

# Prior authorization requirements for STAR+Plus

Effective April 1, 2023

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](https://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](https://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
<b>Bariatric Surgery</b>		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
<b>Behavioral Health Services</b>					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20975	20979	Jan. 1, 2015	
		11971		Oct. 1, 2022	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	Breast Reconstruction on DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19325	19328			
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
	19380	19396			Prior authorization is required for all other DX codes.	
<b>Cancer Supportive Care</b>		Q5125		Oncology DX Codes	Jan. 1, 2023	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	J1448	J2506		Jan. 1, 2022	
		J0897			June 1, 2018	
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
	Colony-Stimulating Factors	J2820			Oct. 1, 2017	
		Q5122		Oncology DX Codes	Feb. 1, 2021	
		Q5110			Jan. 1, 2019	
	J1442	Q5101		Oct. 1, 2017		
	J1447				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	
<b>Cardiology</b>		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					
<b>Cardiovascular</b>		37230	37231		Jan. 1, 2023	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older	
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
		37228	37229			
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95726		March 1, 2020	Prior authorization is required for inpatient services.	
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95724	95722			
<b>Chemotherapy</b>		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9331	J9332		Oct. 1, 2022	
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	
		J9319				
		J9348	J9353		Oct. 1, 2021	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		Q5123				
		J9037	J9349		May 1, 2021	
		J9317	J9118		Jan. 1, 2021	
		J9144	J9223			
		J9316	J9281			
		J9227	J9304		Nov. 1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177	J9198		July 1, 2020	
		J9246	J9358			
		Q5119				
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119	J9204		Oct. 1, 2019	
		J9210	J9269			
		J9313				
		J9030	J9036		Aug. 1, 2019	
		J9153	J9057		Jan. 1, 2019	
		J9229	J9173			
		J9312	J9311			
		J9022	J9023		April 1, 2018	
	J9203	J9285				
	J0640	J0641		Jan. 1, 2017		
	J9000	J9015				
	J9017	J9019				
	J9020	J9025				
	J9027	J9032				
	J9033	J9034				
	J9035	J9039				
	J9040	J9041				
	J9042	J9043				
	J9045	J9047				
	J9050	J9055				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (cont.)</b>		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		
		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	
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
<b>Circumcision</b>		54150	54160	Jan. 1, 2015	
		54161	54162		
<b>Cochlear Implants and</b>		69729	69730	Mar. 1, 2023	

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

Prior authorization is required for members older than age 1.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Other Auditory Implants</b>		L8619		Jan. 1, 2017	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8691	69930 L8690 L8692	Jan. 1, 2015	
<b>Cosmetic &amp; Reconstructive Procedures</b>		14020 14041	14021 14061	July 1, 2021	
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230	Jan. 1, 2015	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
<b>Continuous Glucose Monitor</b>		A4238 E2102	A4239 E2103	Feb. 1, 2023	
		A9276 A9278	A9277	Oct. 1, 2021	
<b>Durable Medical Equipment (DME) – Incontinence Supplies</b>					Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions. To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b> .

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
					To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b> .
<b>Durable Medical Equipment (DME)</b>		E0639	E0640	Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0481		Oct. 1, 2017	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		A9279	E0194	Jan. 1, 2015	
		E0265 E0445 E0460 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2300 E2327 E2351 E2510 E2599 E2627 E2629	E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628 E2630		
		E8001 K0008 K0108 K0849 K0851 K0853 K0855 K0857 K0859 K0861 K0863 K0868 K0870	K0005 K0013 K0848 K0850 K0852 K0854 K0856 K0858 K0860 K0862 K0864 K0869 K0871		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		K0877	K0878		
		K0879	K0880		
		K0884	K0885		
		K0886	K0890		
		K0891	S1040		
		T1999			
<b>Enteral Services</b> 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		
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		S8262		Sept. 1, 2016	
		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	Oct. 1, 2015	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
	31287	31288			
<b>Gender Dysphoria Treatment</b>		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.
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
		81520			
	Genetic testing	81238	81247	June 1, 2022	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.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81212		Feb. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test
		81216			
		81163	81164		
	81165	81166	Jan. 1, 2019		
	81162		May 2, 2016		
Genetic Testing	81229		Oct. 1, 2021		
	87481	87482	Nov. 1, 2020		
	87505	87506			

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 (cont.)</b>		87507	87510		and the laboratory will notify UnitedHealthcare.	
		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		
			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			



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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	Amvuttra®	J0225		Apr. 1, 2023	<p>Prior authorization through Optum SGP</p> <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 <a href="http://UHCprovider.com">UHCprovider.com</a> &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>** Do Not Start Case – Direct Provider using the information below:</b></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 <a href="http://UHCProvider.com">UHCProvider.com</a> and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call <b>Optum SGP (Specialty Guidance Program): 1-888-397-8129</b></p>
	Fynetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
				Jan. 1, 2023	
	Prolia®	J0897			
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
	Nexvazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	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 Acetate	J2354				

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Injectable Medications (cont.)</b>	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
	IVIg	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	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				
<b>Injectable Medications – Unclassified</b>		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 <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
		J3590			
<b>Joint Replacement</b>		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Joint, total hip and knee replacement procedures		24362	24363			
		24370	24371			
		27120	27130			
		27125	27134			
		27132	27138			
		27137	27446			
		27412	27486			
		27447	29866			
		27487	29868			
		29867				
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>					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.	
<b>Non-Emergent Air Ambulance Transport</b>		A0430	A0431	Jan. 1, 2015		
		A0435	A0436			
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382	A0398	April 1, 2016		
		A0420	A0422			
		A0424	A0425			
		A0426	A0428			
		A0433	A0434			
<b>Orthognathic Surgery</b> 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			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
	21255	21296				
	21299					
<b>Orthotics and Prosthetics</b>		L8000	L8001	Jan. 1, 2019	Prior authorization is required for all STAR+PLUS 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		Jan. 1, 2015		
		L8499				
		L3763	L5683			April 1, 2019
		L5999				Jan. 1, 2019
		L1810	L1832			
	L1843	L1932				
	L1951	L1960				
	L2280	L2999				

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (cont.)</b>		L3905	L3961		
		L3971	L3975		
		L3976	L3977		
		L3999	L4000		
		L4010	L4020		
		L5010	L5020		
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		
		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5400	L5420		
		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
		L5718	L5722		
		L5724	L5726		
		L5728	L5780		
		L5790	L5795		
		L5811	L5812		
		L5814	L5816		
		L5818	L5822		
		L5824	L5826		
		L5828	L5830		
		L5848	L5857		
		L5858	L5930		
		L5950	L5960		
		L5961	L5964		
		L5966	L5968		
	L5973	L5976			
	L5979	L5980			
	L5981	L5982			
	L5984	L5987			
	L5988	L5990			
	L6000	L6010			
	L6020	L6050			
	L6055	L6100			
	L6110	L6120			
	L6130	L6200			
	L6205	L6250			
	L6300	L6310			
	L6320	L6350			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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	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	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		S9152			
		92507	92508		
	92526	97012			
	97014	97016			
	97018	97022			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Outpatient Therapy (cont.)</b>		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97799			
		G0129	G0151			
		G0152	S8990			
		<b>OR billed with these revenue codes:</b>	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				
<b>Potentially Unproven Services</b>		33289	C2624	Apr. 1, 2023		
<b>Private Duty Nursing</b>		T1000	T1002	Jan. 1, 2015		
		T1003				
<b>Prostate Procedures</b>		37243	53850	April 1, 2022		
		55874				
		55866		Jan. 1, 2015		
<b>Proton Beam Therapy</b>		77520	77522	Jan. 1, 2015		
		77523	77525			
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Psychological Testing</b>		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			
<b>Radiology</b>		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.	
		0503T	0504T			
		77046	77047			
		77048	77049			
		70336	70450	Jan. 1, 2015		
		70460	70470			
		70480	70481			
	70482	70486				
	70487	70488				
	70490	70491				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		70492	70496		For more details, please visit <a href="https://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunity Plan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		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>		30400	30410	Jan. 1, 2015	
		30420	30430		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Treatment of nasal functional impairment and septal deviation		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	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		
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (cont.)</b>	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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
	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>		22510 22512 22515 22514	22511 22513	April 1, 2022  July 1, 2020 Jan 1, 2015	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		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	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Spinal Surgery (cont.)</b>		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			
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	E0760		Dec. 7, 2015	
		E0747	E0748	Jan. 1, 2015	
	Neurostimulator	43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
	L8688				
<b>Transplants</b>	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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.
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
		0539T	0540T		
	Q2042				
		Q2041		April 1, 2018	
	Transplant Services	32850	32851	Jan. 1, 2015	
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
38242		44132			
44133		44135			
44136	44137				
44715	44720				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		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
<b>Vein Procedures</b>		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		
<b>Ventricular Assist Device (VAD)</b>		33927	33928		Jan. 1, 2018
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			
<b>Wound Vac</b>		E2402			Jan. 1, 2015