

# Prior Authorization Requirements for Texas STAR

Effective December 1, 2022

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

## Submitting prior authorization requests

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

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
<b>Bone Growth Stimulator</b>		20975	20979	Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		11971		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			
<b>Cancer Supportive Care</b>	Colony-Stimulating Factors	Q5125	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.
		J1448		J2506	

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	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	
		Q5120		July 1, 2020		
		Q5108	Q5111	Jan. 1, 2019		
		J2820		Oct. 1, 2017		
	Colony-Stimulating Factors	Q5122		Oncology DX Codes		Feb. 1, 2021
		Q5110				Jan. 1, 2019
		J1442	Q5101			Oct. 1, 2017
		J1447				
Cardiology		37230	37231	Jan. 1, 2023	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.  For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.	
		93319		June 1, 2022		
		33270		Oct. 1, 2016		
		33206	33207	Jan. 1, 2015		
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
		93456	93457			
		93458	93459			
	93460	93461				
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older	
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
		37228	37229			

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<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		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				
<b>Chemotherapy</b>		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.	
		J9331	J9332		Oct. 1, 2022		
		J9071 J9359	J9273		July 1, 2022		Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
		J9247 J9319	J9318		Jan. 1, 2022		
		J9348 Q5123	J9353		Oct. 1, 2021		
		J9037	J9349		May 1, 2021		
		J9317 J9144 J9316	J9118 J9223 J9281		Jan. 1, 2021		
		J9227	J9304		Nov. 1, 2020	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.	
		Q5107	Q5117		Oct. 1, 2020		
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020		
		J0642			March 1, 2020		
		J9309			Feb. 1, 2020		
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019		
		J9030	J9036		Aug. 1, 2019		
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019		
		J9022 J9203	J9023 J9285		April 1, 2018		
		J0640	J0641		Jan. 1, 2017		
		J9000	J9015				
		J9017	J9019				
		J9020	J9025				
		J9027	J9032				
		J9033	J9034				
		J9035	J9039				
		J9040	J9041				
		J9042	J9043				
		J9045	J9047				

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Chemotherapy (cont.)		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			
		C9399	J3490		Jan. 1, 2015
		J3590			
	J1950		Oncology DX	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> and
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				

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					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
<b>Circumcision</b>		54150 54161	54160 54162	Jan. 1, 2015	
<b>Cochlear Implants and Other Auditory Implants</b>		69714 L8614 L8690 L8692	69930 L8619 L8691	Jan. 1, 2015	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic &amp; Reconstructive</b>		14020 14041	14021 14061	July 1, 2021	
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	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183	Jan. 1, 2015	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
<b>Continuous Glucose Monitor</b>		A9276 A9278 K0554	A9277	Oct. 1, 2021  July 1, 2021	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Dental Anesthesia		00170	41899	July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
Durable Medical Equipment (DME)		E0639	E0640	Feb. 1, 2021	<p>Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics.</p> <p>Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.</p>
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		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			

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<b>Durable Medical Equipment (DME) (cont.)</b>		K0869	K0870		
		K0871	K0877		
		K0878	K0879		
		K0880	K0884		
		K0885	K0886		
		K0890	K0891		
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		S1040	T1999		
		B4034	B4035	May 1, 2019	
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
	B4155	B4160			
	B4159				
	B9002	B9998		Jan. 1, 2015	
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
<b>Femoroacetabular Impingement Syndrome</b>		29914	29915	Oct. 1 2015	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
	31287	31288			
<b>Gender Dysphoria Treatment</b>		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335		Prior authorization is only required for these DX codes.
					Gender Dysphoria Treatment DX Codes
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. 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.
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
	81520				
	Genetic Testing	81238	81247	June 1, 2022	
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81361	81364		
		81212		Feb. 1, 2019	
		81216			
81163		81164	Jan. 1, 2019		
	81165	81166			
	81162		Jan. 1, 2018		
				Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting	

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<b>Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)</b>	Genetic Testing	81229		Oct. 1, 2021	the test and the laboratory will notify UnitedHealthcare
		87481	87482	Nov. 1, 2020	
		87505	87506		
		87507	87510		
		87511	87512		
		87623	87797		
		87800	87799		
		0068U	87801		
			0097U		
		0111U	0129U	Nov. 1, 2019	
		0136U	0137U		
		81167	81233	April 1, 2019	
		81237			
		0040U	81105	Feb. 1, 2019	
		81106	81107		
		81108	81109		
		81110	81111		
		81120	81121		
		81161	81170		
		81200	81201		
		81205	81203		
		81209	81208		
		81218	81223		
		81220	81225		
		81222	81227		
		81224	81240		
		81226	81242		
		81241	81244		
		81243	81246		
		81245	81251		
		81250	81253		
		81252	81255		
		81254	81257		
		81256	81261		
		81260	81263		
		81262	81265		
		81264	81267		
		81266	81273		
		81268	81276		
		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				



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.)		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	S9474	Jan. 1, 2015	
Injectable Medications	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 1, 2023	<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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>.</p> <p>Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>** Do Not Start Case – Direct Provider using the information below:</b></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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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</p>
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9093		May 1, 2022	
	Nexvazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexvazyme®	J3490 C9085	J3590		
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Saphnelo™	C9086			
Fensolvi®	J1951		Oct. 1, 2021		
Amondys 45	C9075		Sept. 1, 2021		
Krystexxa®	J2507		Aug. 1, 2021		
Nplate®	J2796				
Octreotide Acetate	J2354				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Injectable Medications (cont.)</b>	Sandostatin® LAR	J2353			may call <b>Optum SGP (Specialty Guidance Program): 1-888-397-8129.</b>
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
Rituxan Hycela®	J9311				
Stelara IV®	J3358				
**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				

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<b>Injectable Medications (cont.)</b>	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	**Therapeutic Radio-pharmaceuticals	A9699			May 1, 2019
	Actemra®	J3262			Jan. 1, 2019
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606			Nov. 1, 2018
	Sublocade™	Q9991	Q9992		July 1, 2018
	Ilaris®	J0638			April 1, 2018
	Exondys 51™	J1428			Jan. 1, 2018
	IVIG	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202			Oct. 1, 2017
	Soliris®	J1300			
Cinqair®	J2786			April 1, 2017	
Nucala®	J2182				
Probuphine®	J0570				
IVIG	J1575			May 1, 2016	
Acthar®	J0800			Jan. 1, 2015	
Botulinum Toxin	J0585	J0586			
	J0587	J0588			

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	IVIG	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1599			
	Makena®	J2675			
	*Synagis®	90378			
	Xolair®	J2357			
<b>Injectable Medications – Unclassified</b>	Fylnetra®	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
		J3590			
<b>Joint Replacement</b>		23470	23472	Jan. 1, 2015	
Joint, total hip and		23473	23474		
knee replacement		24360	24361		
procedures		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
<b>Non-Emergent Air Ambulance Transport</b>		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		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		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		L1832		May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L1834		March 1, 2019	
		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			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		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		
		L6935	L6940		
		L6945	L6950		
		L6955	L6960		
		L6965	L6970		
		L6975	L7007		
		L7008	L7009		
		L7040	L7045		
		L7170	L7180		
		L7181	L7185		
		L7186	L7190		
		L7191	L7405		
		L8040	L8042		
	L8043	L8044			
	L8045	L8046			
	L8047	L8499			
		L8610			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Outpatient Therapy		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97535	97537			
		97542*	97750	Nov. 7, 2016	Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="http://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers	
		97760	97761			
		97530				
		92507	92508			Jan. 1, 2015
		92526	97012			
		97014	97016			
		97018	97022			
	97026	97028				
	97033	97034				
	97039	97110				
	97112	97113				
	97116	97124				
	97140	97799				
	G0129	S8990				
	OR billed with these revenue codes	419	420			
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
		439	977			
	978					
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018		
		T2002				
Private Duty Nursing		T1000	T1002	Jan. 1, 2015		
		T1003				
Prostate Procedures		37243	53850	April 1, 2022		
		55874				
		55866		Jan. 1, 2015		
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						



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Psychological Testing		96136	96131	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
			96133		
			96137		
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
			76391	March 1, 2020	
			76390		
			78831	Jan. 1, 2020	
			78832		
			0501T	Jan. 1, 2019	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
			0503T		
			77046		
			77048		
			70336	Jan. 1, 2015	For more details, please visit <a href="https://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunity plan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
			70460		
			70480		
			70482		
			70487		
			70490		
			70492		
			70498		
			70542		
			70544		
			70546		
			70548		
			70551		
			70553		
			70555		
			71260		
			71275		
			71551		
			71555		
			72126		
			72128		
			72130		
	72132				
	72141				
	72146				
	72148				
	72156				
	72158				
	72191				
	72193				
	72195				
	72197				
	73200				
	73202				
	73218				
	73220				
	73222				

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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
	G0252	S8042			
	S8037	S8092			
	S8085				
<b>Rhinoplasty and Septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465			
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
<b>Site of Service (SOS) – Outpatient Hospital</b>	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting.
	Cardiovascular System	36590	36832		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (cont.)	Carpal Tunnel Surgery	64721			Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520 69631	30140 69436		
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720		
	Female Genital System	57240 57461 58561	57250 57520 58562		
	Gynecologic Procedures	57522 58558 58565	58353 58563		
	Hemic and Lymphatic Systems	38500 38525	38510		
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (cont.)</b>					
	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		
		66761	67028		
		67036	67040		
		67228	67311		
		67312			
	Respiratory System	30802	30930		
		31525	31535		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization		
<b>Site of Service (SOS) – Outpatient Hospital (cont.)</b>		31536 31624	31541				
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826				
	Upper Gastrointestinal Endoscopy	43235 43249	43239				
	Urinary System	52276 52320	52287 52344				
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288				
	<b>Sleep Apnea Procedures &amp; Surgeries</b>	21685 42145	41599		Jan. 1, 2015		
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea						
	<b>Spinal Surgery</b>		22510 22512 22515	22511 22513	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization	
			22514		July 1, 2020		
			22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005			Jan. 1, 2015

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Spinal Surgery (cont.)</b>		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				
<b>Stimulators</b> 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				
<b>Transplants</b>	CAR T-Cell Therapy	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
		0539T	0540T			
		Q2042				
	Q2041		April 1, 2018			
	Transplant Services	32850	32851	Jan. 1, 2015		
		32852	32853			
		32854	32855			
32856		33930				
	33933	33935				
	33940	33944				
	33945	38208				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (cont.)</b>		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	
<b>Vein Procedures</b>		37765	37766		
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			July 1, 2021
		36475	36478		April 1, 2017
		37700	37718		Jan. 1, 2015
		37722	37780		
<b>Ventricular Assist Device (VAD)</b>		33927	33928		
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929			Jan. 1, 2018
		33975	33976		
		33979	33981		Jan. 1, 2015
		33982	33983		
		Q0507	Q0508		
		Q0509			
<b>Wound Vac</b>		E2402			Jan. 1, 2015

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