

# Prior Authorization Requirements for STAR Kids

Effective November 1, 2022

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR Kids 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](https://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](https://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	
<b>Bariatric Surgery</b>		43644	43645	Nov. 1, 2016		
		43659	43770			
	Inpatient and outpatient	43775	43842			
	bariatric surgery	43845	43846			
	and obesity-related services	43847	43848			
		43860				
<b>Bone Growth Stimulator</b>		20975	20979	Nov. 1, 2016		
					Electronic stimulation or ultrasound to heal fractures	
<b>Breast Reconstruction (Non-Mastectomy)</b>		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	19318		Nov. 1, 2016	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			
<b>Cancer Supportive Care</b>		Q5125	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
Cancer Supportive Care (cont.)	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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		
		Bone-Modifying Agents	J0897	June 1, 2018			
	Colony-Stimulating Factors	Q5120		July 1, 2020			
		Q5108	Q5111	Jan. 1, 2019			
		J2820		Oct. 1, 2017			
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021			
		Q5110		Jan. 1, 2019			
		J1442 J1447		Q5101 Oct. 1, 2017			
	Cardiology		93319			June 1, 2022	Prior authorization is required for participating physicians for outpatient 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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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.
			33206	33207		Nov. 1, 2016	
		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					
	33270						
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services.	
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		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 oncology diagnosis.	
		J9331	J9332	Oct. 1, 2022		
		J9071 J9359	J9273		July 1, 2022	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.
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		J9037 J9317 J9144 J9316	J9349 J9118 J9223 J9281		May 1, 2021 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	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017	J0641 J9015 J9019		Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Chemotherapy (cont.)		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		
		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				
	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. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization
	J9155	J9202		Jan. 1, 2017	
	J9217	J9225			
	J9226				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
					and Notification on your Provider Portal dashboard. Or, call 888-397-8129
<b>Circumcision</b>		54150 54160 54161 54162		Nov. 1, 2016	
<b>Cochlear Implants and Other Auditory Implants</b>		69714 69930 L8614 L8619 L8690 L8691 L8692		Nov. 1, 2016	
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech				
<b>Cosmetic &amp; Reconstructive procedures</b>		14020 14021 14041 14061		July 1, 2021	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960 15821 15820 15823 15822 15847 15830 17107 17106 17999 17108 21138 21137 21172 21139 21179 21175 21181 21180 21183 21182 21230 21184 21256		Nov. 1, 2016	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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			
<b>Continuous Glucose Monitor</b>		A9276 A9277 A9278		Oct. 1, 2021	
		K0553		Feb. 1, 2021	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		K0554			
<b>Dental Anesthesia</b>		00170 41899		July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0639 E0640		Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0465 E0637		May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		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 E0194 E0265 E0300 E0445 E0457 E0460 E0466 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 E2300 E2325 E2327 E2329 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0008 K0013 K0108 K0848 K0849 K0850 K0851 K0852 K0853		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		K0854	K0855		
		K0856	K0857		
		K0858	K0859		
		K0860	K0861		
		K0862	K0863		
		K0864	K0868		
		K0869	K0870		
		K0871	K0877		
		K0878	K0879		
		K0880	K0884		
		K0885	K0886		
		K0890	K0891		
	S1040	T1999			
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B9002	B9998	Nov. 1, 2016	
<b>Experimental &amp; Investigational</b>		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	Nov. 1, 2016	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
<b>Gender Dysphoria Treatment</b>		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335		Prior authorization is only required for these codes with DX codes.
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
		81520			
					Care providers requesting laboratory testing will be required to complete the prior authorization/notification process,

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)</b>	Genetic testing	81238	81247	June 1, 2022	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.	
		81248	81249			
		81258	81259			
		81269	81278			
		81334	81351			
		81352	81353			
		81361				
	BRCA Genetic Testing	81212				Feb. 1, 2019
		81216				
		81163	81164			Jan. 1, 2019
		81165	81166			
		81162				Nov. 1, 2016
	Genetic Testing	81229				Oct. 1, 2021
		87481	87482			Nov. 1, 2020
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87800	87799			
		0068U	87801			
		0097U				
0111U		0129U		Nov. 1, 2019		
0136U		0137U				
		81167	81233		April 1, 2019	
		81237				
		0040U	81105		Feb 1, 2019	
		81106	81107			
	81108	81109				
	81110	81111				
	81120	81121				
	81161	81170				
	81200	81201				
	81205	81203				
	81209	81208				
	81218	81223				
	81220	81225				
	81222	81227				
	81224	81240				
	81226	81242				
	81241	81244				
	81243	81246				
	81245	81251				
	81250	81253				
	81252	81255				
	81254	81257				
	81256	81261				
	81260	81263				
	81262	81265				
	81264	81267				
	81266	81273				
	81268	81276				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)</b>		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				
<b>Home Health Care</b>		99503	G0299	Nov. 1, 2016	
		G0300	S9474		
<b>Injectable Medications</b>	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	<p>Prior authorization through Optum SGP. Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b>. ** Do Not Start Case – Direct Provider using the information below:</p>
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9093		May 1, 2022	
	Nexvazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
Zemaira®					
Glassia®	J0257				
Aldurazym®	J1931				
Elaprase®	J1743				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Injectable Medications (cont.)</b>	Fabrazyme®	J0180			<p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into <a href="https://uhcprovider.com">UHCProvider.com</a> and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
	Aduhelm®	J0172				Feb. 1, 2022
	Fensolvi®	J1951				Oct. 1, 2021
	Amondys 45	C9075				Sept. 1, 2021
	Krystexxa®	J2507				Aug. 1, 2021
	Nplate®	J2796				
	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				
	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					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (cont.)	**Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020		
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019		
	**Therapeutic Radio-Pharmaceuticals	A9513				
	Evenity™	J3111		Oct. 1, 2019		
	Gamifant®	J9210				
	Onpattro™	J0222				
	Sodium Hyaluronate	J7320	J7321			
		J7322	J7324			
		J7325	J7326			
		J7327	J7329			
	Ultomiris™	J1303				
	White blood cell colony-stimulating factors	J1442	J1447			
		Q5101	Q5110			
	**Therapeutic Radio-Pharmaceuticals	A9699			May 1, 2019	
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606			Nov. 1, 2018	
	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Injectable Medications (cont.)</b>	Nucala®	J2182				
	Probuphine®	J0570				
	IVIG	J1575		May 1, 2016		
	Acthar®	J0800		Nov. 1, 2016		
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
	*Synagis®	90378				
	Xolair®	J2357				
	<b>Injectable Medications – Temporary and Unclassified</b>	Fynlentra®	C9399	J3490	Nov. 1, 2016*	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
			J3590		*Reflects the effective date for the unlisted codes not the specific drug names listed	
	<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470	23472	Nov. 1, 2016	
			23473	23474		
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27130			
		27125	27134			
		27132	27138			
		27137	27446			
		27412	27486			
		27447	29866			
		27487	29868			
		29867				
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>						

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> <li>• Inpatient/residential</li> <li>• Intensive outpatient</li> <li>• Nursing facility services</li> <li>• Partial hospitalization program</li> <li>• Psychological testing</li> </ul> <p>Prior authorization is <b>not</b> required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to <b>877-450-6011</b>. Fax form is available at <a href="http://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunityPlan</a> &gt;Prior Authorization and Notification Resources &gt; Prior Authorization Forms.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296	Nov. 1, 2016	
Orthotics and Prosthetics		L1832 L3763 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999	May 1, 2019 April 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Orthotics and Prosthetics (cont.)		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				
Outpatient Therapy		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)  Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. <b>* Prior authorization not required for DME providers</b>	
		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				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (cont.)	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018	
		T2002			
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Proceudres		37243	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
		55874			
		55866		Nov. 1, 2016	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520	77522	Nov. 1, 2016	
		77523	77525		
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		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	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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.
		78831	78832		
		0501T	0502T	Jan. 1, 2019	
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Nov. 1, 2016	
		70460	70470		
		70480	70481		
	70482	70486			
	70487	70488			
	70490	70491			
	70492	70496			
	70498	70540			
	70542	70543			
	70544	70545			

For more details, please visit [UHCprovider.com](https://UHCprovider.com)/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
	C8903	C8905			
	C8906	C8908			
	C8909	C8910			
	C8911	C8912			
	C8913	C8914			
	C8918	C8919			
	C8920	C8931			
	C8932	C8933			
	C8934	C8935			
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			

<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			

<b>Site of service (SOS) – Outpatient Hospital</b>	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	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
	46270	46275			
	46288	46505			
	46750	46910			
	46946				
ENT Procedures	21320	30140			
	30520	69436			
	69631				
Eye and Ocular Adnexa	65710	65820			
	66250	66710			
	66711	66825			
	66986	67010			
	67041	67042			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of service (SOS) –		67105	67108		
		67113	67840		
Outpatient		68110	68115		
		68320	68720		
Hospital (cont.)		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
Gynecologic Procedures		57522	58353		
		58558	58563		
		58565			
Hemic and Lymphatic Systems		38500	38510		
		38525			
Hernia Repair		49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
Integumentary System		10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		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			
	29875	29879			
	29877	29881			
	29880	29888			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of service (SOS) –</b>		29882			
		29893			
<b>Outpatient Hospital (cont.)</b>	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
		67228	67311		
		67312			
	Respiratory System	30802	30930		
		31525	31535		
		31536	31541		
		31624			
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
<b>Sleep Apnea Procedures &amp; Surgeries</b>		21685	41599	Nov. 1, 2016	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		42145			
<b>Spinal Surgery</b>		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Spinal Surgery (cont.)		22100	22101	Nov. 1, 2016	
		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0747	E0748	Nov. 1, 2016	
		E0760			
	Neurostimulator	43648	43881	Nov. 1, 2016	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
L8686	L8687				
L8688					
<b>Transplants</b>	CAR T-Cell Therapy	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
	0539T	0540T			
	Transplant Services	Q2042		April 1, 2018 Nov. 1, 2016	
		Q2041			
		32850	32851		
		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	Nov. 1, 2016		



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Vein Procedures</b>		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		Nov. 1, 2016	
		37700 37718			
		37722 37780			
<b>Ventricular Assist Device (VAD)</b>		33927 33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.
		33929			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33976		Nov. 1, 2016	
		33979 33981			
		33982 33983			
		Q0507 Q0508			
		Q0509			
<b>Wound Vac</b>		E2402		Nov. 1, 2016	