Prior authorization requirements for STAR+Plus

Effective October 1, 2025

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
- **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 network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Bariatric Surgery		43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860		Jan. 1, 2015	
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		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 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
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 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 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 and office-based diagnostic catheterizations,
		93319			June 1, 2022	
		33270 33206	33207 33212		Oct. 1, 2016	

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		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			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		37230 37231		Jan. 1, 2023	Prior authorization requirements applies to memebers 18yrs and older
		93580		April 1, 2022	
		37220 37221 37224 37225 37226 37227 37228 37229		Sept. 1, 2020	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95718 95724 95722		Jan. 1, 2020	
Chemotherapy		J9073 J9074 J9075 J9248 J9249 J9376 J9361		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 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
		J9051 J9064 J9345 J9052 J9072 J9172 J9255 J9321 J9286 J9324		Jan. 1, 2024	
		J9029 J9056 J9058 J9059 J9063 J9259 J9322 J9323 J9347 J9350 J9380		Oct. 1, 2023	
		J9274 J9298	Oncology DX Codes	Jan. 1, 2023	

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Chemotherapy (cont.)		J9331	J9332		Oct. 1, 2022	call **866-604-3267**.
		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 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100 J9130 J9150 J9165 J9175 J9178 J9181 J9190 J9201 J9205	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200		Jan. 1, 2017	

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		J9207 J9209 J9212 J9214 J9216 J9218 J9230 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2043	J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9328 J9340 J9352 J9355 J9360 J9395 J9600 Q2017 Q2050			
		C9399 J3490	J3590		Jan. 1, 2015	
		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 UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155 J9217 J9226	J9202 J9225		Jan. 1, 2015	
Circumcision		54150 54161	54160 54162		Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and		69729	69730		Mar. 1, 2023	
		L8619			Jan. 1, 2017	

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Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8691	69930 L8690 L8692		Jan. 1, 2015	
Cosmetic & Reconstructive Procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020* 14041 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	14021* 14061* 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		July 1, 2021 Jan. 1, 2015	*will NOT require prior auth when billed with skin cancer diagnoses
Continuous Glucose Monitor		A4238 E2102 A9276 A9278	A4239 E2103 A9277		Feb. 1, 2023 Oct. 1, 2021	

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Durable Medical Equipment (DME) – Incontinence Supplies					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 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. Prosthetics are not DME – see the *Orthotics and Prosthetics* section. Some home health care services may qualify but are not subject to the cost threshold – see the *Home Health Care* section.
		E0639	E0640	Feb. 1, 2021	
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327	E0194 E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325	Jan. 1, 2015	

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Durable Medical Equipment (DME) (cont.)		E2351	E2329			
		E2510	E2373			
		E2599	E2511			
		E2627	E2626			
		E2629	E2628			
		E8001	E2630			
		K0008	K0005			
		K0108	K0013			
		K0849	K0848			
		K0851	K0850			
		K0853	K0852			
		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 In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			
		B4149	B4153			
		B4152	B4158			
		B4155	B4160			
		B4159				
		B4161				
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	E1831			
		A9274				
Femoroacetabular Impingement Syndrome (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			

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Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with these DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	Genetic Testing	81450 81457 81459 81463	81455 81458 81462 81464		July 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 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.
	Genetic Testing	81425 81427	81426 81443		Feb. 1, 2025	
	Genetic Testing	81520			Dec. 1, 2022	
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	
	Genetic Testing	81229			Oct.1, 2021	
		0111U	0129U		Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519		Feb. 1, 2019	
Home Health Care		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503 S9474	G0153		Jan. 1, 2015	

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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 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**.
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesinek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100		July 1, 2025	
	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® Cortrophin Gel® Elevidys® Qalsody®	J0801 J0802 J1413 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	

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	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® Aldurazym® Elaprase® Fabrazyme® Kanuma® Lumizyme® Mepsevii® Naglazyme® Revcovi®	J0256 J0257 J3490 C9085 J1931 J1743 J0180 J2840 J0221 J3397 J1458 J3590	J3590	April 1, 2022	

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Injectable Medications (cont.)	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	Sept. 1, 2021	
	Krystexxa®	J2507		Aug 1, 2021	
	Octreotide Acetate Sandostatin® LAR Signifor® LAR Somatuline® Depot	J2354 J2353 J2502 J1930			
	Firmagon® IVIG Lupron Depot® Lupron Depot, Eligard® Supprelin® LA Trelstar® Triptodur® Truxima® Viltepso™ Zoladex®	J9155 J1554 J1950 J9217 J9226 J3315 J3316 Q5115 J1427 J9202		July 1, 2021	
	Avsola® Uplizna®	Q5121 J1823		April 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze® Ruconest®	J0598 J0596		Oct. 1, 2020	
	Adakveo® Givlaari® Reblozyl ® Ruxience ® Vyondys 53 ® Xembify® Zolgensma ®	J0791 J0223 J0896 Q5119 J1429 J1558 J3399		July 1, 2020	
	Benlysta Cimzia® Rituxan® Rituxan Hycela® Stelara IV®	J0490 J0717 J9312 J9311 J3358		April 1, 2020	
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			

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	Evenity™ Gamifant® Onpattro™ Sodium Hyaluronate Ultomiris™ White blood cell colony-stimulating factors	J3111 J9210 J0222 J7320 J7322 J7325 J7327 J1303 J1442 Q5101	 J7321 J7324 J7326 J7329 J1447 Q5110		Oct. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9699			May 1, 2019	
	Actemra® Brineura™ Crysvita® Entyvio® Fasenra™ Ilumya™ Inflectra® Luxturna™ Orencia® Radicava® Remicade® Renflexis® Simponi Aria	J3262 J0567 J0584 J3380 J0517 J3245 Q5103 J3398 J0129 J1301 J1745 Q5104 J1602			Jan. 1, 2019	
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™ IVIG Ocrevus™ Spinraza™	J1428 J1555 J2350 J2326			Jan. 1, 2018	
	Lemtrada®	J0202			Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182			April 1, 2017	
	IVIG	J1575			May 1, 2016	
	Acthar® Botulinum Toxin IVIG	J0800 J0585 J0587 90284 J1556 J1559 J1566 J1569 J1599	 J0586 J0588 J1459 J1557 J1561 J1568 J1572		Jan. 1, 2015	

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	Synagis®*	90378				
	Xolair®	J2357				
Injectable Medications – Unclassified	Beqvez	C9172			Oct. 1, 2024	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		Jan. 1, 2015	
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.
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	

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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		Jan. 1, 2015	
Orthotics and Prosthetics		L8000 L8002 L8015 L8030 L8032 L8039	L8001 L8010 L8020 L8031 L8035		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.**
		L8499			Jan. 1, 2015	
		L3763 L5999	L5683		April 1, 2019	**Prior authorization is required for all <u>WAIVER</u> plan members regardless of billed amount (this is not a benefit to non-waiver members).**
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707 L5910 L5940 L5972 L8420	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845 L5920 L5962 L5986 L8500		Jan. 1, 2019	
		L1812 L1830	L1820 L1831		Jan. 1, 2018	

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Orthotics and Prosthetics (cont.)		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			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
		L5250	L5270			
		L5280	L5301			

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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L6584	L6586			
		L6588	L6590			
		L6621	L6623			
		L6624	L6646			
		L6648	L6686			
		L6687	L6689			
		L6690	L6692			
		L6693	L6694			
		L6695	L6696			
		L6697	L6704			
		L6707	L6708			
		L6709	L6711			
		L6712	L6713			
		L6714	L6715			
		L6880	L6881			
		L6882	L6883			
		L6884	L6885			
		L6895	L6900			
		L6905	L6910			
		L6915	L6920			
		L6925	L6930			
		L6935	L6940			
		L6945	L6950			
		L6955	L6960			
		L6965	L6970			
		L6975	L7007			
		L7008	L7009			
		L7040	L7045			
		L7170	L7180			
		L7181	L7185			
		L7186	L7190			
		L7191	L7405			
		L8040	L8042			
		L8043	L8044			
		L8045	L8046			
		L8047	L8610			
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. 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
		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	
		92526	97012			
		97014	97016			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		97018 97026 97033 97039 97112 97116 97140 G0129 G0152	97022 97028 97034 97110 97113 97124 97799 G0151 S8990			
	OR billed with these revenue codes:	419 421 423 429 431 433 439 441** 978	420 422 424 430 432 434 440** 977		Jan. 1, 2015	** Prior authorization required for nursing facilities only
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Prostate Procedures		37243 55874	53850		April 1, 2022	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
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 71271 78430 78432 78459 78492	 78429 78431 78433 78491		Jan. 1, 2024 Aug. 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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		0697T	0698T		June 1, 2022	the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit **UHCprovider.com/TXCommunity** **Plan** > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		0710T	0711T			
		0712T	0713T			
		76391			Mar. 1, 2020	
		76390	78830		Jan. 1, 2020	
		78831	78832			
		77046	77047		Jan. 1, 2019	
		77048	77049			
		70336	70450		Jan. 1, 2015	
		70460	70470			
		70480	70481			
		70482	70486			
		70487	70488			
		70490	70491			
		70492	70496			
		70498	70540			
		70542	70543			
		70544	70545			
		70546	70547			
		70548	70549			
		70551	70552			
		70553	70554			
		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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78226	78199			
		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		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
impairment and septal deviation						
Sinuplasty		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821	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			
		67105	67108			
		67113	67840			
		68110	68115			
		68320	68720			
		68815				

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	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
		29882 29893				
	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 sleep apnea		21685 42145	41599		Jan. 1, 2015	
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 the prior authorization
		22514			July 1, 2020	
		22100 22102 22112 22206 22210 22214 22224	22101 22110 22114 22207 22212 22220 22532		Jan 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		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 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Jan. 1, 2015	
Transplants	Unclassified***	J3402 C9399 J3590	J3490		Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene 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
		J3391 Q2058			July 1, 2025	
		Q2057			Apr. 1, 2025	
		J3392 Q2054			Jan. 1, 2025	
	Unclassified**	J3393 J3394 C9399 J3590	J3490		July 1, 2024	
	Unclassified*	C9399 J3590	J3490		April 1, 2024	
	CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053 Q2042			July 1, 2021 Jan. 1, 2019	
		Q2041			April 1, 2018	
	Transplant Services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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 Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
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	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				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402			Jan. 1, 2015	