

Prior authorization requirements for STAR+Plus

Effective November 1, 2022

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR+PLUS for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972.** The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Bariatric Surgery		43644	43645	Jan. 1, 2015		
		43659	43770			
		43775	43842			
		43845	43846			
		43847	43848			
		43860				
Bone Growth Stimulator	Electronic stimulation or ultrasound to heal fractures	20975	20979	Jan. 1, 2015		
Breast Reconstruction (Non-Mastectomy)	Reconstruction of the breast other than following mastectomy	11971		Breast Reconstruction on DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes.
		19316	19318		Jan. 1, 2015	
		19325	19328			
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
19380	19396					
Cancer Supportive Care	Colony-Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Cancer Supportive Care (cont.)	Bone-Modifying Agents	J0897		June 1, 2018	<p>required for these codes with all other DX.</p> <p>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</p> <p>Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below.</p> <p>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</p>	
		Q5120		July 1, 2020		
	Colony-Stimulating Factors	Q5108	Q5111			Jan. 1, 2019
		J2820				Oct. 1, 2017
		Q5122		Oncology DX Codes		Feb. 1, 2021
		Q5110				Jan. 1, 2019
Colony-Stimulating Factors	J1442	Q5101		Oct. 1, 2017		
	J1447					
Cardiology		93319		June 1, 2022	<p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <p>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.</p>	
		33270	33207			Oct. 1, 2016
		33206	33212			
		33208	33214			
		33213	33224			
		33221	33227			
		33225	33229			
		33228	33231			
		33230	33249			
		33240	33263			
		33262	93303			
		33264	93306			
		93304	93308			
		93307	93351			
		93350	93453			
		93452	93455			
		93454	93457			
	93456	93459				
	93458	93461				
	93460					
Cardiovascular		93580		April 1, 2022	<p>Prior authorization requirements applies to members 18yrs and older</p>	
		37220	37221			Sept. 1, 2020
		37224	37225			
		37226	37227			
		37228	37229			
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	<p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	
		95720	95718			Jan. 1, 2020
		95724	95722			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9071 J9359	J9273		July 1, 2022	
		J9247 J9319	J9318		Jan. 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.
		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	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119	J9204		Oct. 1, 2019	
		J9210 J9313	J9269			
		J9030	J9036		Aug. 1, 2019	
		J9044	J9057		Jan. 1, 2019	
		J9153 J9229 J9312	J9173 J9311			
		J9022	J9023		April 1, 2018	
		J9203	J9285			
		J0640	J0641		Jan. 1, 2017	
		J9000	J9015			
		J9017	J9019			
		J9020	J9025			
		J9027	J9032			
		J9033	J9034			
		J9035	J9039			
		J9040	J9041			
		J9042	J9043			
		J9045	J9047			
		J9050	J9055			
		J9060	J9065			
		J9070	J9098			
		J9100	J9120			
		J9130	J9145			
		J9150	J9151			
		J9165	J9160			
		J9175	J9171			
		J9178	J9176			
		J9181	J9179			
		J9190	J9185			
		J9201	J9200			
		J9205	J9206			
		J9207	J9208			
	J9209	J9211				
	J9212	J9213				
	J9214	J9215				
	J9216	J9228				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Chemotherapy (cont.)		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				
	C9399	J3590		Jan. 1, 2015	
	J3490				
	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	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
Circumcision		54150	54160	Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162		
Cochlear Implants and Other Auditory Implants		L8619		Jan. 1, 2017	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714	69930	Jan. 1, 2015	
		L8614	L8690		
		L8691	L8692		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Cosmetic & Reconstructive Procedures		14020	14021	July 1, 2021	
		14041	14061		
		11960	15821	Jan. 1, 2015	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		21184	21256		
		21235	21280		
		21275	21295		
		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
	67903	67908			
	67906	67911			
	67909	67914			
	67912	67916			
	67915	67921			
	67917	67923			
	67922	67950			
	67924	67966			
	67961				
	Q2026				
Continuous Glucose Monitor		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0554		July 1, 2021	
Durable Medical Equipment (DME) – Incontinence Supplies					<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>To obtain incontinence supplies from Longhorn Health Solutions, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550.</p>
Durable Medical Equipment (DME)		E0639	E0640	Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p> <p>Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.</p> <p>Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.</p>
		A9900	E0465	May 1, 2019	
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0481		Oct. 1, 2017	
	E0766		April 1, 2017		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Durable Medical Equipment (DME) (cont.)		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0636	E0638		
		E0641	E0642		
		E0669	E0700		
		E0710	E0745		
		E0762	E0764		
		E0784	E1002		
		E1003	E1004		
		E1005	E1006		
		E1007	E1008		
		E1009	E1010		
		E1035	E1161		
		E1229	E1231		
		E1232	E1233		
		E1234	E1235		
		E1236	E1237		
		E1238	E1239		
		E1399	E2100		
		E2227	E2228		
		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	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				
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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Experimental & Investigational (and/or Linked Services)		S8262		Sept. 1, 2016	
		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722 A9274	E1831		
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		
Gender Dysphoria Treatment		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes.
		56805	57335		
Genetic and Molecular Testing to Include BRCA Gene Testing	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			
	Genetic testing	81238	81247	June 1, 2022	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.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81212		Feb. 1, 2019	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.
		81216			
		81163	81164	Jan. 1, 2019	
		81165	81166		
	Genetic Testing	81162		May 2, 2016	
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)		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		
		81272	81288		
		81287	81291		
		81290	81295		
		81292	81297		
		81294	81303		
		81298	81310		
		81300	81314		
		81302	81316		
		81304	81318		
		81313	81321		
		81315	81323		
		81317	81325		
		81319	81327		
		81322	81331		
		81324	81340		
		81326	81342		
		81330	81355		
		81332	81371		
		81341	81373		
		81350	81375		
		81370	81377		
		81372	81379		
		81376	81381		
	81378	81383			
	81380	81401			
	81382	81403			
	81400	81405			
	81402	81407			
	81404	81410			
	81406	81420			
	81408	81519			
	81411				
	81507				
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	G0153	Jan. 1, 2015	
		S9474			
Injectable Medications	Releuko® Scenesse®	Q5125 J7352		Oct. 1, 2022	Prior authorization through Optum SGP

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications (cont.)	Apretude™	J7039		Aug 1, 2022	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 . ** Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprased®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Adulhelm®	J0172		Feb. 1, 2022	
	Saphnelo™	C9086			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	Sept. 1, 2021	
	Krystexxa®	J2507		Aug 1, 2021	
	Nplate®	J2796			
	Octreotide	J2354			
	Acetate				
	Sandostatin®	J2353			
	LAR				
	Signifor® LAR	J2502			
	Somatuline®	J1930			
Depot					
Firmagon®	J9155		July 1, 2021		
IVIG	J1554				
Lupron Depot®	J1950				
Lupron Depot,	J9217				
Eligard®					
Supprelin® LA	J9226				
Trelstar®	J3315				
Triptodur®	J3316				
Truxima®	Q5115				
Vantas™	J9225				
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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications (cont.)	Vyondys 53 [®]	J1429			
	Xembify [®]	J1558			
	Zolgensma [®]	J3399			
	Benlysta	J0490			April 1, 2020
	Cimzia [®]	J0717			
	Rituxan [®]	J9312			
	Rituxan Hycela [®]	J9311			
	Stelara IV [®]	J3358			
	Therapeutic Radio-Pharmaceuticals**	A9590			March 1, 2020
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019
	Therapeutic Radio-Pharmaceuticals**	A9513			
	Evenity [™]	J3111			Oct. 1, 2019
	Gamifant [®]	J9210			
	Onpattro [™]	J0222			
	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	
IVIIG	J1555				
Makena [®]	J1726	J1729			
Ocrevus [™]	J2350				
Spinraza [™]	J2326				
Lemtrada [®]	J0202			Oct. 1, 2017	
Soliris [®]	J1300				
Cinqair [®]	J2786			April 1, 2017	
Nucala [®]	J2182				
Probuphine [®]	J0570				
IVIIG	J1575			May 1, 2016	
Acthar [®]	J0800			Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Injectable Medications (cont.)	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Makena®	J2675				
	Synagis®*	90378				
Xolair®	J2357					
Injectable Medications – Unclassified	Fynetra®	C9399	J3490	Jan. 1, 2015*	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Lupaneta Pack™	J3590				
				* Reflects the effective date for the unlisted codes not the specific drug names listed		
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015		
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27130			
		27125	27134			
		27132	27138			
		27137	27446			
		27412	27486			
		27447	29866			
		27487	29868			
		29867				
Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)					Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.	
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015		
		A0435	A0436			
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016		
		A0420	A0422			
		A0424	A0425			
		A0426	A0428			
		A0433	A0434			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
	21255	21296			
	21299				
Orthotics and Prosthetics		L8000	L8001	Jan. 1, 2019	Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
		L8039			
	L8499		Jan. 1, 2015		
	L3763	L5683		April 1, 2019	Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).
	L5999			Jan. 1, 2019	
	L1810	L1832			
	L1843	L1932			
	L1951	L1960			
	L2280	L2999			
	L3000	L3010			
	L3020	L3216			
	L3221	L3960			
	L4631	L5000			
	L5611	L5620			
	L5624	L5629			
	L5631	L5637			
	L5645	L5647			
	L5649	L5650			
	L5671	L5673			
	L5679	L5685			
	L5700	L5701			
	L5704	L5705			
	L5707	L5845			
	L5910	L5920			
	L5940	L5962			
	L5972	L5986			
	L8420	L8500			
	L1812	L1820		Jan. 1, 2018	
	L1830	L1831			
	L1836	L1847			
	L1834			March 1, 2016	
	L0112	L0170		Jan. 1, 2015	
	L0456	L0462			
	L0464	L0480			
	L0482	L0484			
	L0486	L0624			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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	L6708			
	L6709	L6711			
	L6712	L6713			
	L6714	L6715			
	L6880	L6881			
	L6882	L6883			
	L6884	L6885			
	L6895	L6900			
	L6905	L6910			
	L6915	L6920			
	L6925	L6930			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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 ST/OT and PT services (Re-evaluations and Therapy visits) 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	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		92507	92508	Jan. 1, 2015	
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
		97116	97124		
	97140	97799			
	G0129	G0151			
	G0152	S8990			
	OR billed with these revenue codes:	419	420	Jan. 1, 2015	** Prior authorization required for nursing facilities only
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		
		978			
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Proton Beam Therapy		77520	77522	Jan. 1, 2015	
		77523	77525		
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		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		Mar. 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		0501T	0502T	Jan. 1, 2019	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		0503T	0504T		
		77046	77047		
		77048	77049		
		70336	70450	Jan. 1, 2015	For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
	72132	72133			
	72141	72142			
	72146	72147			
	72148	72149			
	72156	72157			
	72158	72159			
	72191	72192			
	72193	72194			
	72195	72196			
	72197	72198			
	73200	73201			
	73202	73206			
	73218	73219			
	73220	73221			
	73222	73223			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (cont.)		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298			July 1, 2018
		31295	31296		Aug. 3, 2015
		31297			
Site of Service (SOS) – Outpatient Hospital	Auditory System	69205			July 1, 2020
	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			



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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			
	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
Site of Service (SOS) – Outpatient Hospital (cont.)		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
		29819	29824			
		29823	29826			
		29825	29828			
		29827	29840			
		29835	29846			
		29845	29861			
		29848	29876			
		29875	29879			
		29877	29881			
		29880	29888			
		29882				
		29893				
		Nervous System	64561	64640		
		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			
		21685	41599	Jan. 1, 2015		
Sleep Apnea Procedures & Surgeries		42145				
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be	
		22512	22513			
		22515				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Spinal Surgery (cont.)		22514		July 1, 2020	reviewed as part of the prior authorization
		22100	22101	Jan 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		
		63050	63055		
		63056	63064		
		63075	63077		
		63081	63085		
		63087	63090		
		63101	63102		
		63170	63172		
		63173	63185		
		63190	63191		
		63250	63200		
		63252	63251		
		63267	63265		
		63270	63268		
		63272	63271		
		63300	63286		
	63302	63301			
	63304	63303			
	63306	63305			
	63308	63307			
Stimulators Implantation of a device that sends	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	
electrical impulses	Neurostimulator	43648	43881	Jan. 1, 2015		
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
		Transplants	CAR T-Cell Therapy			C9098
Q2055				Feb. 1, 2022		
Q2053				July 1, 2021		
0537T	0538T			Jan. 1, 2019		
0539T	0540T					
Q2042						
Q2041				April 1, 2018		
Transplant Services	32850			32851	Jan. 1, 2015	
	32852			32853		
	32854			32855		
	32856		33930			
	33933		33935			
	33940		33944			
	33945		38208			
	38209		38210			
	38212		38213			
	38214		38215			
	38240		38241			
	38242		44132			
	44133		44135			
	44136		44137			
	44715		44720			
	44721		47133			
	47135		47140			
	47141		47142			
	47143		47144			
	47145		47146			
	47147		48551			
	48552		48554			
	50300		50320			
50323	50325					
50340	50360					
50365	50370					
S2060	50547					
S2152	S2061					
	38232	Oncology DX codes	Jan. 1, 2015			
Vein Procedures		37765	37766	July 1, 2021		
		36473		April 1, 2017		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	Jan. 1, 2015	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD) 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	