

# Prior Authorization Requirements for Texas STAR

Effective June 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR 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: 877-842-3210**
- **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 requests must be made by an In-Network provider for all procedures and services, excluding emergent or urgent care**

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644	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>		20975	20979	Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following 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	Breast Reconstruction DX Codes Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		

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<b>Cancer Supportive Care</b>	Colony-Stimulating Factors	J1449		Oct. 1, 2023	<p>Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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</p>	
	Erythropoiesis-Stimulating Agents	J0885				
	Antiemetic Drugs	J1456		July 1, 2023		
	Colony-Stimulating Factors	Q5125		Oncology DX Codes		Jan. 1, 2023
		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
		Q5110		Jan. 1, 2019		
		J1442	Q5101	Oct. 1, 2017		
		J1447				
<b>Cardiology</b>		37230	37231	Jan. 1, 2023	<p>Prior authorization is required for participating physicians for outpatient and office-based</p>	
		93319		June 1, 2022		
		33270		Oct. 1, 2016		

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<b>Cardiology (cont.)</b>		33206	33207	Jan. 1, 2015	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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.		
		33208	33212				
		33213	33214				
		33221	33224				
		33225	33227				
		33228	33229				
		33230	33231				
		33240	33249				
		33262	33263				
		33264	93351				
		93350	93453				
		93452	93455				
		93454	93457				
		93456	93459				
	93458	93461					
	93460						
<b>Cardiovascular</b>		93580		April 1, 2022	Prior authorization required for members age 18 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. Prior authorization is not required for outpatient hospital or ambulatory surgical center.		
		95720	95718	Jan. 1, 2020			
		95724	95722				
<b>Chemotherapy</b>		J9051	J9064	Jan. 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.		
		J9345	J9052				
		J9072	J9172				
		J9255	J9258				
		J9286	J9321				
		J9324					
		J9029	J9056			Oct. 1, 2023	
		J9058	J9059				
		J9063	J9259				
		J9322	J9323				
		J9347	J9350				
		J9380					
		J9274	J9298			Oncology DX Codes	Jan. 1, 2023
		J9331	J9332				Oct. 1, 2022
	J9071	J9273		July 1, 2022			
	J9359						

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Chemotherapy (cont.)		J9247	J9318		Jan. 1, 2022
		J9319			
		J9348	J9353		Oct. 1, 2021
		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		
		J9060	J9065		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
	J9175	J9160			
	J9178	J9171			
	J9181	J9176			
	J9190	J9179			
	J9201	J9185			
	J9205	J9200			
	J9207	J9206			
	J9209	J9208			
	J9212	J9211			
	J9214	J9213			

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<b>Chemotherapy (cont.)</b>		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	J9371		
		J9390	J9395		
	J9400	J9600			
	J9999	Q2017			
	Q2043	Q2050			
	C9399	J3490		Jan. 1, 2015	
	J3590				
	J1950		Oncology DX	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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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				
<b>Circumcision</b>		54150	54160		Jan. 1, 2015
		54161	54162		
		69729	69730		Mar. 1, 2023

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
<b>Cochlear Implants and Other Auditory Implants</b>		69714	69930	Jan. 1, 2015			
		L8614	L8619				
		L8690	L8691				
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8692					
<b>Cosmetic &amp; Reconstructive</b>	Cosmetic	14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses		
		14041	14061*				
	procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960	15821	Jan. 1, 2015		
			15820	15823			
			15822	15847			
			15830	17107			
			17106	17999			
			17108	21138			
			21137	21172			
			21139	21179			
			21175	21181			
			21180	21183			
			21182	21230			
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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						
<b>Continuous Glucose Monitor</b>		E2102	E2103	Feb. 1, 2023			
		A4238	A4239				
		A9276	A9277	Oct. 1, 2021			
		A9278					
<b>Dental Anesthesia</b>		00170	41899	July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.		
<b>Durable Medical Equipment (DME)</b>		E0639	E0640	Feb. 1, 2021	Prior authorization is required only for the codes listed with a		

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Durable Medical Equipment (DME) (cont.)		A9900	E0465	May 1, 2019	retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.
		E0637			
		E0277	E0328	April 1, 2019	Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0638	E0483		
		E0642	E0641		
		E0700	E0669		
		E0745	E0710		
		E0764	E0762		
		E1002	E0784		
		E1004	E1003		
		E1006	E1005		
		E1008	E1007		
		E1010	E1009		
		E1161	E1035		
		E1231	E1229		
		E1233	E1232		
		E1235	E1234		
		E1237	E1236		
		E1239	E1238		
		E2100	E1399		
		E2228	E2227		
		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			

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<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>		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	E1831			
		A9274				
<b>Femoroacetabular Impingement Syndrome</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	Gender Dysphoria Treatment DX Codes		
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81520			Dec. 1, 2022	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.
	Genetic Testing					
	BRCA Genetic Testing					
		81163	81164		Jan. 1, 2019	
		81162			Jan. 1, 2018	
Genetic Testing	81229				Oct. 1, 2021	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting



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Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)		87505 87507	87506	Nov. 1, 2020	the test and the laboratory will notify UnitedHealthcare
		0111U	0129U	Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519	Feb. 1, 2019	
	Home Health Care	G0162		Jan. 1, 2018	
		G0299 99503	G0300 S9474	March 1, 2016 Jan. 1, 2015	
	Injectable Medications	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	Prior authorization through Optum SGP
Briumvi® Panzylga® Syfovre®		J2329 J1576 J2781		Nov. 1, 2023	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> .
Cimerli™ Rolvedon™ Spevigo® Tziel™ Xenpozyme™		Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
Eylea® Beovu® Vabysmo® Lucentis®		J0178 J0179 J2777 J2778	VEGF	May 1, 2023	Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is

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Injectable Medications (cont.)	Susvimo™	J2779			available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.  *Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> .
	Byooviz™	Q5124			
	Amvuttra®	J0225		April 1, 2023	
	Fynetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Prolia®	J0897		Jan. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
Elaprase®	J1743				
Fabrazyme®	J0180				
Kanuma®	J2840				
Lumizyme®	J0221				
Mepsevii®	J3397				
Naglazyme®	J1458				
Revcovi®	J3590				
Vimizim®	J1322				
Aduhelm®	J0172		Feb. 1, 2022		
Saphnelo™	C9086				
Fensolvi®	J1951		Oct. 1, 2021		
Amondys 45	C9075		Sept. 1, 2021		
Krystexxa®	J2507		Aug. 1, 2021		
Nplate®	J2796				
Octreotide Acetate	J2354				
Sandostatin® LAR	J2353				
Signifor® LAR	J2502				
Somatuline® Depot	J1930				

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<b>Injectable Medications (cont.)</b>	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltespo™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121			April 1, 2021
	Uplizna®	J1823			
	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				

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	White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110		
	Therapeutic Radio-pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Parsabiv™	J0606		Nov. 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			
	IVIg	J1575		May 1, 2016	
				Jan. 1, 2015	
	Botulinum Toxin	J0585 J0587	J0586 J0588		
	IVIg	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572		
	Makena®	J2675			
	*Synagis®	90378			

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	Xolair®	J2357			
<b>Injectable Medications –Unclassified</b>	Adzyna®	C9167 J3590	J3490	April 1, 2024	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Cosentyx IV®	C9166 J3590	J3490		
	Omvo®	C9168 J3590	J3490		
	Qalsody®	C9157		Oct. 1, 2023	
<b>Joint Replacement</b>		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868	Jan. 1, 2015	
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436	Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	April 1, 2016	

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Orthognathic Surgery		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				
Orthotics and Prosthetics		L1832		May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L1834		March 1, 2019	
		L0112	L0170	Jan. 1, 2015	
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1840		
		L1844	L1845		
		L1846	L1860		
		L1945	L1950		
		L1970	L2000		
	L2005	L2010			
	L2020	L2030			
	L2034	L2036			
	L2037	L2038			
	L2060	L2106			
	L2108	L2126			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L2136	L2350		
		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
		L3901	L3904		
		L3905	L3961		
		L3971	L3975		
		L3976	L3977		
		L3999	L4000		
		L4010	L4020		
		L5010	L5020		
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		
		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5400	L5420		
		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
	L5718	L5722			
	L5724	L5726			
	L5728	L5780			
	L5790	L5795			
	L5811	L5812			
	L5814	L5816			
	L5818	L5822			
	L5824	L5826			
	L5828	L5830			
	L5848	L5857			
	L5858	L5930			
	L5950	L5960			
	L5961	L5964			
	L5966	L5968			
	L5973	L5976			
	L5979	L5980			
	L5981	L5982			
	L5984	L5987			
	L5988	L5990			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6380	L6382		
		L6384	L6400		
		L6450	L6500		
		L6550	L6570		
		L6580	L6582		
		L6584	L6586		
		L6588	L6590		
		L6621	L6623		
		L6624	L6646		
		L6648	L6686		
		L6687	L6689		
		L6690	L6692		
		L6693	L6694		
		L6695	L6696		
		L6697	L6704		
		L6707	L6708		
		L6709	L6711		
		L6712	L6713		
		L6714	L6715		
		L6880	L6881		
		L6882	L6883		
		L6884	L6885		
		L6895	L6900		
		L6905	L6910		
		L6915	L6920		
		L6925	L6930		
		L6935	L6940		
		L6945	L6950		
		L6955	L6960		
		L6965	L6970		
		L6975	L7007		
		L7008	L7009		
		L7040	L7045		
		L7170	L7180		
		L7181	L7185		
		L7186	L7190		
		L7191	L7405		
		L8040	L8042		
		L8043	L8044		
		L8045	L8046		
		L8047	L8499		
		L8610			
		S9152		Dec. 1, 2022	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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.
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97535	97537		
		97542*	97750		
		97760	97761		
		97530		Nov. 7, 2016	Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="http://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		92507	92508	Jan. 1, 2015	
		92526	97012		
		97014	97016		
		97018	97022		
	97026	97028			
	97033	97034			
	97039	97110			
	97112	97113			
	97116	97124			
	97140	97799			
	G0129	S8990			
	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Potentially Unproven Services		33289	C2624	April 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018	
		T2002			
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<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>		96136	96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
<b>Radiology</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.  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.
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		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	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
	78454	78453			
	78466	78468			
	78469	78472			
	78473	78481			
	78483	78494			
	78496	78499			
	78579	78580			
	78582	78597			
	78598	78599			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		78608	78609		
		78699	78707		
		78708	78709		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	G0235		
	G0252	S8092			
	S8037				
<b>Rhinoplasty and Septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	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	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).</p>
	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	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		46288	46505		
		46750	46910		
		46946			
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
	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			

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>		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				
	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**

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

21685 41599  
42145

Jan. 1, 2015

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
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		
			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	Bone Growth Stimulator	E0760		Dec. 7, 2015		
		E0747	E0748	Jan. 1, 2015		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
L8688					
<b>Transplants</b>	Unclassified*	C9399	J3490	April 1, 2024	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		J3590			
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	
		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			
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		

\*Casgevy, Lantidra, Lyfgenia



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

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