

Prior authorization requirements for STAR+Plus

Effective April 1, 2026

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan STAR+PLUS 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

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Bariatric Surgery		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services		96130	96131	April 1, 2026	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
		96136	96137		
		96138	96139		
		97151	97153		
		97154	97155		
		97156	97158		
		H0012	H0047		
	H2035				
Bone Growth Stimulator	Electronic stimulation or ultrasound to heal fractures	20975	20979	Jan. 1, 2015	
Breast Reconstruction		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

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(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	ion DX Codes	Jan. 1, 2015	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				
Cancer Supportive Care		Q5136	Q5157		April 1, 2026		
		Q5158	Q5159				
	Colony-Stimulating Factors	J1434	J2468		Jan. 1, 2026	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	
		Q5148					
	Colony-Stimulating Factors	J1449			Oct. 1, 2023		
	Erythropoiesis-Stimulating Factors	J0885					
	Antiemetic Drugs	J1456			July 1, 2023		
		Q5125		Oncology DX Codes	Jan. 1, 2023		
	Colony-Stimulating Factors	J1448	J2506		Jan. 1, 2022		
	Bone-Modifying Agents	J0897			June 1, 2018		
	Colony-Stimulating Factors	Q5120			July 1, 2020		
		Q5108	Q5111		Jan. 1, 2019		
		J2820			Oct. 1, 2017		
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the 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
		Q5110			Jan. 1, 2019		
J1442		Q5101		Oct. 1, 2017			
	J1447						

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					Provider Portal dashboard. Or, call 888-397-8129
Cardiology		33274		April 1, 2026	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal Dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>
		0571T	0614T	Aug. 1, 2024	
				June 1, 2022	
		33270	33207	Oct. 1, 2016	
		33206	33212		
		33208	33214		
		33213	33224		
		33221	33227		
		33225	33229		
		33228	33231		
		33230	33249		
		33240	33263		
		33262	93351		
		33264	93453		
		93350	93455		
		93452	93457		
		93454	93459		
	93456	93461			
	93458				
	93460				
Cardiovascular		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older
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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization		
Chemotherapy		J9011 J9282 Q5160	J9184 J9326		April 1, 2026	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for 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 authorization, please call 866-604-3267.</p>	
		J1299 J1326 J3055 J9024 J9028 J9054 J9161 J9275 J9289 J9341 J9382 Q2058 Q5147 Q5150 Q5152	J1323 J2277 J3263 J9026 J9038 J9076 J9174 J9276 J9329 J9342 Q2057 Q5146 Q5149 Q5151		Jan 1, 2026		
		J9073 J9075 J9249 J9361	J9074 J9248 J9376				July 1, 2024
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321				Jan. 1, 2024
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350				Oct. 1, 2023
		J9196 J9296 Q5129	J9294 J9297				July 1, 2023
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394				May 1, 2023
		J9274	J9298	Oncology DX Codes			Jan. 1, 2023
		J9331	J9332				Oct. 1, 2022
		J9071 J9359	J9273				July 1, 2022

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J1952	J9061		Apr. 1, 2022
		J9272			
		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
		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	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9120		
		J9130	J9145		
		J9150	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	Q2050		
		J9999			
		Q2043			
		C9399	J3590	Jan. 1, 2015	
		J3490			
		J1950		July 1, 2021	
		J9155	J9202	Jan. 1, 2015	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		
		J9226			
			Oncology DX Codes		
Circumcision		54150	54160	Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162		
Cochlear Implants and Other Auditory Implants		69729	69730	Mar. 1, 2023	
		L8619		Jan. 1, 2017	
		69714	69930	Jan. 1, 2015	
		L8614	L8690		
		L8691	L8692		
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
conversational speech					
Cosmetic & Reconstructive Procedures		14020* 14041	14021* 14061 *	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230	Jan. 1, 2015	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
Continuous Glucose Monitor		A4238 E2102	A4239 E2103	Feb. 1, 2023	
Durable Medical Equipment (DME) - Incontinence Supplies		A9276 A9278	A9277	Oct. 1, 2021	Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes. To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319 . To obtain incontinence supplies from a provider other than

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550 .
Durable Medical Equipment (DME)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		E0639	E0640	Feb. 1, 2021	
		A9900	E0465	May 1, 2019	
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0481		Oct. 1, 2017	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0636	E0638		
		E0641	E0642		
		E0669	E0700		
		E0710	E0745		
		E0762	E0764		
		E0784	E1002		
		E1003	E1004		
		E1005	E1006		
		E1007	E1008		
		E1009	E1010		
		E1035	E1161		
		E1229	E1231		
		E1232	E1233		
		E1234	E1235		
		E1236	E1237		
		E1238	E1239		
		E1399	E2100		
	E2227	E2228			
	E2327	E2325			
	E2351	E2329			
	E2510	E2373			
	E2599	E2511			
	E2627	E2626			
	E2629	E2628			
	E8001	E2630			
	K0008	K0005			
	K0108	K0013			
	K0849	K0848			
	K0851	K0850			
	K0853	K0852			
					Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		K0855	K0854		
		K0857	K0856		
		K0859	K0858		
		K0861	K0860		
		K0863	K0862		
		K0868	K0864		
		K0870	K0869		
		K0877	K0871		
		K0879	K0878		
		K0884	K0880		
		K0886	K0885		
	K0891	K0890			
	T1999	S1040			
Enteral Services		B4034	B4035	May 1, 2019	
In-home nutritional therapy, either enteral or through a gastrostomy tube		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 (FAI)		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. Prior authorization is only required for these codes with these DX codes.
		56805	57335	Gender Dysphoria Treatment DX Codes	

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Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450	81455	July 1, 2025	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.</p> <p>Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p>	
		81457	81458			
		81459	81462			
		81463	81464			
		81471	81523			
	Genetic Testing	81425	81426	Feb. 1, 2025		
		81427	81443			
	Genetic Testing	81520		Dec. 1, 2022		
			87505 87507	87506		Nov 1, 2020
	BRCA Genetic Testing	81163	81164			Jan. 1, 2019
Genetic Testing		81229		Oct.1, 2021		
		0111U	0129U	Nov. 1, 2019		
		81400	81401	Feb. 1, 2019		
		81402	81403			
		81404	81405			
		81406	81407			
		81408	81410			
		81411	81519			
		81162		May 2, 2016		
		G0162		Jan. 1, 2018		
	G0299	G0300	March 1, 2016			
	99503	G0153	Jan. 1, 2015			
	S9474					
Home Health Care						
	Injectable Medications	Bildyos	Q5162	April 1, 2026	<p>Prior authorization through Optum SGP</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most</p>	
		Imaavy	J9256			
		IVIG	J1553			
		Papzimeos	J3404			
Avtozma		Q5156	Jan. 1, 2026			

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	Conexence	Q5158			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.
	Stoboclo	Q5157			
	Therapeutic Radiopharmaceuticals	A9615			
	Alhemo	J7173		Oct. 1, 2025	
	Azmiro	J1072			
	Bkemv	Q5152			
	Encelto	J3403			
	Epysqli	Q5151			
	Imuldosa IV	Q5098			
	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesinek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortrophin	J0802			
	Gel®	J1413			

***Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.**

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	Elevidys® Qalsody®	J1304			
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™ Xenpozyme™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		Apr. 1, 2023	
	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	
	Releuko® Scenesse® Tezspire®	Q5125 J7352 J2356		Oct. 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551		Aug 1, 2022	
	Susvimo™ Nexviazyme® Saphnelo™	C9085 J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Nexviazyme®	J0256 J0257 J3490 C9085	J3590	April 1, 2022	
	Aldurazym® Elaprase® Fabrazyme®	J1931 J1743 J0180			

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Injectable Medications (cont.)	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
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		Fensolvi®	J1951		Oct. 1, 2021	
		Amondys 45	C9075	J3490	Sept. 1, 2021	
		Krystexxa®	J2507		Aug 1, 2021	
		Octreotide Acetate	J2354			
		Sandostatin® LAR	J2353			
		Signifor® LAR	J2502			
		Somatuline® Depot	J1930			
		Firmagon®	J9155		July 1, 2021	
		IVIG	J1554			
		Lupron Depot®	J1950			
		Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226				
	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	Viltepso™	J1427				
	Zoladex®	J9202				
	Avsola®	Q5121		April 1, 2021		
	Uplizna®	J1823				
	Vyepti™	J3032		Jan. 1, 2021		
	Tepezza®	J3241		Dec. 1, 2020		
	Cinryze®	J0598		Oct. 1, 2020		
	Ruconest®	J0596				
	Adakveo®	J0791		July 1, 2020		
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
	Vyondys 53®	J1429				
	Xembify®	J1558				
	Zolgensma®	J3399				
	Benlysta	J0490		April 1, 2020		
	Cimzia®	J0717				
	Rituxan®	J9312				
	Rituxan Hycela®	J9311				
	Stelara IV®	J3358				
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	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			
	Parsabiv™	J0606		Nov. 1, 2018	
	Sublocade™	Q9991	Q9992	July 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIIG	J1555			
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIIG	J1575		May 1, 2016	
	Acthar®	J0800		Jan. 1, 2015	
	Botulinum	J0585	J0586		
	Toxin	J0587	J0588		
	IVIIG	90284	J1459		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1599			
	Synagis®*	90378			
	Xolair®	J2357			
Injectable Medications – Unclassified	Kebilidi	C9399	J3490	Jan. 1, 2026	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.
	Starjemza	J3590			
	Rivfloza	C9399	J3490	July 1, 2024	
		J3590			
Joint Replacement		23470	23472	Jan. 1, 2015	
Joint, total hip and knee replacement procedures		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization	
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 Treatment of maxillofacial/jaw functional impairment		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		L8000	L8001	Jan. 1, 2019	Prior authorization is required for <u>all STAR+PLUS members</u> for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	
		L8002	L8010			
		L8015	L8020			
		L8030	L8031			
		L8032	L8035			
		L8039		Jan. 1, 2015		
		L8499				
		L3763	L5683			April 1, 2019
		L5999				Jan. 1, 2019
		L1810	L1832			
	L1843	L1932				
	L1951	L1960				
	L2280	L2999				
	L3000	L3010				
	L3020	L3216				
	L3221	L3960				
	L4631	L5000				
	L5611	L5620				
	L5624	L5629				
	L5631	L5637				
	L5645	L5647				
	L5649	L5650				
	L5671	L5673				
	L5679	L5685				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L5700	L5701		
		L5704	L5705		
		L5707	L5845		
		L5910	L5920		
		L5940	L5962		
		L5972	L5986		
		L8420	L8500		
		L1812	L1820		Jan. 1, 2018
		L1830	L1831		
		L1836	L1847		
		L1834			March 1, 2016
		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		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		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			
	L6055	L6050			
	L6110	L6100			
	L6130	L6120			
	L6205	L6200			
	L6300	L6250			

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

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		
		97530	97533		
		97535	97542		
		97545	*		
		97750	97546		
		97761	97760		
		G0282	G0281		
		S9152	G0283		
		92507	92508	Jan. 1, 2015	* Prior authorization not required for DME providers
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
	97039	97110			
	97112	97113			
	97116	97124			
	97140	97799			
	G0129	G0151			
	G0152	S8990			
	OR billed with these revenue codes:	419	420	Jan. 1, 2015	** Prior authorization required for nursing facilities only
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		
	978				
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			

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		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022	
		96130	96131			
		96132	96133			
		96136	96137			
Radiology		75580		Jan. 1, 2024	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>	
		71271	78429	Aug. 1, 2024		
		78430	78431			
		78432	78433			
		78459	78491			
		78492				
		0697T	0698T			June 1, 2022
		0710T	0711T			
		0712T	0713T			
		76391				Mar. 1, 2020
		76390	78830			Jan. 1, 2020
		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			
		70555	71250			
		71260	71270			
		71275	71550			
		71551	71552			
		71555	72125			
	72126	72127				
	72128	72129				
	72130	72131				
	72132	72133				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		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	78451		
		78452	78453		
		78454	78468		
		78466	78472		
		78469	78481		
		78473	78494		
		78483	78499		
		78496	78609		
	78608	78812			
	78811	78814			
	78813	78816			
	78815	G0235			
	G0252	S8092			
	S8037				
Rhinoplasty and Septoplasty		30400	30410	Jan. 1, 2015	
		30420	30430		
		30435	30450		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Treatment of nasal functional impairment and septal deviation		30460 30465	30462		
Sinuplasty		31298		July 1, 2018	
		31295 31297	31296	Aug. 3, 2015	
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 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	65820 66710 66825 67010 67042 67108 67840 68115		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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			
	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
			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.
		22512	22513		In addition, site of service will be reviewed as part of the prior authorization
		22515			
		22514		July 1, 2020	
		22100	22101	Jan 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	63200		
	63250	63251			
	63252	63265			
	63267	63268			
	63270	63271			
	63272	63286			
	63300	63301			
	63302	63303			
	63304	63305			
	63306	63307			
	63308				
Stimulators Implantation of a device that	Bone-Growth Stimulator	E0760		Dec. 7, 2015	
		E0747	E0748	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
sends electrical impulses	Neurostimulator	43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
Transplants		J3387		Feb. 1, 2026	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn 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.
		J3389			
		J3402		Oct. 1, 2025	
		J3391		July 1, 2025	
		Q2058			
		Q2057		Apr. 1, 2025	
		J3392		Jan. 1, 2025	
		Q2054			
		J3393		July 1, 2024	
		J3394			
Unclassified**	C9399 J3490			*Lantidra	
	J3590			**Amtagvi	
Unclassified*	C9399 J3490		April 1, 2024		
	J3590				
CAR T-Cell Therapy		Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		Q2042		Jan. 1, 2019	
		Q2041		April 1, 2018	
Transplant Services		32850	32851	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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	
		36473		April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	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.
		33929			
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	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	