

Prior authorization requirements for STAR+Plus

Effective October 1, 2022

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

Submitting prior authorization requests

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

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972.** The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals 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		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Bone Growth Stimulator		20975	20979	Jan. 1, 2015	
	Electronic stimulation or ultrasound to heal fractures				
Breast Reconstruction (Non-Mastectomy)		11971		Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
		19316	19318	Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
Cancer Supportive Care	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not

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Cancer Supportive Care (cont.)	Bone-Modifying Agents	J0897		June 1, 2018	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	Q5120		July 1, 2020	
		Q5108 Q5111 J2820		Jan. 1, 2019 Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	
Q5110				Jan. 1, 2019	
J1442 Q5101 J1447				Oct. 1, 2017	
Cardiology		93319		June 1, 2022	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		33270 33207		Oct. 1, 2016	
		33206 33212			
		33208 33214			
		33213 33224			
		33221 33227			
		33225 33229			
		33228 33231			
		33230 33249			
		33240 33263			
		33262 93303			
		33264 93306			
		93304 93308			
		93307 93351			
		93350 93453			
		93452 93455			
		93454 93457			
	93456 93459				
	93458 93461				
	93460				
Cardiovascular		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older
		37220 37221		Sept. 1, 2020	
		37224 37225			
		37226 37227			
		37228 37229			
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718		Jan. 1, 2020	
		95724 95722			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9071 J9359	J9273		July 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	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.
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037 J9317	J9349		May 1, 2021	
		J9144 J9316	J9118 J9223		Jan. 1, 2021	
		J9227 Q5107	J9304		Nov. 1, 2020	
		J9177 J9246	J9198 J9358		Oct. 1, 2020	
		Q5119			July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210	J9204 J9269		Oct. 1, 2019	
		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			
		J9175	J9171			
		J9178	J9176			
		J9181	J9179			
	J9190	J9185				
	J9201	J9200				
	J9205	J9206				
	J9207	J9208				
	J9209	J9211				
	J9212	J9213				
	J9214	J9215				
	J9216	J9228				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (cont.)		J9218	J9245		
		J9230	J9260		
		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9328		
		J9308	J9340		
		J9320	J9352		
		J9330	J9355		
		J9351	J9360		
		J9354	J9371		
		J9357	J9395		
		J9370	J9600		
		J9390	Q2017		
		J9400	Q2050		
		J9999			
		Q2043			
	C9399	J3590		Jan. 1, 2015	
	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	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
Circumcision		54150	54160	Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162		
Cochlear Implants and Other Auditory Implants		L8619		Jan. 1, 2017	
		69714	69930	Jan. 1, 2015	
		L8614	L8690		
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8691	L8692		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cosmetic & Reconstructive Procedures		14020	14021	July 1, 2021	
		14041	14061		
		11960	15821	Jan. 1, 2015	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		21184	21256		
		21235	21280		
		21275	21295		
		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
		67903	67908		
		67906	67911		
	67909	67914			
	67912	67916			
	67915	67921			
	67917	67923			
	67922	67950			
	67924	67966			
	67961				
	Q2026				
Continuous Glucose Monitor		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0554		July 1, 2021	
Durable Medical Equipment (DME) – Incontinence Supplies					<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>To obtain incontinence supplies from Longhorn Health Solutions, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550.</p>
Durable Medical Equipment (DME)		E0639	E0640	Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p> <p>Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.</p>
		A9900	E0465	May 1, 2019	
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0481		Oct. 1, 2017	
	E0766		April 1, 2017		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		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		
		E2300	E2325		
		E2327	E2329		
		E2351	E2373		
		E2510	E2511		
		E2599	E2626		
		E2627	E2628		
		E2629	E2630		
		E8001	K0005		
		K0008	K0013		
		K0108	K0848		
		K0849	K0850		
		K0851	K0852		
		K0853	K0854		
		K0855	K0856		
		K0857	K0858		
		K0859	K0860		
		K0861	K0862		
		K0863	K0864		
	K0868	K0869			
	K0870	K0871			
	K0877	K0878			
	K0879	K0880			
	K0884	K0885			
	K0886	K0890			
	K0891	S1040			
	T1999				
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
	B9002	B9998	Jan. 1, 2015		

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Experimental & Investigational (and/or Linked Services)		S8262		Sept. 1, 2016		
		33477		May 2, 2016		
		36514	66180	Jan. 1, 2015		
		64722	E1831			
Femoroacetabular Impingement Syndrome (FAI) Functional Endoscopic Sinus Surgery (FESS)		A9274				
		29914	29915	Oct. 1, 2015		
		29916				
		31253	31257	July 1, 2018		
Gender Dysphoria Treatment		31259				
		31240	31254	May 2, 2016		
		31255	31256			
		31267	31276			
		31287	31288			
	55970	55980	July 1, 2018		Prior authorization is required for these codes with any DX.	
	56805	57335			Prior authorization is only required for these codes with these DX codes.	
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic testing	81238	81247	June 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	
		81248	81249			
		81258	81259			
		81269	81278			
		81334	81351			
		81352	81353			
	BRCA Genetic Testing	81361	81364			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.
		81212		Feb. 1, 2019		
		81216				
		81163	81164	Jan. 1, 2019		
	Genetic Testing	81165	81166			
		81162		May 2, 2016		
		81229		Oct. 1, 2021		
		87481	87482	Nov. 1, 2020		
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87800	87799			
		0068U	87801			
		0097U				
		0111U	0129U	Nov. 1, 2019		
		0136U	0137U			
	81167	81233	April 1, 2019			
	81237					
	0040U	81105	Feb. 1, 2019			
	81106	81107				
	81108	81109				
	81110	81111				
	81120	81121				
	81161	81170				
	81200	81201				
	81205	81203				
	81209	81208				
	81218	81223				
	81220	81225				
	81222	81227				
	81224	81240				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)		81226	81242		
		81241	81244		
		81243	81246		
		81245	81251		
		81250	81253		
		81252	81255		
		81254	81257		
		81256	81261		
		81260	81263		
		81262	81265		
		81264	81267		
		81266	81273		
		81268	81276		
		81272	81288		
		81287	81291		
		81290	81295		
		81292	81297		
		81294	81303		
		81298	81310		
		81300	81314		
		81302	81316		
		81304	81318		
		81313	81321		
		81315	81323		
		81317	81325		
		81319	81327		
		81322	81331		
		81324	81340		
		81326	81342		
		81330	81355		
		81332	81371		
		81341	81373		
		81350	81375		
		81370	81377		
		81372	81379		
	81376	81381			
	81378	81383			
	81380	81401			
	81382	81403			
	81400	81405			
	81402	81407			
	81404	81410			
	81406	81420			
	81408	81519			
	81411				
	81507				
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	G0153	Jan. 1, 2015	
		S9474			
Injectable Medications	Releuko®	Q5125		Oct. 1, 2022	Prior authorization through Optum SGP 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</i>
	Scenesse®	J7352			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
Nexvazyme®	J0219				
Saphnelo™	J0491				

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Injectable Medications (cont.)	Aralast NP®	J0256		April 1, 2022	<p><i>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.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	
	Prolastin-C®					
	Zemaira®					
	Glassia®	J0257				
	Nexvazyme®	J3490	J3590			
		C9085				
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
	Adulhelm®	J0172				Feb. 1, 2022
	Saphnelo™	C9086				
	Fensolvi®	J1951				Oct. 1, 2021
	Amondys 45	C9075	J3490			Sept. 1, 2021
	Krystexxa®	J2507				Aug 1, 2021
	Nplate®	J2796				
	Octreotide	J2354				
	Acetate					
	Sandostatin®	J2353				
	LAR					
	Signifor® LAR	J2502				
	Somatuline®	J1930				
	Depot					
	Firmagon®	J9155				July 1, 2021
	IVIG	J1554				
	Lupron Depot®	J1950				
	Lupron Depot,	J9217				
	Eligard®					
Supprelin® LA	J9226					
Trelstar®	J3315					
Triptodur®	J3316					
Truxima®	Q5115					
Vantas™	J9225					
Viltepso™	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					
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 (cont.)	Therapeutic Radio-Pharmaceuticals**	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals**	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	Therapeutic Radio-Pharmaceuticals**	A9699			May 1, 2019
	Actemra®	J3262			Jan. 1, 2019
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606			Nov. 1, 2018
	Sublocade™	Q9991	Q9992		July 1, 2018
	Ilaris®	J0638			April 1, 2018
	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				

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Injectable Medications (cont.)	Makena®	J2675			
	Synagis®*	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified	Fynetra®	C9399	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.
	Lupaneta Pack™	J3590			
				* Reflects the effective date for the unlisted codes not the specific drug names listed	
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
	29867				
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	A0431	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
	21188	21193			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthognathic Surgery (cont.)		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
Orthotics and Prosthetics		L8000	L8001	Jan. 1, 2019	Prior authorization is required for <u>all STAR+PLUS</u> members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
		L8039			
	L8499		Jan. 1, 2015		
	L3763	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).	
	L5999				
	L1810	L1832	Jan. 1, 2019		
	L1843	L1932			
	L1951	L1960			
	L2280	L2999			
	L3000	L3010			
	L3020	L3216			
	L3221	L3960			
	L4631	L5000			
	L5611	L5620			
	L5624	L5629			
	L5631	L5637			
	L5645	L5647			
	L5649	L5650			
	L5671	L5673			
	L5679	L5685			
	L5700	L5701			
	L5704	L5705			
	L5707	L5845			
	L5910	L5920			
	L5940	L5962			
	L5972	L5986			
	L8420	L8500			
	L1812	L1820	Jan. 1, 2018		
	L1830	L1831			
	L1836	L1847			
	L1834		March 1, 2016		
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1840		
		L1844	L1845		
		L1846	L1860		
		L1945	L1950		
		L1970	L2000		
		L2005	L2010		
		L2020	L2030		
		L2034	L2036		
		L2037	L2038		
		L2060	L2106		
		L2108	L2126		
		L2136	L2350		
		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
		L3901	L3904		
		L3905	L3961		
		L3971	L3975		
		L3976	L3977		
		L3999	L4000		
		L4010	L4020		
		L5010	L5020		
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		
		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5400	L5420		
		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
	L5718	L5722			
	L5724	L5726			
	L5728	L5780			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L5790	L5795		
		L5811	L5812		
		L5814	L5816		
		L5818	L5822		
		L5824	L5826		
		L5828	L5830		
		L5848	L5857		
		L5858	L5930		
		L5950	L5960		
		L5961	L5964		
		L5966	L5968		
		L5973	L5976		
		L5979	L5980		
		L5981	L5982		
		L5984	L5987		
		L5988	L5990		
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6380	L6382		
		L6384	L6400		
		L6450	L6500		
		L6550	L6570		
		L6580	L6582		
		L6584	L6586		
		L6588	L6590		
		L6621	L6623		
		L6624	L6646		
		L6648	L6686		
		L6687	L6689		
		L6690	L6692		
		L6693	L6694		
		L6695	L6696		
		L6697	L6704		
		L6707	L6708		
		L6709	L6711		
		L6712	L6713		
		L6714	L6715		
		L6880	L6881		
		L6882	L6883		
		L6884	L6885		
		L6895	L6900		
		L6905	L6910		
		L6915	L6920		
	L6925	L6930			
	L6935	L6940			
	L6945	L6950			
	L6955	L6960			
	L6965	L6970			
	L6975	L7007			
	L7008	L7009			
	L7040	L7045			
	L7170	L7180			
	L7181	L7185			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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 ST/OT and PT services (Re-evaluations and Therapy visits)
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168*		
		97530	97533		
		97535	97542*		
		97545	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		92507	92508		
		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				
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520	77522	Jan. 1, 2015	
		77523	77525		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		Mar. 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	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.
		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			
	73719	73720			
	73721	73722			
	73723	73725			
	74150	74160			
	74170	74174			
	74175	74176			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
		G0252	S8042		
		S8037	S8092		
	S8085				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298			July 1, 2018
		31295	31296		Aug. 3, 2015
		31297			
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		46946			
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
	Liver Biopsy	47000			
	Male Genital System	54840			
	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
28041		28090			
28080		28110			
28104		28119			
28118		28285			
28124		28292			
28289		28297			
28296		28299			
28298		29807			
29806	29822				
29819	29824				
29823	29826				
29825	29828				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Site of Service (SOS) – Outpatient Hospital (cont.)		29827	29840			
		29835	29846			
		29845	29861			
		29848	29876			
		29875	29879			
		29877	29881			
		29880	29888			
		29882				
		29893				
		Nervous System	64561	64640		
		Ophthalmologic	65426	65730		
			65855	66170		
			66761	67028		
			67036	67040		
			67228	67311		
			67312			
		Respiratory System	30802	30930		
			31525	31535		
			31536	31541		
			31624			
		Tonsillectomy & Adenoidectomy	42820	42821		
			42825	42826		
			42830			
		Upper Gastrointestinal Endoscopy	43235	43239		
			43249			
		Urinary System	52276	52287		
			52320	52344		
	Urologic Procedures	50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
		52352	52353			
		52356	55040			
	55700	57288				
Sleep Apnea Procedures & Surgeries		21685	41599	Jan. 1, 2015		
		42145				
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization	
		22512	22513			
		22515				
		22514		July 1, 2020		
		22100	22101	Jan 1, 2015		
		22102	22110			
		22112	22114			
		22206	22207			
		22210	22212			
		22214	22220			
		22224	22532			
		22533	22548			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Spinal Surgery (cont.)		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	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63250	63200			
		63252	63251			
		63267	63265			
	63270	63268				
	63272	63271				
	63300	63286				
	63302	63301				
	63304	63303				
	63306	63305				
	63308	63307				
Stimulators	Bone-Growth Stimulator	E0760		Dec. 7, 2015		
Implantation of a device that sends electrical impulses	Neurostimulator	E0747	E0748	Jan. 1, 2015		
		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	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™	
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Transplants (cont.)		0537T	0538T	Jan. 1, 2019	(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.	
		0539T	0540T			
		Q2042				
		Q2041				April 1, 2018
	Transplant Services	32850	32851			Jan. 1, 2015
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
		47147	48551			
		48552	48554			
		50300	50320			
	50323	50325				
	50340	50360				
	50365	50370				
	S2060	50547				
	S2152	S2061				
	38232		Oncology DX codes	Jan. 1, 2015		
Vein Procedures		37765	37766	July 1, 2021		
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)		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 .	
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929				
		33975	33976	Jan. 1, 2015		
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402		Jan. 1, 2015		