Prior authorization requirements for STAR Kids

Effective October 1, 2025

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR Kids health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page
- **Fax:** 877-940-1972. The fax form is available at **Prior Authorization Forms.**

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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Nov. 1, 2016	
Behavioral Health Services						Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
Breast Reconstruction (Non-Mastectomy)		11971		Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342	19318 19328 19340 19350		Nov. 1, 2016	Prior authorization is required for all other DX codes.

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		19357 19364 19368 19370 19380	19361 19367 19369 19371 19396			
Cancer Supportive Care	Colony-Stimulating Factors	J1449			Oct. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Erythropoiesis-Stimulating Agents	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
		Q5125		Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506		Jan. 1, 2022	
	Bone-Modifying Agents	J0897			June 1, 2018	
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108 J2820	Q5111		Jan. 1, 2019 Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122		Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		0571T	0614T		Aug. 1, 2024	Prior authorization is required for participating physicians for outpatient
		93319			June 1, 2022	
		33206	33207		Nov. 1, 2016	

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Cardiology (cont.)		33208 33213 33221 33225 33228 33230 33240 33262 33264 93350 93452 93454 93456 93458 93460 33270	33212 33214 33224 33227 33229 33231 33249 33263 93351 93453 93455 93457 93459 93461			and office-based 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.
Cardiovascular		93580			April 1, 2022	Prior authorization required for members age 18 or older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95724	95718 95722		Jan. 1, 2020	
Chemotherapy		J9073 J9075 J9249 J9361	J9074 J9248 J9376		July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. Chemotherapy injectable drugs that have not yet received an assigned
		J9051 J9345 J9072 J9255 J9286	J9064 J9052 J9172 J9321		Jan. 1, 2024	

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		J9324				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.**
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350		Oct. 1, 2023	
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	
Chemotherapy (cont.)		J9331	J9332		Oct. 1, 2022	
		J9071 J9359	J9273		July 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349		May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021	
		J9227	J9304		Nov. 1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9020	J0641 J9015 J9019 J9025		Jan. 1, 2017	

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		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			
		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				
		J1950		Oncology DX Codes	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.
		J9155	J9202		Jan. 1, 2017	
		J9217	J9225			
		J9226				

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						Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150 54161	54160 54162		Nov. 1, 2016	
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729	69730		Mar. 1, 2023	
		69714 L8614 L8690 L8692	69930 L8619 L8691		Nov. 1, 2016	
Cosmetic & Reconstructive procedures		14020* 14041	 14021* 14061*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses

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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		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		Nov. 1, 2016	
Continuous Glucose Monitor		E2102 A4238	E2103 A4239		Feb. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
Dental Anesthesia		00170	41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.
Durable Medical Equipment (DME)		E2298			May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0639	E0640		Feb. 1, 2021	
		A9900 E0637	E0465		May 1, 2019	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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 the Home Health Care section.
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		A9279 E0265 E0445 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628 E2630 K0005 K0013 K0848 K0850 K0852 K0854 K0856 K0858 K0860 K0862 K0864	E0194 E0300 E0457 E0466 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327 E2351 E2510 E2599 E2627 E2629 E8001 K0008 K0108 K0849 K0851 K0853 K0855 K0857 K0859 K0861 K0863 K0868		Nov. 1, 2016	

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Durable Medical Equipment (DME) (cont.)		K0869 K0871 K0878 K0880 K0885 K0890 S1040	K0870 K0877 K0879 K0884 K0886 K0891 T1999			
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159 B4161	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019	
		B9002	B9998		Nov. 1, 2016	
Experimental & Investigational		33477 66180 E1831	36514 64722 A9274		Nov. 1, 2016	
Femoroaceta-bular Impingement Syndrome (FAI)		29914 29916	29915		Nov. 1, 2016	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		Nov. 1, 2016	
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with DX codes.
		56805	57335	Gender Dysphoria Treatment DX Codes		

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Genetic Testing	Genetic Testing	81450 81455 81457 81458 81459 81462 81463 81464 0026U 0048U 0050U 0055U 0087U 0088U 0094U 0101U 0102U 0103U 0114U 0118U 0154U 0170U 0171U 0211U 0212U 0213U 0233U 0238U 0244U 0245U 0250U 0258U 0265U 0268U 0269U 0270U 0271U 0272U 0273U 0274U 0276U 0277U 0278U 0282U 0285U 0286U 0289U 0290U 0291U 0292U 0293U 0294U		July 1, 2025	
	Genetic Testing	81425 81426 81427 81443		Feb. 1, 2025	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior
	Genetic Testing	81520		Dec. 1, 2022	

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	Genetic testing					Authorization/Notification program for each specified genetic test. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	
	Genetic Testing	81229			Oct. 1, 2021	
		87505 87507	87506		Nov. 1, 2020	
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb 1, 2019	
Home Health Care		99503 G0300	G0299 S9474		Nov. 1, 2016	
Injectable Medications	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174			Oct. 1, 2025	Prior authorization through Optum SGP Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to*
	Hemlibra	J7170			July 1, 2025	

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	Hympavzi Niktimvo Nypozi Steqeyma IV Yesintek IV	J7172 J9038 Q5148 Q5099 Q5100			*Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. * Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.
	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133		Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998		May 1, 2025	
	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299		Apr. 1, 2025	
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802		Jan. 1, 2025	
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Acthar Gel® Cortropin Gel™ Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre®	J2329 J1576 J2781		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Tzield™	Q5128 J1449 J1747 J9381 J0218		July 1, 2023	

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	Xenpozyme™				
	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®	Q5125		Oct. 1, 2022	
	Scenesse® Tezspire®	J7352 J2356		Aug 1, 2022	
	Leqvio® Vyvgart™ Cutaquig®	J1306 J9332 J1551			
	Nexviazyme® Saphnelo™	J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira® Glassia® Aldurazym® Elaprase® Fabrazyme® Kanuma® Lumizyme® Mepsevii® Naglazyme® Revcovi® Vimizim®	J0256 J0257 J1931 J1743 J0180 J2840 J0221 J3397 J1458 J3590 J1322		April 1, 2022	

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	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl ®	J0896			
	Ruxience ®	Q5119			
	Vyondys 53 ®	J1429			
	Xembify ®	J1558			
	Zolgensma ®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			

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	Therapeutic Radio-Pharmaceuti	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-Pharmaceuti	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	J1602				
	Parsabiv™	J0606			Nov. 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIG	J1555				
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Cinqair®	J2786			April 1, 2017	

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	Nucala®	J2182				
	IVIG	J1575			May 1, 2016	
					Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIG	90284 J1556 J1559 J1566 J1569	J1459 J1557 J1561 J1568 J1572			
	*Synagis®	90378				
	Xolair®	J2357				
Injectable Medications – Temporary and Unclassified	Steqeyma IV Yesintek IV	C9399 J3590	J3490		Jun. 1, 2025	Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Rivfloza	C9399 J3590	J3490		July 1, 2024	
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868		Nov. 1, 2016	

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Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.
Mental Health (MH)/ Substance Use Disorder (SUD)					Prior authorization is required for services including: • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing Prior authorization is **not** required for crisis evaluations, code H2011. To request prior authorization, please call the number on the back of the member's health plan ID card. Or, fax prior authorization request to **877-450-6011**. Fax form is available at
Non-Emergent Air Ambulance Transport		A0430 A0431 A0435 A0436		Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0398 A0420 A0422 A0424 A0425 A0426 A0428 A0433 A0434		Nov. 1, 2016	

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Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123		Nov. 1, 2016	
		21125	21127			
		21141	21142			
		21143	21145			
		21146	21147			
		21150	21151			
		21154	21155			
		21159	21160			
		21188	21193			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
Orthotics and Prosthetics		L1832			May 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than $500.
		L3763	L4631		April 1, 2019	
		L5647	L5649			
		L5673	L5683			
		L5700	L5705			
		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L0112	L0170		Nov. 1, 2016	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1834			
		L1840	L1844			
		L1845	L1846			
		L1860	L1945			
		L1950	L1970			
		L2000	L2005			
		L2010	L2020			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		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	L5702			
		L5703	L5706			
		L5716	L5718			
		L5722	L5724			
		L5726	L5728			
		L5780	L5790			
		L5795	L5811			
		L5812	L5814			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		L6970	L6975			
		L7007	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			
		97533	97535			
		97537	97542*			
		97545	97546			
		97750	97760			
		97761	G0283			
		92507	92508		Nov. 1, 2016	
		92526	97012			
		97014	97016			
		97018	97022			
		97026	97028			
		97033	97034			
		97039	97110			
		97112	97113			
		97116	97124			
		97140	97530			
		97799	G0129			
		G0152	G0281			
		G0282	S8990			
	OR billed with these revenue codes	419	420			
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
Private Duty Nursing		T1000			Nov. 1, 2016	
Prostate Procedures		37243 55874	53850		April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Nov. 1, 2016	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580			Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit **UHCprovider.com/TXcommunityplan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491		Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	
		76391			March 1, 2020	
		76390 78831	78830 78832		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		70336	70450		Nov. 1, 2016	
		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			
		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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78226	78199			
		78264	78227			
		78266	78265			
		78300	78299			
		78306	78305			
		78399	78315			
		78452	78451			
		78454	78453			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78494			
		78496	78499			
		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 Treatment of nasal functional impairment and septal deviation		30400	30410		Nov. 1, 2016	
		30420	30430			
		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		Nov. 1, 2016	
Site of service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552			
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 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 68815	68720			
	Female Genital System	57240 57461 58561	57250 57520 58562			
	Gynecologic Procedures	57522 58558 58565	58353 58563			
	Hemic and Lymphatic Systems	38500 38525	38510			
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654			
	Integumentary System	10121 11450 11770 15100 15240 19120	11440 11624 13121 15120 19020 19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552 21012 21336 21555 21930 22902 23071 24071 27337 28035 28041 28080 28104 28118 28124 28289 28296 28298 29806 29819 29823 29825 29827 29835	20553 21013 21554 21556 22903 23075 27327 27632 28039 28060 28090 28110 28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29840 29846			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)		29845 29848 29875 29877 29880 29882 29893	29861 29876 29879 29881 29888			
	Nervous System	64561	64640			
	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive		21685 42145	41599		Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery		22510 22512 22515	22511 22513		April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22514			July 1, 2020	
		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 63170 63173 63190 63250 63252 63267 63270 63272	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 63185 63191 63200 63251 63265 63268 63271 63286		Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery (cont.)		63300 63302 63304 63306 63308	63301 63303 63305 63307			
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Nov. 1, 2016	
Transplants	Unclassified ***	J3402 C9399 J3590	J3490		Oct. 1, 2025	
		J3391 Q2058			July 1, 2025	
		Q2057			Apr.1, 2025	
		Q2054 J3393			Jan. 1, 2025	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J3394			July 1, 2024	autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia, Ryoncil, 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 ***Zevaskyn
	Unclassified **	C9399 J3590	J3490			
	Unclassified *	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		Q2042			Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061		Nov. 1, 2016	
		38232		Oncology DX Codes	Nov. 1, 2016	
Vein Procedures Removal and		37765	37766		July 1, 2021	
		36473			April 1, 2017	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475 37700 37722	36478 37718 37780		Nov. 1, 2016	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33929	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.
		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508		Nov. 1, 2016	
Wound Vac		E2402			Nov. 1, 2016	