Prior authorization requirements for STAR Kids

Effective May 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 bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Nov. 1, 2016	
Behavioral Health Services						Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
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 19325 19330 19342 19357 19364 19368 19370	19318 19328 19340 19350 19361 19367 19369 19371		Nov. 1, 2016	Prior authorization is required for all other DX codes.

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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	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 using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		0571T	0614T		Aug. 1, 2024	Prior authorization is required for participating physicians for outpatient and office-based diagnostic
		93319			June 1, 2022	
		33206	33207		Nov. 1, 2016	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Cardiology (cont.)		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 33270			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.
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718 95724 95722		Jan. 1, 2020	
Chemotherapy		J9073 J9074 J9075 J9248 J9249 J9376 J9361		July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the
		J9051 J9064 J9345 J9052 J9072 J9172 J9255 J9321 J9286 J9324		Jan. 1, 2024	
		J9029 J9056 J9058 J9059 J9063 J9259		Oct. 1, 2023	

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		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	

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		J9150 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212 J9214 J9216 J9218 J9230 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2043	J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9328 J9340 J9352 J9355 J9360 J9395 J9600 Q2017 Q2050			
		J1950 J9155 J9217 J9226	J9202 J9225	Oncology DX Codes	July 1, 2021 Jan. 1, 2017	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
Circumcision		54150 54161	54160 54162		Nov. 1, 2016	
Cochlear Implants and		69729	69730		Mar. 1, 2023	

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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 L8614 L8690 L8692	69930 L8619 L8691		Nov. 1, 2016	
Cosmetic & Reconstructive procedures 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		14020* 14041	14021* 14061 *		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		Nov. 1, 2016	
Continuous Glucose Monitor		E2102 A4238	E2103 A4239		Feb. 1, 2023	
		A9276 A9278	A9277		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.

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Durable Medical Equipment (DME)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see the Orthotics and Prosthetics section. Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0639 E0640		Feb. 1, 2021	
		A9900 E0637 E0465		May 1, 2019	
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		April 1, 2019	
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		A9279 E0194 E0265 E0445 E0300 E0483 E0638 E0457 E0642 E0700 E0466 E0745 E0636 E0764 E1002 E0641 E1004 E1006 E0661 E1008 E0669 E1010 E1161 E0710 E1231 E1233 E0762 E1235 E1237 E0784 E1239 E2100 E1003 E2228 E2325 E1005 E2329 E2373 E1007 E2511 E2626 E1009 E2628 E2630 E1035 K0005 E1229 K0013 E1239 K0848 E1232 K0850 E1234 K0852 E1234 K0854 E1236 K0856 K0858		Nov. 1, 2016	

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Durable Medical Equipment (DME) (cont.)		K0860 K0862 K0864 K0869 K0871 K0878 K0880 K0885 K0890 S1040	E1236 E1238 E1399 E2227 E2327 E2351 E2510 E2599 E2627 E2629 E8001 K0008 K0108 K0849 K0851 K0853 K0855 K0857 K0859 K0861 K0863 K0868 K0870 K0877 K0879 K0884 K0886 K0891 T1999			

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Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159 B4161	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019	
		B9002	B9998		Nov. 1, 2016	
Experimental & Investigational		33477 66180 E1831	36514 64722 A9274		Nov. 1, 2016	
Femoroaceta-bular Impingement Syndrome (FAI)		29914 29916	29915		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		Nov. 1, 2016	
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81425 81427	81426 81443		Feb. 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.
	Genetic Testing	81520			Dec. 1, 2022	

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	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 87507	87506		Nov. 1, 2020	
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb 1, 2019	
Home Health Care		99503 G0300	G0299 S9474		Nov. 1, 2016	
Injectable Medications	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998			May 1, 2025	Prior authorization through Optum SGP Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage
	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299			Apr. 1, 2025	
	Tremfya IV	J1628			Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802			Jan. 1, 2025	
	Tyenne	Q5135			Oct. 1, 2024	
	Adzynma Cosentyx IV	J7171 J3247			July 1, 2024	

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	Omvoh	J2267			Determination Guidelines for Community Plan.
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	* Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortropin Gel™ Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	
	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551		Aug 1, 2022	

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	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	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			

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	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 J7322 J7325 J7327	J7321 J7324 J7326 J7329			
	Ultomiris™	J1303				
	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				

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	Ocrevus™ Spinraza™	J2350 J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182		April 1, 2017	
	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	Rivfloza	C9399 J3590 J3490		July 1, 2024	Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27130 27125 27134 27132 27138 27137 27446 27412 27486 27447 29866 27487 29868 29867		Nov. 1, 2016	

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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.
Mental Health (MH)/ Substance Use Disorder (SUD)					Prior authorization is required for services including: • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing Prior authorization is **not** required for crisis evaluations, code H2011. To request prior authorization, please call the number on the back of the member's health plan ID card. 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.
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	

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Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123		Nov. 1, 2016	
		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 only for orthotics 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			
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			

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		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			
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			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		L5987	L5988			
		L5990	L6000			
		L6010	L6020			
		L6050	L6055			
		L6100	L6110			
		L6120	L6130			
		L6200	L6205			
		L6250	L6300			
		L6310	L6320			
		L6350	L6360			
		L6370	L6380			
		L6382	L6384			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			
		L6590	L6621			
		L6623	L6624			
		L6646	L6648			
		L6686	L6687			
		L6689	L6690			
		L6692	L6693			
		L6694	L6695			
		L6696	L6697			
		L6704	L6707			
		L6708	L6709			
		L6711	L6712			
		L6713	L6714			
		L6715	L6880			
		L6881	L6882			
		L6883	L6884			
		L6885	L6895			
		L6900	L6905			
		L6910	L6915			
		L6920	L6925			
		L6930	L6935			
		L6940	L6945			
		L6950	L6955			
		L6960	L6965			
		L6970	L6975			
		L7007	L7008			
		L7009	L7040			
		L7045	L7170			
		L7180	L7181			
		L7185	L7186			
		L7190	L7191			
		L7405	L8040			
		L8042	L8043			
		L8044	L8045			
		L8046	L8047			
		L8499	L8610			
		S9152			Dec. 1, 2022	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Outpatient Therapy		70371 92627 92633 97024 97035 97139 97164 97533 97537 97545 97750 97761	92626 92630 96105 97032 97036 97150 97168 97535 97542 * 97546 97760 G0283		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
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 97799 G0152 G0282	92508 97012 97016 97022 97028 97034 97110 97113 97124 97530 G0129 G0281 S8990		Nov. 1, 2016	
	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 Procedures		37243 55874	53850		April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77522 77523 77525		Nov. 1, 2016	
Psychological Testing		96116 96121 96130 96131 96132 96133 96136 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit **UHCprovider.com/TXcommunityplan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program**.**
		0633T 0634T 0635T 0636T 0637T 0638T 71271 78429 78430 78431 78432 78433 78459 78491 78492		Aug. 1, 2024	
		0697T 0698T 0710T 0711T 0712T 0713T		June 1, 2022	
Radiology (cont.)		76391		March 1, 2020	
		76390 78830 78831 78832		Jan. 1, 2020	
		77046 77047 77048 77049		Jan. 1, 2019	
		70336 70450 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		Nov. 1, 2016	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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			
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			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		78579 78582 78598 78608 78699 78708 78799 78801 78803 78811 78813 78815 78999 G0252 S8037	78580 78597 78599 78609 78707 78709 78800 78802 78804 78812 78814 78816 G0235 S8092			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Nov. 1, 2016	
Sinuplasty		31298			July 1, 2018	
		31295 31297	31296		Nov. 1, 2016	
Site of service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552			
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		46040 46200 46221 46255 46270 46288 46750 46946	46050 46220 46250 46261 46275 46505 46910			
	ENT Procedures	21320 30520 69631	30140 69436			
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720			
	Female Genital System	57240 57461 58561	57250 57520 58562			
	Gynecologic Procedures	57522 58558 58565	58353 58563			
	Hemic and Lymphatic Systems	38500 38525	38510			
Site of service (SOS) – Outpatient Hospital (cont.)	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654			
	Integumentary System	10121 11450 11770 15100 15240 19120	11440 11624 13121 15120 19020 19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552 21012 21336 21555 21930 22902 23071 24071 27337 28035 28041 28080	20553 21013 21554 21556 22903 23075 27327 27632 28039 28060 28090 28110			

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		28104 28118 28124 28289 28296 28298 29806 29819 29823 29825 29827 29835 29845 29848 29875 29877 29880 29882 29893	28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29840 29846 29861 29876 29879 29881 29888			
Site of service (SOS) – Outpatient Hospital (cont.)	Nervous System	64561	64640			
	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	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			

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 41599 42145		Nov. 1, 2016	
Spinal Surgery		22510 22511 22512 22513 22515		April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22514		July 1, 2020	
Spinal Surgery (cont.)		22100 22101 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		Nov. 1, 2016	

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Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		63250 63252 63267 63270 63272 63300 63302 63304 63306 63308	63251 63265 63268 63271 63286 63301 63303 63305 63307			
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Nov. 1, 2016	
Transplants	Unclassified	Q2057 C9301*** J3590***	J3490***		Apr.1, 2025	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia, Tecartus™ (brexucabtagene autoleucel), Tecelra, 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.
	Unclassified**	Q2054 J3393 J3393 J3394 C9399 J3590	J3490		Jan. 1, 2025 July 1, 2024	
	Unclassified*	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	

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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		Q2042		Jan. 1, 2019	*Lantidra
	Transplant Services	Q2041 32850 32851 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		April 1, 2018 Nov. 1, 2016	**Amtagvi, Lenmeldy ***Aucatzyl
		38232	Oncology DX Codes	Nov. 1, 2016	
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765 37766		July 1, 2021	
		36473		April 1, 2017	
		36475 36478 37700 37718 37722 37780		Nov. 1, 2016	
Ventricular Assist Device		33927 33928 33929		Jan. 1, 2018	Please call the notification number on the back of the member's health plan

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(VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509		Nov. 1, 2016	ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.
Wound Vac		E2402		Nov. 1, 2016	

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