

Prior authorization requirements for STAR Kids

Effective March 1, 2025

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

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

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Bariatric Surgery	Inpatient and outpatient	43644	43645	Nov. 1, 2016	
	bariatric surgery and obesity-related services	43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services
Bone Growth Stimulator		20975	20979	Nov. 1, 2016	
	Electronic stimulation or ultrasound to heal fractures				
Breast Reconstruction (Non-Mastectomy)	Reconstruction of the breast other than following mastectomy	11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19316	19318	Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		19380	19396		
Cancer Supportive Care	Colony-Stimulating Factors	J1449		Oct. 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
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
		Q5125	Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	
	Bone-Modifying Agents	J0897		June 1, 2018	
	Colony-Stimulating Factors	Q5120		July 1, 2020	
		Q5108	Q5111	Jan. 1, 2019	
		J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021	
	Q5110		Jan. 1, 2019		
	J1442	Q5101	Oct. 1, 2017		
	J1447				
Cardiology		0571T	0614T	Aug. 1, 2024	Prior authorization is required for participating physicians for outpatient and office-based diagnostic
		93319		June 1, 2022	
		33206	33207	Nov. 1, 2016	



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Cardiology (cont.)		33208	33212		<p>catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <p>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.</p>
		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			
	33270				

Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older
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Cerebral Seizure Monitoring – Inpatient Video EEG		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		

Chemotherapy		J9073	J9074	July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9075	J9248		
		J9249	J9376		
		J9361		Jan. 1, 2024	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.
		J9051	J9064		
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324		Oct. 1, 2023	Prior authorization is required for the
		J9029	J9056		
		J9058	J9059		
	J9063	J9259			



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9322 J9347 J9380	J9323 J9350		following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9274	J9298 Oncology DX Codes	Jan. 1, 2023	
Chemotherapy (cont.)		J9331	J9332		Oct. 1, 2022
		J9071 J9359	J9273		July 1, 2022
		J9247 J9319	J9318		Jan. 1, 2022
		J9348 Q5123	J9353		Oct. 1, 2021
		J9037	J9349		May 1, 2021
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021
		J9227	J9304		Nov. 1, 2020
		Q5107	Q5117		Oct. 1, 2020
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019
		J9030	J9036		Aug. 1, 2019
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019
		J9022 J9203	J9023 J9285		April 1, 2018
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100 J9130	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120		Jan. 1, 2017

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		
		J9207	J9206		
		J9209	J9208		
		J9212	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9328		
		J9330	J9340		
		J9351	J9352		
		J9354	J9355		
		J9357	J9360		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2017		
		J9999	Q2050		
		Q2043			
		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, 2017	
		J9217	J9225		
		J9226			
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		
Cochlear Implants and		69729	69730	Mar. 1, 2023	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Other Auditory Implants	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714	69930	Nov. 1, 2016	
		L8614	L8619		
		L8690	L8691		
		L8692			
Cosmetic & Reconstructive procedures		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	11960	15821	Nov. 1, 2016	
		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		E2102	E2103	Feb. 1, 2023	
		A4238	A4239		
		A9276	A9277		
		A9278		Oct. 1, 2021	
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Durable Medical Equipment (DME)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.	
		E0639	E0640	Feb. 1, 2021		
		A9900	E0465		May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0637				
		E0277	E0328		April 1, 2019	Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0329	E0470			
		E0471	E0652			
		E1130	E1825			
		E2310	E2311			
		E2512				
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		A9279	E019		Nov. 1, 2016	
		E0265	4			
		E0445	E030			
		E0483	0			
		E0638	E045			
		E0642	7			
		E0700	E046			
		E0745	6			
	E0764	E063				
	E1002	6				
	E1004	E064				
	E1006	1				
	E1008	E066				
	E1010	9				
	E1161	E071				
	E1231	0				
	E1233	E076				
	E1235	2				
	E1237	E078				
	E1239	4				
	E2100	E100				
	E2228	3				
	E2325	E100				
	E2329	5				
	E2373	E100				
	E2511	7				
	E2626	E100				
	E2628	9				
	E2630	E103				
	K0005	5				
	K0013	E122				
	K0848	9				
	K0850	E123				
	K0852	2				
	K0854	E123				
	K0856	4				
	K0858					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		K0860	E123		
		K0862	6		
		K0864	E123		
		K0869	8		
		K0871	E139		
		K0878	9		
		K0880	E222		
		K0885	7		
		K0890	E232		
		S1040	7		
			E235		
			1		
			E251		
			0		
			E259		
			9		
			E262		
			7		
			E262		
			9		
			E800		
			1		
			K000		
			8		
			K010		
			8		
			K084		
			9		
			K085		
			1		
			K085		
			3		
			K085		
			5		
			K085		
			7		
			K085		
			9		
			K086		
			1		
			K086		
		3			
		K086			
		8			
		K087			
		0			
		K087			
		7			
		K087			
		9			
		K088			
		4			
		K088			
		6			
		K089			
		1			
		T199			
		9			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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	Nov. 1, 2016	
	Experimental & Investigational		33477	36514	
		66180	64722		
		E1831	A9274		
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Nov. 1, 2016	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
Gender Dysphoria Treatment		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
Gender Dysphoria Treatment		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81425	81426	Feb. 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81427	81443		
	Genetic Testing	81520		Dec. 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.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Genetic testing				Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	
	Genetic Testing	81229		Oct. 1, 2021	
		87505	87506	Nov. 1, 2020	
		87507			
		0111U	0129U	Nov. 1, 2019	
		81400	81401	Feb 1, 2019	
		81402	81403		
		81404	81405		
		81406	81407		
		81408	81410		
		81411	81519		
Home Health Care		99503	G0299	Nov. 1, 2016	
		G0300	S9474		
Injectable Medications	Tremfya IV	J1628		Feb. 1, 2025	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 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
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Pombiliti®	J1203			Determination Guidelines for Community Plan.
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 .
	Cortropin Gel™	J0802			
	Elevidys®	J1413			
	Qalsody®	J1304			
	Hemgenix®	J1411		Dec. 1, 2023	
	Legembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Tziel™	J9381			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Flynetra®	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			
	Leqvio®	J1306		Aug 1, 2022	
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	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	J9311			
	Hycela®				
	Stelara IV®	J3358			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™ Gamifant® Onpattro™	J3111 J9210 J0222		Oct. 1, 2019	
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329		
	Ultomiris™ White blood cell colony-stimulating factors	J1303 J1442 Q5101	J1447 Q5110		
	Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra® Brineura™ Crysvita® Entyvio® Fasenra™ Ilumya™ Inflectra® Luxturna™ Orencia® Radicava® Remicade® Renflexis® Simponi Aria	J3262 J0567 J0584 J3380 J0517 J3245 Q5103 J3398 J0129 J1301 J1745 Q5104 J1602		Jan. 1, 2019	
	Parsabiv™ Ilaris®	J0606 J0638		Nov. 1, 2018 April 1, 2018	
	Exondys 51™ IVIG	J1428 J1555		Jan. 1, 2018	
	Ocrevus™ Spinraza™ Lemtrada® Soliris®	J2350 J2326 J0202 J1300		Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182		April 1, 2017	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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IVIG	J1575			May 1, 2016	
				Nov. 1, 2016	

Botulinum Toxin	J0585	J0586			
	J0587	J0588			
IVIG	90284	J1459			
	J1556	J1557			
	J1559	J1561			
	J1566	J1568			
	J1569	J1572			
	J1599				

*Synagis®	90378				
Xolair®	J2357				

Injectable Medications – Temporary and Unclassified

PiaSky	C9399	J3490		Aug. 9, 2024	
	J3590	J3490			
Rivfloza	C9399	J3490		July 1, 2024	
	J3590	J3490			

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Joint Replacement	23470	23472		Nov. 1, 2016	
Joint, total hip and knee replacement procedures	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.



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization is not required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan >Prior Authorization and Notification Resources > Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	
Orthognathic Surgery		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296	Nov. 1, 2016	
Orthotics and Prosthetics		L1832 L3763 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999	May 1, 2019 April 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L0112	L0170	Nov. 1, 2016	
		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	L1834			
	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			

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
		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			
Outpatient Therapy		S9152		Dec. 1, 2022	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	
		70371	92626	July 1, 2017		
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97533	97535			
		97537	97542			
		97545	*			
		97750	97546			
		97761	97760			
			G0283			
		92507	92508			Nov. 1, 2016
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
	97039	97110				
	97112	97113				
	97116	97124				
	97140	97530				
	97799	G0129				
	G0152	G0281				
	G0282	S8990				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	OR billed with these revenue codes	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026	Oct. 1, 2018	
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Proceudres		37243 55874	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525	Nov. 1, 2016	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491	Aug. 1, 2024	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.
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		76391		March 1, 2020	For more details, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Nov. 1, 2016	
		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			
	74177	74178			
	74181	74182			
	74183	74185			
	74261	74262			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		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		
		78608	78609		
		78699	78707		
		78708	78709		
	78799	78800			
	78801	78802			
	78803	78804			
	78811	78812			
	78813	78814			
	78815	78816			
	78999	G0235			
	G0252	S8092			
	S8037				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Site of service (SOS) – Outpatient Hospital	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821	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					
Hemic and Lymphatic Systems	38500	38510				
	38525					
Hernia Repair	49505	49585				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) –		49587	49650		
		49651	49652		
Outpatient		49653	49654		
		49655			
Hospital (cont.)	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	
Site of service (SOS) – Outpatient	Tonsillectomy & Adenoidectomy	42820	42821			
		42825	42826			
Hospital (cont.)	Upper Gastrointestinal Endoscopy	42830				
		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	Nov. 1, 2016	
		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 prior authorization	
		22512	22513			
		22515				
		22514		July 1, 2020		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery (cont.)		22100	22101	Nov. 1, 2016	
		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	E0747 E0760	E0748	Nov. 1, 2016	

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	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
		L8688			

Transplants		Q2054		Jan. 1, 2025	
		J3393			
	Unclassified***	C9399			For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia, Tecartus™ (brexucabtagene autoleucel) Yescarta™ (axicabtagene ciloleucel), and Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		J3590	J3490		
		J3393		July 1, 2024	
	Unclassified**	J3394			
		C9399	J3490		
		J3590			
	Unclassified*	C9399	J3490	April 1, 2024	
		J3590			
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		Q2042		Jan. 1, 2019	
		Q2041		April 1, 2018	
	Transplant Services	32850	32851	Nov. 1, 2016	
		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		



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		50365	50370		
		S2060	50547		
		S2152	S2061		
		38232	Oncology DX Codes	Nov. 1, 2016	
Vein Procedures		37765	37766	July 1, 2021	
		36473		April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	Nov. 1, 2016	
		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.
		33929			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	Nov. 1, 2016	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Nov. 1, 2016	