

Prior authorization requirements for STAR+Plus

Effective May 1, 2024

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:** 877-842-3210
- **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 requests must be made by an In-Network provider 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 | | | |
| 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 | |
| | | 11971 | | Oct. 1, 2022 | |

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|---|------------------------------------|-----------------------|----------------|------------------------------------|---|---|--------------|--|
| Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy | | 19316 | 19318 | Breast Reconstruction on DX Codes | Jan. 1, 2015 | Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes. | | |
| | | 19325 | 19328 | | | | | |
| | | 19330 | 19340 | | | | | |
| | | 19342 | 19350 | | | | | |
| | | 19357 | 19361 | | | | | |
| | | 19364 | 19367 | | | | | |
| | | 19368 | 19369 | | | | | |
| | | 19370 | 19371 | | | | | |
| | 19380 | 19396 | | | | | | |
| Cancer Supportive Care | Colony-Stimulating Factors | J1449 | | | Oct. 1, 2023 | Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 | | |
| | Erythropoiesis-Stimulating 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 | Q5101 | | | | Oct. 1, 2017 | |
| | J1447 | | | | | | | |
| 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. | | |
| | | 33270 | 33207 | | Oct. 1, 2016 | | | |
| | | 33206 | 33212 | | | | | |
| | | 33208 | 33214 | | | | | |
| | | 33213 | 33224 | | | | | |
| | | 33221 | 33227 | | | | | |
| | | 33225 | 33229 | | | | | |
| | | 33228 | 33231 | | | | | |
| | | 33230 | 33249 | | | | | |
| | | 33240 | 33263 | | | | | |
| | | 33262 | 93351 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization | |
|---|-------------|-------|----------------|------------------------------------|--|---|
| Cardiovascular | | 33264 | 93453 | | 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. | |
| | | 93350 | 93455 | | | |
| | | 93452 | 93457 | | | |
| | | 93454 | 93459 | | | |
| | | 93456 | 93461 | | | |
| | | 93458 | | | | |
| | | 93460 | | | | |
| | | 37230 | 37231 | | | Jan. 1, 2023 |
| | | 93580 | | | | April 1, 2022 |
| | | 37220 | 37221 | | | Sept. 1, 2020 |
| | 37224 | 37225 | | | | |
| | 37226 | 37227 | | | | |
| | 37228 | 37229 | | | | |
| 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 | | J9051 | J9064 | | Jan. 1, 2024 | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. |
| | | J9345 | J9052 | | | |
| | | J9072 | J9172 | | | |
| | | J9255 | J9258 | | | |
| | | J9286 | J9321 | | | |
| | | J9324 | | | | |
| | | J9029 | J9056 | | Oct. 1, 2023 | |
| | | J9058 | J9059 | | | |
| | | J9063 | J9259 | | | |
| | | J9322 | J9323 | | | |
| | | J9347 | J9350 | | | |
| | | J9380 | | | | |
| | | J9274 | J9298 | Oncology DX Codes | Jan. 1, 2023 | |
| | | J9331 | J9332 | | Oct. 1, 2022 | |
| | | J9071 | J9273 | | July 1, 2022 | |
| | | J9359 | | | | |
| | | J9247 | J9318 | | Jan. 1, 2022 | |
| | | J9319 | | | | |
| | | J9348 | J9353 | | Oct. 1, 2021 | |
| | | Q5123 | | | | |
| | | J9037 | J9349 | | May 1, 2021 | |
| | | J9317 | J9118 | | Jan. 1, 2021 | |
| | J9144 | J9223 | | | | |
| | J9316 | J9281 | | | | |
| | J9227 | J9304 | | Nov. 1, 2020 | | |
| | Q5107 | Q5117 | | Oct. 1, 2020 | | |
| | J9177 | J9198 | | July 1, 2020 | | |
| | J9246 | J9358 | | | | |
| | Q5119 | | | | | |
| | J0642 | | | March 1, 2020 | | |
| | J9309 | | | Feb. 1, 2020 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|----------------------|-------------|-------|----------------|------------------------------------|---|
| Chemotherapy (cont.) | | J9119 | J9204 | Oct. 1, 2019 | |
| | | J9210 | J9269 | | |
| | | J9313 | | | |
| | | J9030 | J9036 | Aug. 1, 2019 | |
| | | J9153 | J9057 | Jan. 1, 2019 | |
| | | J9229 | J9173 | | |
| | | J9312 | J9311 | | |
| | | J9022 | J9023 | April 1, 2018 | |
| | | J9203 | J9285 | | |
| | | J0640 | J0641 | Jan. 1, 2017 | |
| | | J9000 | J9015 | | |
| | | J9017 | 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 | | |
| | | 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|--|--|--|---|--|
| | | C9399 J3490 J1950 | J3590 | Jan. 1, 2015 | |
| | | J9155 J9217 J9226 | J9202 J9225 | Oncology DX Codes July 1, 2021 Jan. 1, 2015 | Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 |
| Circumcision | | 54150 54161 | 54160 54162 | Jan. 1, 2015 | Prior authorization is required for members older than age 1. |
| Cochlear Implants and Other Auditory Implants | | 69729 L8619 69714 L8614 L8691 | 69730 69930 L8690 L8692 | Mar. 1, 2023 Jan. 1, 2017 Jan. 1, 2015 | |
| | A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | | | | |
| Cosmetic & Reconstructive Procedures | | 14020* 14041 | 14021* 14061* | July 1, 2021 | *will NOT require prior auth when billed with skin cancer diagnoses |
| | Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | 11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 | 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 | Jan. 1, 2015 | |
| | Reconstructive procedures that treat a medical condition or improve or restore physiologic function | 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 | 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| | | 67912 | 67916 | | |
| | | 67915 | 67921 | | |
| | | 67917 | 67923 | | |
| | | 67922 | 67950 | | |
| | | 67924 | 67966 | | |
| | | 67961 | | | |
| | | Q2026 | | | |
| Continuous Glucose Monitor | | A4238 | A4239 | Feb. 1, 2023 | |
| | | E2102 | E2103 | | |
| | | A9276 | A9277 | Oct. 1, 2021 | |
| | | A9278 | | | |
| Durable Medical Equipment (DME) – Incontinence Supplies | | | | | <p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes.</p> <p>To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550.</p> |
| Durable Medical Equipment (DME) | | 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 | 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 | |
| | | 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|-------------|-------|----------------|-------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | 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 | |
| Experimental & Investigational (and/or Linked Services) | | 33477 | | | May 2, 2016 |
| | | 36514 | 66180 | | Jan. 1, 2015 |
| | | 64722 | E1831 | | |
| | | A9274 | | | |
| Femoroacetabular Impingement Syndrome (FAI) | | 29914 | 29915 | | Oct. 1, 2015 |
| | | 29916 | | | |
| Functional Endoscopic Sinus Surgery (FESS) | | 31253 | 31257 | | July 1, 2018 |
| | | 31259 | | | |
| | | 31240 | 31254 | | May 2, 2016 |
| | | 31255 | 31256 | | |
| | | 31267 | 31276 | | |
| | 31287 | 31288 | | | |
| Gender Dysphoria Treatment | | 55970 | 55980 | | July 1, 2018 |
| | | 56805 | 57335 | Gender Dysphoria Treatment DX Codes | Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes. |

| 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 | Genetic Testing | 81520 | | Dec. 1, 2022 | <p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> |
| | BRCA Genetic Testing | 81163 | 81164 | Jan. 1, 2019 | |
| | Genetic Testing | 81229 | | Oct. 1, 2021 | |
| | | 0111U | 0129U | Nov. 1, 2019 | |
| | | 81400 | 81401 | Feb. 1, 2019 | |
| | | 81402 | 81403 | | |
| | | 81404 | 81405 | | |
| | | 81406 | 81407 | | |
| | | 81408 | 81410 | | |
| | | 81411 | 81519 | | |
| Home Health Care | | G0162 | | Jan. 1, 2018 | |
| | | G0299 | G0300 | March 1, 2016 | |
| | | 99503 | G0153 | Jan. 1, 2015 | |
| | | S9474 | | | |
| Injectable Medications | Eylea HD® | J0177 | | April 1, 2024 | <p>Prior authorization through Optum SGP</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most 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.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior</p> |
| | Izervay® | J2782 | | | |
| | Pombiliti® | J1203 | | | |
| | Roctavian® | J1412 | | | |
| | Vyjuvek® | J3401 | | | |
| | Acthar Gel® | J0801 | | Feb. 1, 2024 | |
| | Cortrophin Gel® | J0802 | | | |
| | Elevidys® | J1413 | | | |
| | Elfabrio® | J2508 | | | |
| | Lamzedo® | J0217 | | | |
| | Qalsody® | J1304 | | | |
| | Rystiggo® | J9333 | | Jan. 1, 2024 | |
| | Vyvgart Hytrulo® | J9334 | | | |
| | Hemgenix® | J1411 | | Dec. 1, 2023 | |
| | Legembi® | J0174 | | | |
| | Briumvi® | J2329 | | Nov. 1, 2023 | |
| | Panzysa® | J1576 | | | |
| | Syfovre® | J2781 | | | |
| Cimerli™ | Q5128 | | July 1, 2023 | | |
| Rolvedon™ | J1449 | | | | |
| Spevigo® | J1747 | | | | |
| Tzield™ | J9381 | | | | |
| Xenpozyme™ | J0218 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization | |
|--------------------------------|----------------------------------|-------|----------------|------------------------------------|--|---------------|
| Injectable Medications (cont.) | Eylea® | J0178 | VEGF | May 1, 2023 | <p>notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <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 UHCProvider.com and follow this pathway:</p> <p>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> | |
| | Beovu® | J0179 | | | | |
| | Vabysmo® | J2777 | | | | |
| | Lucentis® | J2778 | | | | |
| | Susvimo™ | J2779 | | | | |
| | Byooviz™ | Q5124 | | | | |
| | Amvuttra® | J0225 | | | | Apr. 1, 2023 |
| | Fylnetra® | Q5130 | | | | |
| | Lanreotide® | J1932 | | | | |
| | Skyrizi® | J2327 | | | | |
| | Stimufend® | Q5127 | | | | |
| | Enjaymo® | J1302 | | | | Feb. 1, 2023 |
| | Vabysmo® | J2777 | | | | |
| | | | | | | Jan. 1, 2023 |
| | Prolia® | J0897 | | | | |
| | Therapeutic Radiopharmaceuticals | A9607 | | | | |
| | Releuko® | Q5125 | | | | Oct. 1, 2022 |
| | Scenesse® | J7352 | | | | |
| | Tezspire® | J2356 | | | | |
| | Apretude™ | J7039 | | | | Aug 1, 2022 |
| | 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 Acetate | J2354 | | | | | |
| Sandostatin® LAR | J2353 | | | | | |
| Signifor® LAR | J2502 | | | | | |
| Somatuline® Depot | J1930 | | | | | |
| Firmagon® | J9155 | | | July 1, 2021 | | |

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|---|-------------------------------------|-------|----------------|------------------------------------|---|
| Injectable Medications (cont.) | IVIG | J1554 | | | |
| | Lupron Depot® | J1950 | | | |
| | Lupron Depot, Eligard® | J9217 | | | |
| | Supprelin® LA | J9226 | | | |
| | Trelstar® | J3315 | | | |
| | Triptodur® | J3316 | | | |
| | Truxima® | Q5115 | | | |
| | Viltepso™ | J1427 | | | |
| | Zoladex® | J9202 | | | |
| | Avsola® | Q5121 | | | April 1, 2021 |
| | Uplizna® | J1823 | | | |
| | Vyepti™ | J3032 | | | Jan. 1, 2021 |
| | Tepezza® | J3241 | | | Dec. 1, 2020 |
| | Cinryze® | J0598 | | | Oct. 1, 2020 |
| | Ruconest® | J0596 | | | |
| | Adakveo® | J0791 | | | July 1, 2020 |
| | Givlaari® | J0223 | | | |
| | Reblozyl® | J0896 | | | |
| | Ruxience® | Q5119 | | | |
| | Vyondys 53® | J1429 | | | |
| | Xembify® | J1558 | | | |
| | Zolgensma® | J3399 | | | |
| | Benlysta | J0490 | | | April 1, 2020 |
| | Cimzia® | J0717 | | | |
| | Rituxan® | J9312 | | | |
| | Rituxan Hycela® | J9311 | | | |
| | Stelara IV® | J3358 | | | |
| | Therapeutic Radio-Pharmaceuticals** | A9590 | | | March 1, 2020 |
| | 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|-----------------|-------|----------------|------------------------------------|--|
| | Radicava® | J1301 | | | |
| | Remicade® | J1745 | | | |
| | Renflexis® | Q5104 | | | |
| | Simponi Aria | J1602 | | | |
| | Parsabiv™ | J0606 | | Nov. 1, 2018 | |
| | Sublocade™ | Q9991 | Q9992 | July 1, 2018 | |
| | Ilaris® | J0638 | | April 1, 2018 | |
| | Exondys 51™ | J1428 | | Jan. 1, 2018 | |
| | IVIIG | J1555 | | | |
| | Makena® | J1726 | J1729 | | |
| | Ocrevus™ | J2350 | | | |
| | Spinraza™ | J2326 | | | |
| | Lemtrada® | J0202 | | Oct. 1, 2017 | |
| | Soliris® | J1300 | | | |
| | Cinqair® | J2786 | | April 1, 2017 | |
| | Nucala® | J2182 | | | |
| | IVIIG | J1575 | | May 1, 2016 | |
| | Acthar® | J0800 | | Jan. 1, 2015 | |
| | Botulinum Toxin | J0585 | J0586 | | |
| | | J0587 | J0588 | | |
| | IVIIG | 90284 | J1459 | | |
| | | J1556 | J1557 | | |
| | | J1559 | J1561 | | |
| | | J1566 | J1568 | | |
| | | J1569 | J1572 | | |
| | | J1599 | | | |
| | Makena® | J2675 | | | |
| | Synagis®* | 90378 | | | |
| | Xolair® | J2357 | | | |
| Injectable Medications – Unclassified | Adzyna® | C9167 | J3490 | April 1, 2024 | 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. |
| | Cosentyx IV® | C9166 | J3490 | | |
| | Omvo® | C9168 | J3490 | | |
| | | J3590 | | | |
| | | J3590 | | | |
| | | J3590 | | | |
| Joint Replacement | | 23470 | 23472 | Jan. 1, 2015 | |
| Joint, total hip and knee replacement procedures | | 23473 | 23474 | | |
| | | 24360 | 24361 | | |
| | | 24362 | 24363 | | |
| | | 24370 | 24371 | | |
| | | 27120 | 27130 | | |
| | | 27125 | 27134 | | |
| | | 27132 | 27138 | | |
| | | 27137 | 27446 | | |
| | | 27412 | 27486 | | |
| | | 27447 | 29866 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---|-------------|---|--|------------------------------------|--|
| | | 27487 29867 | 29868 | | |
| 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 | |
| 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 all STAR+PLUS members 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 WAIVER 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 | L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 | Jan. 1, 2019 | |

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

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| Orthotics and Prosthetics (cont.) | | L5150 | L5160 | | |
| | | L5200 | L5210 | | |
| | | L5220 | L5230 | | |
| | | L5250 | L5270 | | |
| | | L5280 | L5301 | | |
| | | L5312 | L5321 | | |
| | | L5331 | L5341 | | |
| | | L5400 | L5420 | | |
| | | L5460 | L5500 | | |
| | | L5505 | L5510 | | |
| | | L5520 | L5530 | | |
| | | L5535 | L5540 | | |
| | | L5560 | L5570 | | |
| | | L5580 | L5585 | | |
| | | L5590 | L5595 | | |
| | | L5600 | L5610 | | |
| | | L5613 | L5614 | | |
| | | L5616 | L5639 | | |
| | | L5640 | L5642 | | |
| | | L5643 | L5644 | | |
| | | L5646 | L5648 | | |
| | | L5651 | L5653 | | |
| | | L5661 | L5682 | | |
| | | L5702 | L5703 | | |
| | | L5706 | L5716 | | |
| | | L5718 | L5722 | | |
| | | L5724 | L5726 | | |
| | | L5728 | L5780 | | |
| | | L5790 | L5795 | | |
| | | L5811 | L5812 | | |
| | | L5814 | L5816 | | |
| | | L5818 | L5822 | | |
| | | L5824 | L5826 | | |
| | | L5828 | L5830 | | |
| | | L5848 | L5857 | | |
| | | L5858 | L5930 | | |
| | | L5950 | L5960 | | |
| | | L5961 | L5964 | | |
| | | L5966 | L5968 | | |
| | | L5973 | L5976 | | |
| | | L5979 | L5980 | | |
| | | L5981 | L5982 | | |
| | | L5984 | L5987 | | |
| | | L5988 | L5990 | | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---------------------------|-------------|-------|----------------|------------------------------------|---|
| | | 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 | <p>Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.</p> <p>Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification.</p> <p>* Prior authorization not required for DME providers</p> |
| | | 92627 | 92630 | | |
| | | 92633 | 96105 | | |
| | | 97024 | 97032 | | |
| | | 97035 | 97036 | | |
| | | 97139 | 97150 | | |
| | | 97164 | 97168 | | |
| | | 97530 | 97533 | | |
| | | 97535 | 97542* | | |
| | | 97545 | 97546 | | |
| | | 97750 | 97760 | | |
| | | 97761 | G0281 | | |
| | | G0282 | G0283 | | |
| | | S9152 | | | |
| | | 92507 | 92508 | | |
| | | 92526 | 97012 | | |
| | | 97014 | 97016 | | |
| | 97018 | 97022 | | | |
| | 97026 | 97028 | | | |
| | 97033 | 97034 | | | |
| | 97039 | 97110 | | | |
| | 97112 | 97113 | | | |
| | 97116 | 97124 | | | |
| | 97140 | 97799 | | | |
| | G0129 | G0151 | | | |
| | G0152 | S8990 | | | |
| | | | | Jan. 1, 2015 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--------------------------------------|---|---|---|------------------------------------|--|
| | 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 | | Jan. 1, 2024 | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. |
| | | 0697T 0710T 0712T | 0698T 0711T 0713T | June 1, 2022 | |
| | | 76391 | | Mar. 1, 2020 | 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. |
| | | 76390 78831 | 78830 78832 | Jan. 1, 2020 | |
| | | 77046 77048 | 77047 77049 | Jan. 1, 2019 | |
| | | 70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 | 70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 | Jan. 1, 2015 | For more details, please visit UHCprovider.com/TXCommunity Plan > 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.) | | 70553 | 70554 | | |
| | | 70555 | 71250 | | |
| | | 71260 | 71270 | | |
| | | 71275 | 71550 | | |
| | | 71551 | 71552 | | |
| | | 71555 | 72125 | | |
| | | 72126 | 72127 | | |
| | | 72128 | 72129 | | |
| | | 72130 | 72131 | | |
| | | 72132 | 72133 | | |
| | | 72141 | 72142 | | |
| | | 72146 | 72147 | | |
| | | 72148 | 72149 | | |
| | | 72156 | 72157 | | |
| | | 72158 | 72159 | | |
| | | 72191 | 72192 | | |
| | | 72193 | 72194 | | |
| | | 72195 | 72196 | | |
| | | 72197 | 72198 | | |
| | | 73200 | 73201 | | |
| | | 73202 | 73206 | | |
| | | 73218 | 73219 | | |
| | | 73220 | 73221 | | |
| | | 73222 | 73223 | | |
| | | 73225 | 73700 | | |
| | | 73701 | 73702 | | |
| | | 73706 | 73718 | | |
| | | 73719 | 73720 | | |
| | | 73721 | 73722 | | |
| | | 73723 | 73725 | | |
| | | 74150 | 74160 | | |
| | | 74170 | 74174 | | |
| | | 74175 | 74176 | | |
| | | 74177 | 74178 | | |
| | | 74181 | 74182 | | |
| | | 74183 | 74185 | | |
| | | 74261 | 74262 | | |
| | | 74263 | 75557 | | |
| | | 75559 | 75561 | | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---|---------------------------|-------|----------------|------------------------------------|---|
| Radiology (cont.) | | 78469 | 78472 | | |
| | | 78473 | 78481 | | |
| | | 78483 | 78494 | | |
| | | 78496 | 78499 | | |
| | | 78579 | 78580 | | |
| | | 78582 | 78597 | | |
| | | 78598 | 78599 | | |
| | | 78608 | 78609 | | |
| | | 78699 | 78707 | | |
| | | 78708 | 78709 | | |
| | | 78799 | 78800 | | |
| | | 78801 | 78802 | | |
| | | 78803 | 78804 | | |
| | | 78811 | 78812 | | |
| | | 78813 | 78814 | | |
| | | 78815 | 78816 | | |
| | 78999 | G0235 | | | |
| | | G0252 | S8092 | | |
| | | S8037 | | | |
| Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation | | 30400 | 30410 | | |
| | | 30420 | 30430 | | Jan. 1, 2015 |
| | | 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 | | | |
| | Cardiovascular System | 36590 | 36832 | | July 1, 2020 |
| | 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 | | | |



| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|--|-----------------------------|-------|----------------|------------------------------------|---|
| Site of Service (SOS) – Outpatient Hospital (cont.) | | 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 | | | |
| | 28118 | 28285 | | | |
| | 28124 | 28292 | | | |
| | 28289 | 28297 | | | |
| | 28296 | 28299 | | | |
| | 28298 | 29807 | | | |
| | 29806 | 29822 | | | |
| | 29819 | 29824 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---|---|-------|----------------|------------------------------------|---|
| | | 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 | |
| | | 42145 | | | |
| Sleep Apnea Procedures & Surgeries | 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 reviewed as part of the prior authorization |
| | | 22512 | 22513 | | |
| | | 22515 | | | |
| | | 22514 | | July 1, 2020 | |
| | | 22100 | 22101 | Jan 1, 2015 | |
| | | 22102 | 22110 | | |
| | | 22112 | 22114 | | |
| | | 22206 | 22207 | | |
| | | 22210 | 22212 | | |
| | | 22214 | 22220 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization | |
|---|------------------------|----------------|----------------|------------------------------------|---|--|
| Spinal Surgery (cont.) | | 22224 | 22532 | | | |
| | | 22533 | 22548 | | | |
| | | 22551 | 22554 | | | |
| | | 22556 | 22558 | | | |
| | | 22586 | 22590 | | | |
| | | 22595 | 22600 | | | |
| | | 22610 | 22612 | | | |
| | | 22630 | 22633 | | | |
| | | 22800 | 22802 | | | |
| | | 22804 | 22808 | | | |
| | | 22810 | 22812 | | | |
| | | 22818 | 22819 | | | |
| | | 22830 | 22849 | | | |
| | | 22850 | 22852 | | | |
| | | 22855 | 63001 | | | |
| | | 22899 | 63005 | | | |
| | | 63003 | 63012 | | | |
| | | 63011 | 63016 | | | |
| | | 63015 | 63020 | | | |
| | | 63017 | 63040 | | | |
| | | 63030 | 63045 | | | |
| | | 63042 | 63047 | | | |
| | | 63046 | 63055 | | | |
| | | 63050 | 63064 | | | |
| | | 63056 | 63077 | | | |
| | | 63075 | 63085 | | | |
| | | 63081 | 63090 | | | |
| | | 63087 | 63102 | | | |
| | | 63101 | 63172 | | | |
| | | 63170 | 63185 | | | |
| | | 63173 | 63191 | | | |
| | | 63190 | 63200 | | | |
| | | 63250 | 63251 | | | |
| | 63252 | 63265 | | | | |
| | 63267 | 63268 | | | | |
| | 63270 | 63271 | | | | |
| | 63272 | 63286 | | | | |
| | 63300 | 63301 | | | | |
| | 63302 | 63303 | | | | |
| | 63304 | 63305 | | | | |
| | 63306 | 63307 | | | | |
| | 63308 | | | | | |
| Stimulators Implantation of a device that sends electrical impulses | Bone-Growth Stimulator | E0760 | | Dec. 7, 2015 | | |
| | | E0747 | E0748 | Jan. 1, 2015 | | |
| | 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 | Unclassified* | C9399 J3590 | J3490 | April 1, 2024 | For transplant and CAR T-Cell therapy services including | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---|---------------------|-------|-------------------|------------------------------------|--|
| | CAR T-Cell Therapy | Q2056 | | Feb. 1, 2023 | Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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. *Casgevy, Lantidra, Lyfgenia |
| | | J9999 | | July 1, 2022 | |
| | | 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 | |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 36473 | | April 1, 2017 | |
| | | 36475 | 36478 | Jan. 1, 2015 | |
| | | 37700 | 37718 | | |
| | | 37722 | 37780 | | |
| | | 33927 | 33928 | Jan. 1, 2018 | Please call the notification number on the back of the member's health |
| | | 33929 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/ How to Obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|---|
| Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33975 | 33976 | Jan. 1, 2015 | plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 . |
| | | 33979 | 33981 | | |
| | | 33982 | 33983 | | |
| | | Q0507 | Q0508 | | |
| | | Q0509 | | | |
| Wound Vac | | E2402 | | Jan. 1, 2015 | |