

Prior Authorization Requirements for Texas STAR

Effective October 1, 2023

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 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 > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Jan. 1, 2015	
		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	Jan. 1, 2015	
		11971		Oct. 1, 2022	

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Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	Breast	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
		19325	19328	Reconstruct		
		19330	19340	ion DX		
		19342	19350	Codes		
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
	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	
	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	
		Q5122		Oncology DX Codes	Feb. 1, 2021	
	Q5110			Jan. 1, 2019		
	J1442	Q5101		Oct. 1, 2017		
	J1447					
Cardiology		37230	37231		Jan. 1, 2023	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable Medications section below. For Oncology DX please submit requests online 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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cardiology (cont.)		93319		June 1, 2022	<p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic 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>	
		33270		Oct. 1, 2016		
		33206	33207			Jan. 1, 2015
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
	93454	93455				
	93456	93457				
	93458	93459				
	93460	93461				
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older	
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
		37228	37229			
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	<p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	
		95720	95718	Jan. 1, 2020		
		95724	95722			
Chemotherapy		J9029	J9056	Oct. 1, 2023	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.</p> <p>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.</p> <p>Prior authorization is required for the following codes regardless of cancer diagnosis. For prior</p>	
		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				
	J9247	J9318		Jan. 1, 2022		
	J9319					
	J9348	J9353		Oct. 1, 2021		
	Q5123					

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Chemotherapy (cont.)		J9037	J9349	May 1, 2021	authorization, please call 866-604-3267.
		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		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
		J9150	J9151		
		J9165	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
	J9190	J9185			
	J9201	J9200			
	J9205	J9206			
	J9207	J9208			
	J9209	J9211			
	J9212	J9213			
	J9214	J9215			
	J9216	J9228			
	J9218	J9245			
	J9230	J9260			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9328		
		J9308	J9340		
		J9320	J9352		
		J9330	J9355		
		J9351	J9360		
		J9354	J9371		
		J9357	J9395		
		J9370	J9600		
		J9390	Q2017		
		J9400	Q2050		
		J9999			
	Q2043				
	C9399	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 UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
Circumcision		54150	54160		Jan. 1, 2015
		54161	54162		
		69729	69730		Mar. 1, 2023

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Cochlear Implants and Other Auditory Implants		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					
Cosmetic & Reconstructive		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		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						
Continuous Glucose Monitor		E2102	E2103	Feb. 1, 2023			
		A4238	A4239				
		A9276	A9277	Oct. 1, 2021			
		A9278					
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.		
Durable Medical Equipment (DME)		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	E2300		
		E2329	E2327		
		E2373	E2351		
		E2511	E2510		
		E2626	E2599		
		E2628	E2627		
	E2630	E2629			
	K0005	E8001			
	K0013	K0008			
	K0848	K0108			
	K0850	K0849			
	K0852	K0851			
	K0854	K0853			
	K0856	K0855			
	K0858	K0857			
	K0860	K0859			
	K0862	K0861			
	K0864	K0863			
	K0869	K0868			
	K0871	K0870			
	K0878	K0877			
	K0880	K0879			
	K0885	K0884			
	K0890	K0886			
	S1040	K0891			
		T1999			

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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					
		B9002	B9998		Jan. 1, 2015		
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016		
		36514	66180		Jan. 1, 2015		
		64722	E1831				
		A9274					
Femoroacetabular Impingement Syndrome		29914	29915		Oct. 1 2015		
		29916					
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018		
		31259					
		31240	31254			May 2, 2016	
		31255	31256				
		31267	31276				
		31287	31288				
	Gender Dysphoria Treatment		55970	55980			July 1, 2018
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these DX codes.	
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81177	81178		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.	
		81179	81180				
		81181	81184				
		81185	81186				
		81336	81337				
		81520					
	Genetic Testing	81238	81247		June 1, 2022		
		81248	81249				
		81258	81259				
		81269	81278				
		81334	81351				
		81352	81353				
		81361	81364				
	BRCA Genetic Testing	81212			Feb. 1, 2019		
		81216					
			81163	81164			Jan. 1, 2019
			81165	81166			
			81162				
	Genetic Testing		81229				Oct. 1, 2021

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)		87505	87506	Nov. 1, 2020	the test and the laboratory will notify UnitedHealthcare
		87507			
		87623			
		0111U	0129U	Nov. 1, 2019	
		0136U	0137U		
		81167	81233	April 1, 2019	
		81237			
		0040U	81105	Feb. 1, 2019	
		81106	81107		
		81108	81109		
		81110	81111		
		81120	81121		
		81161	81170		
		81200	81201		
		81205	81203		
		81209	81208		
		81218	81223		
		81220	81225		
		81222	81227		
		81224	81240		
		81226	81242		
		81241	81244		
		81243	81246		
		81245	81251		
		81250	81253		
		81252	81255		
		81254	81257		
		81256	81261		
		81260	81263		
		81262	81265		
		81264	81267		
		81266	81273		
		81268	81276		
		81272	81288		
		81287	81291		
		81290	81295		
		81292	81297		
		81294	81303		
		81298	81310		
		81300	81314		
		81302	81316		
		81304	81318		
		81313	81321		
		81315	81323		
		81317	81325		
		81319	81327		
		81322	81331		
		81324	81340		
		81326	81342		
		81330	81355		
		81332	81371		
		81341	81373		
		81350	81375		
		81370	81377		

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		81372	81379		
		81376	81381		
		81378	81383		
		81380	81401		
		81382	81403		
		81400	81405		
		81402	81407		
		81404	81410		
		81406	81420		
		81408	81519		
		81411			
		81507			
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	S9474	Jan. 1, 2015	
Injectable Medications	Acthar® Cortrophin Gel	J0801 J0802		Oct. 1, 2023	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> .
	Cimerli™ Rolvedon™ Spevigo® Sunlenca® Tziel™ Xenpozyme™	Q5128 J1449 J1747 J1961 J9381 J0218		July 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 available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Hemgenix® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 J1411 Q5130 J1932 J2327 Q5127		April 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826. ** Do Not Start Case – Direct Provider using the information below:
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway:
	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications
	Apretude™ Leqvio® Vyvgart™ Cutaquig®	J7039 J1306 J9332 J1551		Aug 1, 2022	For questions about this online authorization process, the provider may call Optum SGP (Specialty
	Nexvazyme® Saphnelo™	J0219 J0491		May 1, 2022	

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Injectable Medications (cont.)	Aralast NP [®]	J0256		April 1, 2022	Guidance Program): 1-888-397-8129.	
	Prolastin-C [®]					
	Zemaira [®]					
	Glassia [®]	J0257				
	Nexvazyme [®]	J3490	J3590			
		C9085				
	Aldurazym [®]	J1931				
	Elaprase [®]	J1743				
	Fabrazyme [®]	J0180				
	Kanuma [®]	J2840				
	Lumizyme [®]	J0221				
	Mepsevii [®]	J3397				
	Naglazyme [®]	J1458				
	Revcovi [®]	J3590				
	Vimizim [®]	J1322				
	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	J2354				
	Acetate					
	Sandostatin [®]	J2353				
	LAR					
	Signifor [®] LAR	J2502				
	Somatuline [®]	J1930				
	Depot					
	Firmagon [®]	J9155				July 1, 2021
	IVIG	J1554				
	Lupron Depot [®]	J1950				
	Lupron Depot,	J9217				
	Eligard [®]					
Supprelin [®] LA	J9226					
Trelstar [®]	J3315					
Triptodur [®]	J3316					
Truxima [®]	Q5115					
Viltepso [™]	J1427					
Zoladex [®]	J9202					
Avsola [®]	Q5121			April 1, 2021		
Uplizna [®]	J1823					
Spravato [®]	S0013			Feb. 1, 2021		
Vyepti [™]	J3032			Jan. 1, 2021		
Tepezza [®]	J3241			Dec. 1, 2020		
Cinryze [®]	J0598			Oct. 1, 2020		
Ruconest [®]	J0596					
Adakveo [®]	J0791			July 1, 2020		
Givlaari [®]	J0223					
Reblozyl [®]	J0896					
Ruxience [®]	Q5119					
Vyondys 53 [®]	J1429					

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Injectable Medications (cont.)	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490			April 1, 2020
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	**Therapeutic Radio-pharmaceuticals	A9590			March 1, 2020
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019
	**Therapeutic Radio-pharmaceuticals	A9513			
	Evenity™	J3111			Oct. 1, 2019
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	**Therapeutic Radio-pharmaceuticals	A9699			May 1, 2019
	Actemra®	J3262			Jan. 1, 2019
	Brineura™	J0567			
Crysvita®	J0584				
Entyvio®	J3380				
Fasenra™	J0517				
Ilumya™	J3245				
Inflectra®	Q5103				
Luxturna™	J3398				
Orencia®	J0129				
Radicava®	J1301				
Remicade®	J1745				
Renflexis®	Q5104				
Simponi Aria	J1602				
Trogarzo™	J1746				
Parsabiv™	J0606			Nov. 1, 2018	

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	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIg	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Soliris®	J1300			
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	Probuphine®	J0570			
	IVIg	J1575		May 1, 2016	
				Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586		
		J0587	J0588		
	IVIg	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1599			
	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified	Elfabrio®	C9399	J3490	Oct. 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> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Lamzede™	J3590			
	Vyjuvek®				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
	29867				
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1840		
		L1844	L1845		
		L1846	L1860		
		L1945	L1950		
		L1970	L2000		
		L2005	L2010		
		L2020	L2030		
		L2034	L2036		
		L2037	L2038		
		L2060	L2106		
		L2108	L2126		
		L2136	L2350		
		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
		L3901	L3904		
		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			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		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		
		97535	97537		
		97542*	97750		
		97760	97761		
		97530		Nov. 7, 2016	
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
Proton Beam Therapy		77520	77522	Jan. 1, 2015	
		77523	77525		
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		96136	96131	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
			96133 96137		
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit UHCprovider.com/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
	70546	70547			
	70548	70549			
	70551	70552			
	70553	70554			
	70555	71250			
	71260	71270			
	71275	71550			
	71551	71552			
	71555	72125			
	72126	72127			
	72128	72129			
	72130	72131			
	72132	72133			
	72141	72142			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
	78195	78199			
	78201	78202			
	78215	78216			
	78226	78227			
	78230	78231			
	78232	78258			
	78261	78262			
	78264	78265			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Rhinoplasty and Septoplasty		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205		July 1, 2020	<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 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 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	65820 66710 66825 67010 67042 67108 67840 68115 68720		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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		
	Liver Biopsy	19120	19125		
		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				

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (cont.)		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		
		63050	63055		
		63056	63064		
		63075	63077		
		63081	63085		
		63087	63090		
		63101	63102		
		63170	63172		
		63173	63185		
		63190	63191		
		63250	63200		
		63252	63251		
		63267	63265		
	63270	63268			
	63272	63271			
	63300	63286			
	63302	63301			
	63304	63303			
	63306	63305			
	63308	63307			
Stimulators	Bone Growth Stimulator	E0760		Dec. 7, 2015	
Implantation of a device that sends electrical impulses	Neurostimulator	E0747	E0748	Jan. 1, 2015	
		43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
		L8688			
Transplants	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		J9999		July 1, 2022	Abecma® (Idecaptagene 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.
		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	
Vein Procedures		37765	37766	July 1, 2021	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473		April 1, 2017	
		36475	36478	Jan. 1, 2015	
		37700	37718		
		37722	37780		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Ventricular Assist Device (VAD) 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 855-282-8929 .
		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507 Q0509	Q0508		
Wound Vac		E2402		Jan. 1, 2015	

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