

Prior authorization requirements for Texas STAR

Effective April 1, 2025

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR 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	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	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		11971		Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
		19316	19318	Breast Reconstruction DX Codes Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
	19380	19396			
Cancer Supportive Care	Colony-Stimulating	J1449		Oct. 1, 2023	Prior authorization is required for these codes with Oncology DX



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	Factors				<p>codes. Prior authorization is not required for these codes with all other DX.</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to 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</p>
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
	Colony-Stimulating Factors	Q5125	Oncology DX Codes	Jan. 1, 2023	
		J1448	J2506	Jan. 1, 2022	
	Bone-Modifying Agents	J0897		June 1, 2018	
	Colony-Stimulating Factors	Q5120		July 1, 2020	
		Q5108	Q5111	Jan. 1, 2019	
		J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021	
		Q5110		Jan. 1, 2019	
		J1442	Q5101	Oct. 1, 2017	
		J1447			
Cardiology		0571T	0614T	Aug. 1, 2024	<p>Prior authorization is required for participating physicians for outpatient and office-based</p>
		37230	37231	Jan. 1, 2023	
		93319		June 1, 2022	
		33270		Oct. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Cardiology (cont.)		33206	33207	Jan. 1, 2015	diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to 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.
		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				
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	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720	95718	Jan. 1, 2020	
		95724	95722		
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 an 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 following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9075	J9248		
		J9249	J9376		
		J9361		Jan. 1, 2024	
		J9051	J9064		
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324		Oct. 1, 2023	
		J9029	J9056		
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350	Jan. 1, 2023	
	J9380				
	J9274	J9298	Oncology DX Codes		

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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	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
	J9190	J9179			
	J9201	J9185			
	J9205	J9200			

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Chemotherapy (cont.)		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			
		C9399	J3490	Jan. 1, 2015	
		J3590			
		J1950			
		J9155	J9202	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
		J9217	J9225	Jan. 1, 2015	
		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 A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714	69930		Jan. 1, 2015	
	L8614	L8619			
	L8690	L8691			
	L8692				
Cosmetic & Reconstructive 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*	14021*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
	14041	14061*			
	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			
	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)	E2298			May 1, 2024	Prior authorization is required only for the codes listed with a

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E0639	E0640	Feb. 1, 2021	retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0638	E0483		
		E0642	E0641		
		E0700	E0669		
		E0745	E0710		
		E0764	E0762		
		E1002	E0784		
		E1004	E1003		
		E1006	E1005		
		E1008	E1007		
		E1010	E1009		
		E1161	E1035		
		E1231	E1229		
		E1233	E1232		
		E1235	E1234		
		E1237	E1236		
		E1239	E1238		
		E2100	E1399		
		E2228	E2227		
		E2325	E2327		
		E2329	E2351		
		E2373	E2510		
		E2511	E2599		
		E2626	E2627		
		E2628	E2629		
		E2630	E8001		
	K0005	K0008			
	K0013	K0108			
	K0848	K0849			
	K0850	K0851			
	K0852	K0853			
	K0854	K0855			
	K0856	K0857			
	K0858	K0859			
	K0860	K0861			
	K0862	K0863			
	K0864	K0868			
	K0869	K0870			
	K0871	K0877			
	K0878	K0879			
	K0880	K0884			
	K0885	K0886			
	K0890	K0891			
	S1040	T1999			

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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		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	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81425	81426		Feb. 1, 2025	
		81247	81443			
	Genetic Testing	81520			Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.
BRCA Genetic Testing					Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.	
		81163	81164		Jan. 1, 2019	

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Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)	Genetic Testing	81162		Jan. 1, 2018	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare	
		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		G0162			Jan. 1, 2018
			G0299	G0300		March 1, 2016
			99503	S9474		Jan. 1, 2015
	Injectable Medications	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351			Apr. 1, 2025
			Q5147			
J1307						
J1299						
Tremfya IV		J1628		Feb. 1, 2025		
Alyglo		J1552		Jan. 1, 2025		
Nplate		J2802				
Tyenne		Q5135		Oct. 1, 2024		
Adzynma Cosentyx IV Omvoh		J7171 J3247 J2267		July 1, 2024		
Elfabrio® Lamzede®		J2508 J0217		June 1, 2024		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Injectable Medications (cont.)	Rystiggo®	J9333				
	Vyvgart Hytrulo®	J9334				
	Eylea HD®	J0177			April 1, 2024	
	Izervay®	J2782				
	Pombiliti®	J1203				
	Roctavian®	J1412				
	Vyjuvek®	J3401				
	Acthar Gel®	J0801			Feb. 1, 2024	
	Cortrophin Gel™	J0802				
	Elevidys®	J1413				
	Qalsody®	J1304				
	Hemgenix®	J1411			Dec. 1, 2023	Prior authorization through Optum SGP
	Legembi®	J0174				
	Briumvi®	J2329			Nov. 1, 2023	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> .
	Panzyga®	J1576				
	Syfovre®	J2781				
	Cimerli™	Q5128			July 1, 2023	
	Rolvedon™	J1449				
	Spevigo®	J1747				
	Tzield™	J9381				
	Xenpozyme™	J0218				
Eylea®	J0178		VEGF	May 1, 2023	Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
Beovu®	J0179					
Vabysmo®	J2777					
Lucentis®	J2778					
Susvimo™	J2779					
Byooviz™	Q5124					
Amvuttra®	J0225			April 1, 2023	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 .	
Fylmetra®	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					
				Aug 1, 2022		
Leqvio®	J1306					
Vyvgart™	J9332					
Cutaquig®	J1551					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Injectable Medications (cont.)	Nexviazyme®	J0219		May 1, 2022		
	Saphnelo™	J0491				
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	Aralast NP®	J0256			April 1, 2022	
	Prolastin-C®					
	Zemaira®					
	Glassia®	J0257				
	Nexviazyme®	J3490	J3590			
		C9085				
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
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	Aduhelm®	J0172			Feb. 1, 2022	
	Saphnelo™	C9086				
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	Fensolvi®	J1951			Oct. 1, 2021	
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	Amondys 45	C9075			Sept. 1, 2021	
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	Krystexxa®	J2507			Aug. 1, 2021	
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	Octreotide Acetate	J2354				
	Sandostatin® LAR	J2353				
	Signifor® LAR	J2502				
Somatuline® Depot	J1930					
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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					
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Avsola®	Q5121			April 1, 2021		
Uplizna®	J1823					
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Vyepti™	J3032			Jan. 1, 2021		
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Tepezza®	J3241			Dec. 1, 2020		
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Cinryze®	J0598			Oct. 1, 2020		
Ruconest®	J0596					
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Adakveo®	J0791			July 1, 2020		
Givlaari®	J0223					
Reblozyl®	J0896					
Ruxience®	Q5119					

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	Vyondys 53 [®]	J1429			
	Xembify [®]	J1558			
	Zolgensma [®]	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia [®]	J0717			
	Rituxan [®]	J9312			
	Rituxan Hycela [®]	J9311			
	Stelara IV [®]	J3358			
	Therapeutic Radio-pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceuticals	A9513			
	Evenity [™]	J3111		Oct. 1, 2019	
	Gamifant [®]	J9210			
	Onpattro [™]	J0222			
	Sodium Hyaluronate	J7320 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	

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	Exondys 51™	J1428		Jan. 1, 2018	
	IVIg	J1555			
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	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			
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications –Unclassified	Beqvez	C9172		Oct. 1, 2024	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Rivfloza	C9399 J3590	J3490	July 1, 2024	

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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
		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			
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		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/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		0633T	0634T	Aug. 1, 2024	
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		
		78492			
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		
	70482	70486			
	70487	70488			
	70490	70491			
	70492	70496			
	70498	70540			
	70542	70543			
	70544	70545			
	70546	70547			
	70548	70549			
	70551	70552			
	70553	70554			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		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		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	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	13132 14060 21552		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
Integumentary System	10121	11440			
	11450	11624			
	11770	13121			
	15100	15120			
	15240	19020			
	19120	19125			
Liver Biopsy	47000				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	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			
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288		
Sleep Apnea Procedures & Surgeries		21685 42145	41599	Jan. 1, 2015	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		22510 22512 22515 22514	22511 22513	April 1, 2022 July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		63170	63185		
		63173	63191		
		63190	63200		
		63250	63251		
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
		63308			
Stimulators	Bone Growth Stimulator	E0760		Dec. 7, 2015	
Implantation of a device that sends electrical impulses		E0747	E0748	Jan. 1, 2015	
	Neurostimulator	43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
		L8688			
Transplants		Q2057		Apr. 1, 2025	
		C9301***	J3490***		
		J3590***			
		Q2054		Jan. 1, 2025	
		J3393			
		J3394	J3490**	July 1, 2024	
		C9399**			
		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	*Lantidra
	Transplant Services	32850	32851	Jan. 1, 2015	**Amtagvi, Lenmeldy
		32852	32853		***Aucatzyl
		32854	32855		

For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), 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.

*Lantidra

**Amtagvi, Lenmeldy

***Aucatzyl

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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		
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 .
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	

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