

Prior authorization requirements for STAR+Plus

Effective January 1, 2026

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		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required

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(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	ion DX Codes	Jan. 1, 2015	for these codes with Breast Reconstruction DX codes.
		19325	19328			
		19330	19340			
		19342	19350			Prior authorization is required for all other DX codes.
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
		19380	19396			
Cancer Supportive Care	Colony-Stimulating Factors	J1434	J2468	Oncology DX Codes	Jan. 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
		Q5148				
	Colony-Stimulating Factors	J1449			Oct. 1, 2023	
	Erythropoiesis-Stimulating Factors	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
		Q5125			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			Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442	Q5101		Oct. 1, 2017	
		J1447				
Cardiology		0571T	0614T		Aug. 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		33270	33207	June 1, 2022	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, 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.
		33206	33212	Oct. 1, 2016	
		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		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720	95718	Jan. 1, 2020	
		95724	95722		
Chemotherapy		J1299	J1323	Jan 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. 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.
		J1326	J2277		
		J3055	J3263		
		J9024	J9026		
		J9028	J9038		
		J9054	J9076		
		J9161	J9174		
		J9275	J9276		
		J9289	J9329		
		J9341	J9342		
		J9382	Q2057		
		Q2058	Q5146		
		Q5147	Q5149		
		Q5150	Q5151		
		Q5152			
		J9073	J9074	July 1, 2024	
		J9075	J9248		
		J9249	J9376		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9361			regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		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	Jan. 1, 2023	
		J9331	J9332	Oct. 1, 2022	
		J9071 J9359	J9273	July 1, 2022	
		J1952 J9272	J9061	Apr. 1, 2022	
		J9247 J9319	J9318	Jan. 1, 2022	
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037 J9317 J9144 J9316	J9349 J9118 J9223 J9281	May 1, 2021 Jan. 1, 2021	
		J9227 Q5107	J9304 Q5117	Nov. 1, 2020 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	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9999 Q2050 Q2043			
		C9399 J3590 J3490		Jan. 1, 2015	
		J1950	Oncology	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	DX Codes	Jan. 1, 2015	
		J9217 J9225			
		J9226			
Circumcision		54150 54160 54161 54162		Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and Other Auditory Implants		69729 69730		Mar. 1, 2023	
		L8619		Jan. 1, 2017	
		69714 69930		Jan. 1, 2015	
		L8614 L8690			
		L8691 L8692			
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Cosmetic & Reconstructive Procedures		14020* 14021* 14041 14061 *		July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960 15821		Jan. 1, 2015	
		15820 15823			
		15822 15847			
		15830 17107			
		17106 17999			
		17108 21138			
		21137 21172			
		21139 21179			
		21175 21181			
		21180 21183			
		21182 21230			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21184	21256		
		21235	21280		
		21275	21295		
		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
		67903	67908		
		67906	67911		
		67909	67914		
		67912	67916		
		67915	67921		
		67917	67923		
		67922	67950		
		67924	67966		
		67961			
		Q2026			
Continuous Glucose Monitor		A4238	A4239	Feb. 1, 2023	
		E2102	E2103		
		A9276	A9277	Oct. 1, 2021	
		A9278			
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	E0465	May 1, 2019	
		E0637			Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E2310	E2311		
		E2512			
	E0481		Oct. 1, 2017		
	E0766		April 1, 2017		
Durable Medical		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	

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Equipment (DME) (cont.)		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0636	E0638		
		E0641	E0642		
		E0669	E0700		
		E0710	E0745		
		E0762	E0764		
		E0784	E1002		
		E1003	E1004		
		E1005	E1006		
		E1007	E1008		
		E1009	E1010		
		E1035	E1161		
		E1229	E1231		
		E1232	E1233		
		E1234	E1235		
		E1236	E1237		
		E1238	E1239		
		E1399	E2100		
		E2227	E2228		
		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		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			
		B4149	B4153			
		B4152	B4158			
		B4155	B4160			
		B4159				
		B4161				
		B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and/or Linked Services)		33477			May 2, 2016	
		36514	66180		Jan. 1, 2015	
		64722	E1831			
		A9274				
Femoroacetabular Impingement Syndrome (FAI) Functional Endoscopic Sinus Surgery (FESS)		29914	29915		Oct. 1, 2015	
		29916				
		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. Prior authorization is only required for these codes with these DX codes.
		56805	57335	Gender Dysphoria Treatment DX Codes		
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.
		81457	81458			
		81459	81462			
		81463	81464			
		81471	81523			
	Genetic Testing	81425	81426		Feb. 1, 2025	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.
		81427	81443			

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	Genetic Testing	81520		Dec. 1, 2022	Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.
		87505 87507	87506	Nov 1, 2020	
	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	
		0111U	0129U	Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519	Feb. 1, 2019	
		81162		May 2, 2016	
Home Health Care		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503 S9474	G0153	Jan. 1, 2015	
Injectable Medications	Avtozma	Q5156		Jan. 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 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 >
	Conexence	Q5158			
	Stoboclo	Q5157			
	Therapeutic Radiopharmaceuticals	A9615			
	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			

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	Niktimvo	J9038			Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesinek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Otulf IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	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			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortrophin	J0802			
	Gel®	J1413			
	Elevidys®	J1304			
	Qalsody®				
	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			

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Injectable Medications (cont.)	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 1, 2023	
	Fynetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
				Jan. 1, 2023	
	Prolia®	J0897			
	Therapeutic Radiopharmaceuticals	A9607			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
				Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9085		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	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 Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			

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	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			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		

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Injectable Medications – Unclassified	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	J0585	J0586			
	Toxin	J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis®*	90378				
	Xolair®	J2357				
	Kebilidi	C9399	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
	Starjemza	J3590				
	Rivfloza	C9399	J3490		July 1, 2024	
		J3590				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					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.
Joint Replacement		23470	23472	Jan. 1, 2015	
		23473	23474		
Joint, total hip and knee replacement procedures		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		
Orthognathic Surgery		21121	21123	Jan. 1, 2015	
		21125	21127		
Treatment of maxillofacial/jaw functional impairment		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
		L8000	L8001	Jan. 1, 2019	Prior authorization is required for <u>all STAR+PLUS members</u> for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
		L8039			
		L8499		Jan. 1, 2015	
		L3763	L5683	April 1, 2019	Prior authorization is required for all <u>WAIVER</u> plan members regardless of billed amount (this is not a benefit to non-waiver members).
		L5999			
		L1810	L1832	Jan. 1, 2019	
		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		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
		L5718	L5722		
		L5724	L5726		
		L5728	L5780		
		L5790	L5795		
		L5811	L5812		
		L5814	L5816		
		L5818	L5822		
		L5824	L5826		
		L5828	L5830		
		L5848	L5857		
		L5858	L5930		
		L5950	L5960		
		L5961	L5964		
		L5966	L5968		
		L5973	L5976		
		L5979	L5980		
		L5981	L5982		
		L5984	L5987		
		L5988	L5990		
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6380	L6382		
		L6384	L6400		
		L6450	L6500		
		L6550	L6570		
		L6580	L6582		
		L6584	L6586		
		L6588	L6590		
		L6621	L6623		
		L6624	L6646		
		L6648	L6686		
		L6687	L6689		
		L6690	L6692		
		L6693	L6694		
		L6695	L6696		
		L6697	L6704		
		L6707	L6708		
		L6709	L6711		
		L6712	L6713		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L6714	L6715		
		L6880	L6881		
		L6882	L6883		
		L6884	L6885		
		L6895	L6900		
		L6905	L6910		
		L6915	L6920		
		L6925	L6930		
		L6935	L6940		
		L6945	L6950		
		L6955	L6960		
		L6965	L6970		
		L6975	L7007		
		L7008	L7009		
		L7040	L7045		
		L7170	L7180		
		L7181	L7185		
		L7186	L7190		
		L7191	L7405		
		L8040	L8042		
		L8043	L8044		
		L8045	L8046		
		L8047	L8610		
Outpatient Therapy		70371	92626	July 1, 2017	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	*		
		97750	97546		
		97761	97760		
		G0282	G0281		
		S9152	G0283		
		92507	92508	Jan. 1, 2015	* 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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		431 433 439 441** 978	432 434 440** 977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002	Jan. 1, 2015	
Prostate Procedures		37243 55874	53850	April 1, 2022	
Proton Beam Therapy		77520 77523	77522 77525	Jan. 1, 2015	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		71271 78430 78432 78459 78492	78429 78431 78433 78491	Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the
		76391		Mar. 1, 2020	UnitedHealthcare Provider
		76390	78830	Jan. 1, 2020	Portal button in the top right corner. Then, select the Prior
		77046 77048	77047 77049	Jan. 1, 2019	Authorization and Notification
		70336 70460 70480 70482 70487	70450 70470 70481 70486 70488	Jan. 1, 2015	on your Provider Portal dashboard Or, call 866-889-8054.
					For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		70490	70491		Notification Resources > Radiology Prior Authorization and Notification Program.
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		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		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		77084	78451			
		78452	78453			
		78454	78468			
		78466	78472			
		78469	78481			
		78473	78494			
		78483	78499			
		78496	78609			
		78608	78812			
		78811	78814			
		78813	78816			
		78815	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital (cont.)		46221	46250		
		46255	46261		
		46270	46275		
		46288	46505		
		46750	46910		
		46946			
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular	65710	65820		
	Adnexa	66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
	Liver Biopsy	47000			
	Male Genital System	54840			
	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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		
		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		
			57288		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Sleep Apnea Procedures & Surgeries		21685 42145	41599	Jan. 1, 2015	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		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 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191	Jan 1, 2015	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		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***	J3402			Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia®, Ryoncil, 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.
		C9399	J3490			
		J3590				
		J3391			July 1, 2025	
		Q2058				
	Unclassified**	Q2057			Apr. 1, 2025	
		J3392			Jan. 1, 2025	
		Q2054				
		J3393			July 1, 2024	
		J3394				
		C9399	J3490			
		J3590				
	Unclassified*	C9399	J3490		April 1, 2024	
	CAR T-Cell Therapy	J3590				
		Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		Q2042			Jan. 1, 2019	
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	Transplant Services	32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
		47147	48551			
		48552	48554			
		50300	50320			
		50323	50325			
		50340	50360			
		50365	50370			
		S2060	50547			
		S2152	S2061			
		38232		Oncology DX codes	Jan. 1, 2015	
Vein Procedures		37765	37766		July 1, 2021	
		36473			April 1, 2017	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
Ventricular Assist Device (VAD)		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Q0507	Q0508			
		Q0509				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Wound Vac		E2402		Jan. 1, 2015	