

Prior authorization requirements for STAR+Plus

Effective August 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		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		20975	20979		Jan. 1, 2015	
Electronic stimulation or ultrasound to heal fractures						
Breast Reconstruction (Non-Mastectomy)		11971		Breast Reconstruction on DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19316	19318		Jan. 1, 2015	
		19325	19328			Prior authorization is required for all other DX codes.
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
		19380	19396			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization	
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, 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.	
		93319			June 1, 2022		
		33270	33207		Oct. 1, 2016		
		33206	33212				
		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				
Cardiovascular		37230	37231		Jan. 1, 2023		

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		93580		April 1, 2022	Prior authorization requirements applies to memebers 18yrs and older
		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		J9073	J9074	July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9075	J9248		
		J9249	J9376		
		J9361			
		J9051	J9064	Jan. 1, 2024	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.
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286		Oct. 1, 2023	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9324			
		J9029	J9056		
		J9058	J9059		
		J9063	J9259	Jan. 1, 2023	
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Oct. 1, 2022	
		J9331	J9332		
		J9071	J9273	July 1, 2022	
		J9359			
		J9247	J9318		
		J9319		Jan. 1, 2022	
		J9348	J9353		
		Q5123			
		J9037	J9349		
		J9317	J9118	May 1, 2021	
		J9144	J9223		
		J9316	J9281		
		J9227	J9304		
		Q5107	Q5117	Nov.1, 2020	
	J9177	J9198			
	J9246	J9358			
	Q5119				
	J0642		March 1, 2020		
	J9309				
	J9119	J9204			
	J9210	J9269	Feb. 1, 2020		
	J9313				
			Oct. 1, 2019		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Chemotherapy (cont.)		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		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		
		J9207	J9206		
		J9209	J9208		
		J9212	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9328		
		J9330	J9340		
		J9351	J9352		
		J9354	J9355		
		J9357	J9360		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2017		
		J9999	Q2050		
		Q2043			
		C9399	J3590	Jan. 1, 2015	
		J3490			
		J1950			
		J9155	J9202	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see
		J9217	J9225	Jan. 1, 2015	
			Oncology DX Codes		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9226			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	69730 69930	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	L8614 L8691	L8690 L8692		
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 67912 67915 67917 67922 67924	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		

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		67961 Q2026			
Continuous Glucose Monitor		A4238 E2102 A9276 A9278	A4239 E2103	Feb. 1, 2023 Oct. 1, 2021	
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.
		E0639	E0640	Feb. 1, 2021	
		A9900 E0637	E0465	May 1, 2019	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		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	E0194 E0300 E0457 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239	Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E1399	E2100			
		E2227	E2228			
		E2327	E2325			
		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				
Experimental & Investigational (and/or Linked Services)		B4161				
		B9002	B9998		Jan. 1, 2015	
		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	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		31287	31288			
		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.

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	81450	81455		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.
		81457	81458			
		81459	81462			
		81463	81464			
	Genetic Testing	81425	81426		Feb. 1, 2025	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.
		81427	81443			
	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	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	Hemlibra	J7170			July 1, 2025	Prior authorization through Optum SGP Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch</i>
	Hypavzi	J7172				
	Niktimvo	J9038				
	Nypozi	Q5148				
	Steqeyma IV	Q5099				
	Yesinek IV	Q5100				
	Daxxify	J0589		Jun. 1, 2025		
	Otulfli IV	Q9999				
Tofidence	Q5133					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications (cont.)	Kisunla	J0175		May 1, 2025	<i>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.
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzyna	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart Hytrulo®	J9334			
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortrophin Gel®	J0802			
	Elevidys®	J1413			
	Qalsody®	J1304			
	Hemgenix®	J1411		Dec. 1, 2023	
	Legembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Tzield™	J9381			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	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			

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Injectable Medications (cont.)	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Leqvio®	J1306		Aug 1, 2022	
	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			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075	J3490	Sept. 1, 2021	
	Krystexxa®	J2507		Aug 1, 2021	
	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			
	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			

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	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			
	Parsabiv [™]	J0606		Nov. 1, 2018	
	Sublocade [™]	Q9991	Q9992	July 1, 2018	
	Ilaris [®]	J0638		April 1, 2018	
	Exondys 51 [™]	J1428		Jan. 1, 2018	
	IVIG	J1555			
	Ocrevus [™]	J2350			
	Spinraza [™]	J2326			
	Lemtrada [®]	J0202		Oct. 1, 2017	
	Cinqair [®]	J2786		April 1, 2017	
	Nucala [®]	J2182			
	IVIG	J1575		May 1, 2016	
	Acthar [®]	J0800		Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586		

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Injectable Medications – Unclassified	IVIG	J0587	J0588			
		90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis® Xolair®	90378				
		J2357				
	Beqvez	C9172			Oct. 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.
	Rivfloza	C9399 J3590	J3490		July 1, 2024	
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		Jan. 1, 2015	
		L8499			
		L3763	L5683		
		L5999			
		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
		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.
		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	Jan. 1, 2015	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
		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			
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Proton Beam Therapy	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	77520	77522	Jan. 1, 2015	
		77523	77525		
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054. For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		71271	78429	Aug. 1, 2024	
		78430	78431		
		78432	78433		
		78459	78491		
		78492			
		0697T	0698T	June 1, 2022	
		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		

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

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		78813	78814			
		78815	78816			
		78999	G0235			
		G0252	S8092			
		S8037				
Rhinoplasty and Septoplasty		30400	30410		Jan. 1, 2015	
Treatment of nasal functional impairment and septal deviation		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	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		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		
		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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		
Sleep Apnea Procedures & Surgeries		21685	41599	Jan. 1, 2015	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	42145			
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		
		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		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		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***	J3391			July 1, 2025	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia®, 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.
		Q2058				
		C9399	J3490			
		J3590				
	Unclassified**	Q2057			Apr. 1, 2025	
		J3392			Jan. 1, 2025	
		Q2054				
		J3393			July 1, 2024	
	Unclassified**	J3394				
		C9399	J3490			
	Unclassified*	J3590				
		C9399	J3490		April 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	CAR T-Cell Therapy	J3590			*Lantidra
		Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	**Amtagvi
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	***Ryoncil
		Q2042		Jan. 1, 2019	
		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	