

Prior Authorization Requirements for Texas STAR

Effective July 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: 866-604-3267**
- **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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	Breast Reconstruction DX Codes	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				
		19330	19340				
		19342	19350				
		19357	19361				
		19364	19367				
		19368	19369				
		19370	19371				
	19380	19396					
Cancer Supportive Care	Antiemetic Drugs	J1456			July 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	
	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	Prior authorization is required for participating physicians for outpatient and office-based	
		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	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	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		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	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
		J9331	J9332		Oct. 1, 2022	
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	
		J9319				
		J9348	J9353		Oct. 1, 2021	
		Q5123				
		J9037	J9349		May 1, 2021	
		J9317	J9118		Jan. 1, 2021	
		J9144	J9223			
	J9316	J9281				
	J9227	J9304		Nov. 1, 2020		
	Q5107	Q5117		Oct. 1, 2020		

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Chemotherapy (cont.)		J9177	J9198	July 1, 2020	authorization, please call 866-604-3267.
		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			
	J9250	J9262			
	J9261	J9264			
	J9263	J9267			
	J9266	J9271			
	J9268	J9293			
	J9280	J9299			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		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		
Cochlear Implants and Other		69729	69730	Mar. 1, 2023	
Auditory Implants		69714	69930	Jan. 1, 2015	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619		
		L8690	L8691		
		L8692			
Cosmetic & Reconstructive		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
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 retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.	
		A9900	E0465	May 1, 2019		
		E0637				
		E0277	E0328	April 1, 2019		
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		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			
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			

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Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257	July 1, 2018				
		31240 31255 31267 31287	31254 31256 31276 31288	May 2, 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 DX codes.		
	Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81177 81179 81181 81185 81336 81520	81178 81180 81184 81186 81337	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/ notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.		
Genetic Testing			81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364	June 1, 2022			
			BRCA Genetic Testing	81212 81216			Feb. 1, 2019	
					81163 81165		81164 81166	Jan. 1, 2019
					81162			Jan. 1, 2018
		Genetic Testing	81229				Oct. 1, 2021	
			87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801			Nov. 1, 2020	
			0111U 0136U	0129U 0137U	Nov. 1, 2019			
			81167 81237	81233	April 1, 2019			
			0040U 81106 81108 81110 81120 81161 81200 81205 81209 81218	81105 81107 81109 81111 81121 81170 81201 81203 81208 81223	Feb. 1, 2019			

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.)		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		
		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	Cimerli™	Q5128		July 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
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Sunlenca®	J1961			
	Tzielid™	J9381			
	Xenpozyme™	J0218			

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Injectable Medications (cont.)	Eylea®	J0178	VEGF	May 1, 2023	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.			
	Beovu®	J0179						
	Vabysmo®	J2777						
	Lucentis®	J2778						
	Susvimo™	J2779						
	Byooviz™	Q5124						
	Amvuttra®	J0225				April 1, 2023		
	Hemgenix®	J1411						
	Fylintra®	Q5130						
	Lanreotide®	J1932						
	Skyrizi®	J2327						
	Stimufend®	Q5127						
	Enjaymo®	J1302				J3590	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:
	Vabysmo®	J2777						
	Prolia®	J0897				Therapeutic Radiopharmaceuticals	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: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129 .
	Releuko®	Q5125						
	Scenesse®	J7352						
	Tezspire®	J2356	Aug 1, 2022					
	Apretude™	J7039						
	Leqvio®	J1306						
	Vyvgart™	J9332						
	Cutaquig®	J1551	May 1, 2022					
	Nexviazyme®	J0219						
	Saphnelo™	J0491	April 1, 2022					
	Aralast NP®	J0256						
	Prolastin-C®	J3490						
	Zemaira®							
	Glassia®	J0257						
	Nexviazyme®	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								

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Injectable Medications (cont.)	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			
	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			
	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				

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Injectable Medications (cont.)	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
	Sublocade™	Q9991	Q9992		July 1, 2018
	Ilaris®	J0638			April 1, 2018
	Exondys 51™	J1428			Jan. 1, 2018
	IVIg	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
Lemtrada®	J0202			Oct. 1, 2017	
Soliris®	J1300				
Cinqair®	J2786			April 1, 2017	
Nucala®	J2182				
Probuphine®	J0570				
IVIg	J1575			May 1, 2016	
Acthar®	J0800			Jan. 1, 2015	
Botulinum Toxin	J0585	J0586			
	J0587	J0588			

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	IVIG	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1599			
	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified		C9399	J3490	Jan. 1, 2015*	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.
		J3590			
Joint Replacement		23470	23472	Jan. 1, 2015	
Joint, total hip and		23473	23474		
knee replacement		24360	24361		
procedures		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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthognathic Surgery		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
	21255	21296			
	21299				
Orthotics and Prosthetics		L1832		May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L1834		March 1, 2019	
		L0112	L0170	Jan. 1, 2015	
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1840		
		L1844	L1845		
		L1846	L1860		
		L1945	L1950		
		L1970	L2000		
	L2005	L2010			
	L2020	L2030			
	L2034	L2036			
	L2037	L2038			
	L2060	L2106			
	L2108	L2126			

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

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

Dec. 1, 2022

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy		70371	92626	July 1, 2017	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97535	97537		
		97542*	97750		
		97760	97761		
		97530		Nov. 7, 2016	Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		92507	92508	Jan. 1, 2015	
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
	97140	97799			
	G0129	S8990			
	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Potentially Unproven Services		33289	C2624	April 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018	
		T2002			
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	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.
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Jan. 1, 2015	For more details, please visit UHCprovider.com/TXcommunity plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
	71551	71552			
	71555	72125			
	72126	72127			
	72128	72129			
	72130	72131			
	72132	72133			
	72141	72142			
	72146	72147			
	72148	72149			
	72156	72157			
	72158	72159			
	72191	72192			
	72193	72194			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		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			
	78266	78278			
	78282	78290			
	78291	78299			
	78300	78305			
	78306	78315			
	78399	78428			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		31295 31297	31296	Aug. 3, 2015	
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 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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	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				
29877	29881				
29880	29888				
29882					
29893					
Nervous System	64561	64640			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	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		
		22551	22554		
		22556	22558		
		22586	22590		
	22595	22600			
	22610	22612			
	22630	22633			
	22800	22802			
	22804	22808			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Spinal Surgery (cont.)		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 Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760		Dec. 7, 2015		
		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	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™	
		J9999		July 1, 2022		
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
		0539T	0540T			
Q2042						

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		Q2041		April 1, 2018	(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.
	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		
Ventricular Assist Device (VAD)		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's
		33929			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	Jan. 1, 2015	health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	

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