

Prior authorization requirements for STAR Kids

Effective July 1, 2026

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR Kids 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

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Nov. 1, 2016	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services		96130	96131	April 1, 2026	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
		96136	96137		
		96138	96139		
		97151	97153		
		97154	97155		
		97156	97158		
		H0012	H0047		
		H2035			
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979	Nov. 1, 2016	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		11971	Breast Reconstruction on DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19316	19318	Nov. 1, 2016	Prior authorization is required for all other DX codes.
		19325	19328		
		19330	19340		
		19342	19350		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
Cancer Supportive Care		Q5136	Q5157	April 1, 2026	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
		Q5158	Q5159		
	Colony-Stimulating Factors	J1434	J2468	Jan. 1, 2026	
		Q5148			
	Colony-Stimulating Factors	J1449		Oct. 1, 2023	
	Erythropoiesis-Stimulating Agents	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 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	
	Q5110		Jan. 1, 2019		
	J1442	Q5101	Oct. 1, 2017		
	J1447				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129

Cardiology		33274		April 1, 2026	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal Dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>
		0571T	0614T	Aug. 1, 2024	
		33206	33207	Nov. 1, 2016	
		33208	33212		
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
	93460				
	33270				

Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 or older
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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		



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization		
Chemotherapy		J9003 J9277 J9601 Q5162	J9183 J9278 Q5161		July 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.	
		J9011 J9282 Q5160	J9184 J9326				April 1, 2026
		J1299 J1326 J3055 J9024 J9028 J9054 J9161 J9275 J9289 J9341 J9382 Q2058 Q5147 Q5150 Q5152	J1323 J2277 J3263 J9026 J9038 J9076 J9174 J9276 J9329 J9342 Q2057 Q5146 Q5149 Q5151			Jan. 1, 2026	Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9073 J9075 J9249 J9361	J9074 J9248 J9376			July 1, 2024	
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321			Jan. 1, 2024	
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350			Oct. 1, 2023	
		J9196 J9296 Q5129	J9294 J9297			July 1, 2023	
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394			May 1, 2023	
		J9274	J9298	Oncology DX Codes		Jan. 1, 2023	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9331	J9332	Oct. 1, 2022	
		J9071 J9359	J9273	July 1, 2022	
		J1952 J9061	J9021 J9272	Apr. 1, 2022	
		J9247 J9319	J9318	Jan. 1, 2022	
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037	J9349	May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281	Jan. 1, 2021	
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100 J9130 J9150	J0641 J9015 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9120 J9145 J9160	Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	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	Q2050		
		J9999			
		Q2043			
		J1950	Oncology DX Codes	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155	J9202	Jan. 1, 2017	
		J9217	J9225		
		J9226			
Circumcision		54150	54160	Nov. 1, 2016	
		54161	54162		
Cochlear Implants and		69729	69730	Mar. 1, 2023	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Other Auditory Implants		69714	69930	Nov. 1, 2016	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614 L8690 L8692	L8619 L8691		
Cosmetic & Reconstructive procedures		14020*		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14021* 14061*		
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	Nov. 1, 2016	
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 67961 Q2026	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
Continuous Glucose Monitor		E2102 A4238	E2103 A4239	Feb. 1, 2023	
		A9276 A9278	A9277	Oct. 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 age 21, when billed with modifier U3.	
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 Orthotics and Prosthetics 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 Home Health Care section.
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	
		A9279 E0265 E0445 E0483 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628	E0194 E0300 E0457 E0466 E0636 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327 E2351 E2510 E2599 E2627 E2629		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		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	Nov. 1, 2016	
Experimental & Investigational		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Nov. 1, 2016	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Gender Dysphoria Treatment		56805 57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.

Genetic Testing Genetic Testing

July 1, 2025

- 0294U 0293U
- 0292U 0291U
- 0290U 0289U
- 0286U 0285U
- 0282U 0278U
- 0277U 0276U
- 0274U 0273U
- 0272U 0271U
- 0270U 0269U
- 0268U 0265U
- 0258U 0250U
- 0245U 0244U
- 0238U 0233U
- 0213U 0212U
- 0211U 0171U
- 0170U 0154U
- 0118U 0114U
- 0103U 0102U
- 0101U 0094U
- 0088U 0087U
- 0055U 0050U
- 0048U 0026U
- 81523 81471
- 81464 81463
- 81462 81459
- 81458 81457
- 81455 81450

Genetic Testing

81425 81426
81427 81443

Feb. 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

Genetic Testing

81520

Dec. 1, 2022



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Genetic testing				Authorization/Notification program for each specified genetic test.
	BRCA Genetic Testing	81163 81164		Jan. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	81229		Oct. 1, 2021	
		87505 87506 87507		Nov. 1, 2020	
		0111U 0129U		Nov. 1, 2019	
		81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81519		Feb 1, 2019	
		81162		May 1, 2016	
Home Health Care		99503 G0300 G0299 S9474		Nov. 1, 2016	
Injectable Medications	Itvisma	J3405		July 1, 2026	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 Medication List</i> . Pre-determination is highly
	Starjemza	Q5164		April 1, 2026	
	Yartemlea	J1289			
	Bildyos	Q5162		Jan. 1, 2026	
	Gazyva	J9301			
	Imaavy	J9256			
	IVIG	J1553			
	Papzimeos	J3404			
	Avtozma	Q5156			
	Conexence	Q5158			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Stoboclo Therapeutic Radiopharm aceuticals	Q5157 A9615			recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. * Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 .
	Alhemo	J7173		Oct. 1, 2025	
	Azmiro	J1072			
	Bkemv	Q5152			
	Encelto	J3403			
	Epysqli	Q5151			
	Imuldosa IV	Q5098			
	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesintek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus	J2351		Apr. 1, 2025	
	Zunovo				
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzed®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Eylea HD®	J0177		April 1, 2024	
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortropin Gel™	J0802			
	Elevidys®	J1413			
	Qalsody®	J1304			
	Hemgenix®	J1411		Dec. 1, 2023	
	Leqembi®	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	
	Flyneta®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	Q5127			
	Stimufend®				
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Prolia®	J0897		Jan. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexvazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			

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	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Evkeeza	J1305			
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	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			
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			

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	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	J9311			
	Hycela®				
	Stelara IV®	J3358			
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			
	Evenitv™	I3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		I7327	I7329		
	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi	J1602			
	Parsabiv™	I0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIIG	J1555			
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIIG	J1575		May 1, 2016 Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588		
	IVIIG	90284 J1556 J1559 J1566 J1569	J1459 J1557 J1561 J1568 J1572		
	*Synagis®	90378			
	Xolair®	J2357			

Injectable Medications - Temporary and Unclassified	Kebilidi	C9399 J3590	J3490	Jan. 1, 2026	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
	Steqeyma IV Yesintek IV	C9399 J3590	J3490	Jun. 1, 2025	
	Rivfloza	C9399 J3590	J3490	July 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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for
Community Plan.

Joint Replacement		23470	23472	Nov. 1, 2016	
		23473	23474		
Joint, total hip and knee replacement procedures		24360	24361		
		24362	24363		
		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.



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization is not required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p>
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436	Nov. 1, 2016	
Non-Emergent Ground Ambulance TX MANDATE		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434	Nov. 1, 2016	
Orthognathic Surgery		21121 21125	21123 21127	Nov. 1, 2016	
Treatment of maxillofacial/jaw functional impairment		21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246	21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247		
Orthotics and		L1832		May 1, 2019	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Prosthetics		L3763	L4631	April 1, 2019	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820		
		L1830	L1831		
		L1836	L1847		
		L0112	L0170	Nov. 1, 2016	
		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	L1834		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		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	L6055			
	L6050	L6110			
	L6100	L6130			
	L6120	L6205			
	L6200	L6300			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		L6250	L6320		
		L6310	L6360		
		L6350	L6380		
		L6370	L6384		
		L6382	L6450		
		L6400	L6550		
		L6500	L6580		
		L6570	L6584		
		L6582	L6588		
		L6586	L6621		
		L6590	L6624		
		L6623	L6648		
		L6646	L6687		
		L6686	L6690		
		L6689	L6693		
		L6692	L6695		
		L6694	L6697		
		L6696	L6707		
		L6704	L6709		
		L6708	L6712		
		L6711	L6714		
		L6713	L6880		
		L6715	L6882		
		L6881	L6884		
		L6883	L6895		
		L6885	L6905		
		L6900	L6915		
		L6910	L6925		
		L6920	L6935		
		L6930	L6945		
		L6940	L6955		
		L6950	L6965		
		L6960	L6975		
		L6970	L7008		
		L7007	L7040		
		L7009	L7170		
		L7045	L7181		
		L7180	L7186		
		L7185	L7191		
		L7190	L8040		
	L7405	L8043			
	L8042	L8045			
	L8044	L8047			
	L8046	L8610			
	L8499				

S9152

Dec. 1, 2022

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 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		
		97533	97535		
		97537	97542*		
		97545	97546		
		97750	97760	Nov. 1, 2016	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
		97761	G0283		
		92507	92508		
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
		97039	97110		
		97112	97113		
	97116	97124			
	97140	97530			
	97799	G0129			
	G0152	G0281			
	G0282	S8990			
	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018	
		T2002			
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Procedures		37243	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
		55874			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Proton Beam Therapy		77520	77522	Nov. 1, 2016	
		77523	77525		
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		75580		Jan. 1, 2024	Health care professionals 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 Prior Authorization and Notification tool on 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 tool on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		0633T	0634T	Aug. 1, 2024	
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		
		78492			
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		77046	77047	Jan. 1, 2019	
		77048	77049		
	70336	70450	Nov. 1, 2016		
	70460	70470			
	70480	70481			
	70482	70486			
	70487	70488			
	70490	70491			
	70492	70496			
	70498	70540			
	70542	70543			
	70544	70545			
	70546	70547			
	70548	70549			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		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	78451		
		78452	78453		
		78454	78468		
		78466	78472		
	78469	78481			
	78473	78494			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Radiology (cont.)		78483	78499		
		78496	78609		
		78608	78812		
		78811	78814		
		78813	78816		
		78815	G0235		
		G0252	S8092		
		S8037			
Rhinoplasty and Septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Site of service (SOS) – Outpatient Hospital (cont.)		46200	46220		
		46221	46250		
		46255	46261		
		46270	46275		
		46288	46505		
		46750	46910		
		46946			
	ENT	21320	30140		
	Procedures	30520	69436		
		69631			
	Eye and Ocular	65710	65820		
		66250	66710		
	Adnexa	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
Site of service (SOS) – Outpatient Hospital (cont.)		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	29846			
		29835	29861			
		29845	29876			
		29848	29879			
		29875	29881			
		29877	29888			
		29880				
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
			57288		
Sleep Apnea		21685	41599	Nov. 1, 2016	
Procedures & Surgeries		42145			
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive					
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Nov. 1, 2016	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Spinal Surgery (cont.)		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	E0747	E0748		Nov. 1, 2016
		E0760			
	Neurostimulator	43648	43881		Nov. 1, 2016
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
		L8682	L8685		
		L8686	L8687		
L8688					
Transplants	J1289	J3386		July 1, 2026	
	J3387			Feb. 1, 2026	
	J3389				
	J3402			Oct. 1, 2025	
	J3391	Q2058		July 1, 2025	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		Q2057		Apr.1, 2025	
		Q2054 J3393	J3392	Jan. 1, 2025	
		J3394		July 1, 2024	
Unclassified **	C9399	J3590	J3490		
Unclassified *	C9399	J3590	J3490	April 1, 2024	
CAR T-Cell Therapy	Q2056			Feb. 1, 2023	
	J9999			July 1, 2022	
		Q2055		Feb. 1, 2022	*Lantidra
		Q2053		July 1, 2021	
		Q2042		Jan. 1, 2019	**Amtagvi
		Q2041		April 1, 2018	
Transplant Services	32850	32851		Nov. 1, 2016	
	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	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766	July 1, 2021	
		36473		April 1, 2017	
		36475	36478	Nov. 1, 2016	
		37700	37718		
		37722	37780		
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card.
		33929			
		33975	33976	Nov. 1, 2016	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
	Q0509				
Wound Vac		E2402		Nov. 1, 2016	

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