authorization required for nursing facilities only
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	440**			
		441**	977			
		978				
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	
Private Duty Nursing		T1000	T1002		Jan. 1, 2015	
		T1003				

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Prostate Procedures		37243 55874	53850		April 1, 2022	
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	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.
		71271 78430 78432 78459 78492	78429 78431 78433 78491		Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	
		76391			Mar. 1, 2020	
		76390	78830		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		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	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78451			
		78452	78453			
		78454	78468			
		78466	78472			
		78469	78481			
		78473	78494			
		78483	78499			
		78496	78609			
		78608	78812			
		78811	78814			
		78813	78816			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		78815 G0252 S8037	G0235 S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Jan. 1, 2015	
Sinuplasty		31298			July 1, 2018	
		31295 31297	31296		Aug. 3, 2015	
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552			
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910			
	ENT Procedures	21320 30520 69631	30140 69436			
	Eye and Ocular Adnexa	65710 66250	65820 66710			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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			
		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
		29819	29824			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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			
			57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41599		Jan. 1, 2015	
		42145				
Spinal Surgery		22510	22511		April 1, 2022	Prior authorization is required. In addition, site of service will be
		22512	22513			

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		22515				reviewed as part of the prior authorization
		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 Implantation of a device that	Bone-Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
sends electrical impulses	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Jan. 1, 2015	
Transplants		J3387 J3389			Feb. 1, 2026	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo, 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. *Lantidra **Amtagvi
		J3402			Oct. 1, 2025	
		J3391 Q2058			July 1, 2025	
		Q2057			Apr. 1, 2025	
		J3392 Q2054			Jan. 1, 2025	
		J3393 J3394			July 1, 2024	
	Unclassified**	C9399 J3590	J3490			
	Unclassified*	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053 Q2042			July 1, 2021 Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061			
		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		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475 37700 37722	36478 37718 37780		Jan. 1, 2015	
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 33929	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**.
		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508		Jan. 1, 2015	
Wound Vac		E2402			Jan. 1, 2015	