

# Prior authorization requirements for Texas STAR

Effective July 1, 2026

This list contains prior authorization review requirements for participating UnitedHealthcare Community Plan of Texas STAR 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](https://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](https://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
<b>Bariatric Surgery</b>		43644	43645	Jan. 1, 2015	
	Inpatient and	43659	43770		
	outpatient	43775	43842		
	bariatric surgery	43845	43846		
	and obesity-	43847	43848		
	related services	43860			
<b>Behavioral Health Services</b>		96130	96131	April 1, 2026	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services
		96136	96137		
		96138	96139		
		97151	97153		
		97154	97155		
		97156	97158		
		H0012	H0047		
	H2035				
<b>Bone Growth Stimulator</b>		20975	20979	Jan. 1, 2015	
		20974		Jan. 1, 2014	
<b>Breast Reconstruction</b>		11971	Breast Reconstruct	Oct. 1, 2022	Prior authorization is not required for these codes with

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<b>(Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	tion DX Codes	Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
		L8600			Jan. 1, 2014
<b>Cancer Supportive Care</b>		Q5136	Q5157		Apr. 1, 2026
		Q5158	Q5159		
	Colony-Stimulating Factors	J1449			Oct. 1, 2023
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456			July 1, 2023
	Colony-Stimulating Factors	Q5125		Oncology DX Codes	Jan. 1, 2023
		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
		Q5110			Jan. 1, 2019
		J1442	Q5101		Oct. 1, 2017
		J1447			

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					<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
<b>Cardiology</b>		33274		Apr. 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 <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 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: <a href="https://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>
		0571T	0614T	Aug. 1, 2024	
		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	93351		
		93350	93453		
		93452	93455		
	93454	93457			
	93456	93459			
	93458	93461			
	93460				
<b>Cardiovascular</b>		93580		April 1, 2022	Prior authorization required for members age 18 and older
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		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		
<b>Chemotherapy</b>		J9003	J9183	July 1, 2026	
		J9277	J9278		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
<b>Chemotherapy (cont.)</b>		J9601 Q5162	Q5161			
		J9011 J9282 Q5160	J9184 J9326	Apr. 1, 2026	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.	
		J9073 J9075 J9249 J9361	J9074 J9248 J9376	July 1, 2024		
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321	Jan. 1, 2024		Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
		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	
		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	

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Chemotherapy (cont.)		J9177	J9198		July 1, 2020
		J9246	J9358		
		Q5119			
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119	J9204		Oct. 1, 2019
		J9210	J9269		
		J9313			
		J9030	J9036		Aug. 1, 2019
		J9153	J9057		Jan. 1, 2019
		J9229	J9173		
		J9312	J9311		
		J9022	J9023		April 1, 2018
		J9203	J9285		
		J0640	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9120		
		J9130	J9145		
		J9150	J9160		
		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			

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<b>Chemotherapy (cont.)</b>		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	Q217			
		J9999	Q2050			
		Q2043				
		C9399	J3490		Jan. 1, 2015	
		J3590				
		J1950		Oncology DX	July 1, 2021	
		J9155	J9202		Jan. 1, 2015	
	J9217	J9225				
	J9226					
					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://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	
<b>Circumcision</b>		54150	54160	Jan. 1, 2015		
		54161	54162			
<b>Cochlear Implants and</b>		69729	69730	Mar. 1, 2023		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Other Auditory Implants</b>		69714	69930	Jan. 1, 2015	
		L8614	L8619		
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8690	L8691		
		L8692			
<b>Cosmetic &amp; Reconstructive</b>		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	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		
		21184	21256		
	Reconstructive procedures that treat a medical condition or improve or restore physiological function	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			
<b>Continuous Glucose Monitor</b>		E2102	E2103	Feb. 1, 2023	
		A4238	A4239		
		A9276	A9277	Oct. 1, 2021	
		A9278			
<b>Dental Anesthesia</b>		00170	41899	July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
<b>Durable Medical Equipment (DME)</b>		E2298		May 1, 2024	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.	
		E0639	E0640	Feb. 1, 2021		
		A9900 E0637	E0465		May 1, 2019	Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		E0277	E0328		April 1, 2019	
		E0329	E0470			
		E0471	E0652			
		E1130	E1825			
		E2310	E2311			
		E2512				
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279	E0194		Jan. 1, 2015	
		E0265	E0300			
		E0445	E0457			
		E0638	E0483			
		E0642	E0641			
		E0700	E0669			
		E0745	E0710			
		E0764	E0762			
		E1002	E0784			
		E1004	E1003			
		E1006	E1005			
		E1008	E1007			
		E1010	E1009			
		E1161	E1035			
		E1231	E1229			
		E1233	E1232			
		E1235	E1234			
		E1237	E1236			
		E1239	E1238			
		E2100	E1399			
		E2228	E2227			
		E2325	E2327			
	E2329	E2351				
	E2373	E2510				
	E2511	E2599				
	E2626	E2627				
	E2628	E2629				
	E2630	E8001				
	K0005	K0008				
	K0013	K0108				
	K0848	K0849				
	K0850	K0851				
	K0852	K0853				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		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			
<b>Enteral Services</b> 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			
	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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization	
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic testing	81432		July 1, 2025		
		81450	81455			
		81457	81458			
		81459	81462			
		81463	81464			
		0048U	0050U			
		0055U	0087U			
		0088U	0094U			
		0101U	0102U			
		0103U	0114U			
		0118U	0154U			
		0170U	0171U			
		0211U	0212U			
		0213U	0233U			
		0238U	0244U			
		0245U	0250U			
		0258U	0265U			
		0268U	0269U			
		0270U	0271U			
		0272U	0273U			
		0274U	0276U			
			0292U	0293U		
			0294U	0026U		
	Genetic Testing	81425 81427	81426 81443	Feb. 1, 2025		
	Genetic Testing	81520		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.	
	Genetic Testing					
	BRCA Genetic Testing			Jan. 1, 2019		
		81163	81164	Jan. 1, 2018		
		81162		Oct. 1, 2021		
	Genetic Testing	81229			Notification/prior authorization is required for BRCA testing	

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		87505 87507	87506	Nov. 1, 2020	before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare
		0111U	0129U	Nov. 1, 2019	
		81400 81402 81404 81406 81408 81411	81401 81403 81405 81407 81410 81519	Feb. 1, 2019	
<b>Home Health Care</b>		G0162		Jan. 1, 2018	
		G0299	G0300	March 1, 2016	
		99503	S9474	Jan. 1, 2015	
<b>Injectable Medications</b>	Itvisma	J3405		July 1, 2026	
	Starjemza	Q5164			
	Yartemlea	J1289			
	Bildyos	Q5162		Apr. 1, 2026	
	Gazyva	J9301			
	Imaavy	J9256			
	IVIG	J1553			
	Papzimeos	J3404			
	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			

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Daxxify	J0589			Jun. 1, 2025	
Otulfi 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	
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Alyglo	J1552			Jan. 1, 2025	
Nplate	J2802				

Tyenne	Q5135			Oct. 1, 2024	
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Adzynma	J7171			July 1, 2024	
Cosentyx IV	J3247				
OmvoH	J2267				

Elfabrio®	J2508			June 1, 2024	
Lamzede®	J0217				
Rystiggo®	J9333				
Vyvgart Hytrulo	J9334				

Eylea HD®	J0177			April 1, 2024	
Izervay®	J2782				
Pombiliti®	J1203				
Roctavian®	J1412				
Vyjuvek®	J3401				

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	Acthar Gel	J0801		Feb. 1, 2024	
	Cortrophin Gel	J0802			
	Elevidys	J1413			
	Qalsody	J1304			
	Hemgenix®	J1411		Dec. 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="https://www.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>
	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		April 1, 2023	
	Fylnetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	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			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	

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	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			
	Saphnelo	C9086		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	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			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			

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	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	I0717			
	Rituxan®	J9312			
	Rituxan	J9311			
	Hycela®				
	Stelara IV®	J3358			
	Therapeutic Radio-pharmaceutica	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceutical	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442	J1447		
		Q5101	Q5110		
	Therapeutic Radio-pharmaceutical	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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
	Simponi Aria	J1602			
	Parsabiv™	J0606		Nov. 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	
				Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586		
		J0587	J0588		
	IVIg	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
		J1500			
	*Synagis®	90378			
	Xolair®	J2357			

**Injectable Medications -Unclassified**

Rivfloza	C9399	J3490	July 1, 2024
	J3590		

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
					Coverage Determination Guidelines for Community Plan.
<b>Joint Replacement</b>		23470	23472	Jan. 1, 2015	
		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			
<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		
<b>Orthognathic Surgery</b>		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			
<b>Orthotics and Prosthetics</b>		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
Orthotics and Prosthetics (cont.)		L1812	L1820		Jan. 1, 2018
		L1830	L1831		
		L1836	L1847		
		L1834			
		L0112	L0170		Jan. 1, 2015
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1840		
		L1844	L1845		
		L1846	L1860		
		L1945	L1950		
		L1970	L2000		
		L2005	L2010		
		L2020	L2030		
		L2034	L2036		
		L2037	L2038		
		L2060	L2106		
		L2108	L2126		
		L2136	L2350		
		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
	L3901	L3904			
	L3905	L3961			
	L3971	L3975			
	L3976	L3977			
	L3999	L4000			
	L4010	L4020			
	L5010	L5020			
	L5050	L5060			
	L5100	L5105			
	L5150	L5160			
	L5200	L5210			
	L5220	L5230			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	L6250		
		L6320	L6310		
		L6360	L6350		
		L6380	L6370		
		L6384	L6382		
		L6450	L6400		
		L6550	L6500		
		L6580	L6570		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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		
<b>Outpatient Therapy</b>		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.  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.
		70371	92626	July 1, 2017	
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97535	97537		
		97542*	97750		
		97760	97761		
		97530		Nov. 7, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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	S8990		
	<b>OR billed with these revenue codes</b>	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
<b>Potentially Unproven Services</b>		33289	C2624	April 1, 2023	
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>		T1025 T2002	T1026	Oct. 1, 2018	
<b>Private Duty Nursing</b>		T1000 T1003	T1002	Jan. 1, 2015	
<b>Prostate Procedures</b>		37243 55874	53850	April 1, 2022	
<b>Proton Beam Therapy</b>		77520 77523	77522 77525	Jan. 1, 2015	
Focused radiation therapy using beams of protons, which are tiny particles with a					
<b>Psychological Testing</b>		96136	96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
<b>Radiology</b>		75580 0633T 0635T	0634T 0636T	Jan. 1, 2024 Aug. 1, 2024	Health care professionals ordering an advanced outpatient imaging procedure

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		0637T	0638T		are responsible for providing notification prior to scheduling the procedure.
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		
		78492			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.
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		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		
		78483	78499		
		78496	78609		
		78608	78812		
		78811	78814		
		78813	78816		
		78815	G0235		
		78999	S8092		
		G0252			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		S8037			
<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	
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
	46040	46050			
	46200	46220			
	46221	46250			
	46255	46261			
	46270	46275			
	46288	46505			
	46750	46910			
	46946				
	ENT Procedures	21320	30140		
		30520	69436		
		69631			

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>	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
	Female Genital System	68110	68115		
		68320	68720		
		68815			
	Gynecologic Procedures	57240	57250		
		57461	57520		
		58561	58562		
	Hemic and Lymphatic Systems	57522	58353		
		58558	58563		
		58565			
	Hernia Repair	38500	38510		
		38525			
	Integumentary System	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Liver Biopsy	10121	11440		
		11450	11624		
		11770	13121		
15100		15120			
15240		19020			
Male Genital System	19120	19125			
	47000				
Miscellaneous	54840				
	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			

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>		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		
		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
<b>Sleep Apnea Procedures &amp; Surgeries</b>	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment	21685	41599	Jan. 1, 2015	
		42145			
<b>Spinal Surgery</b>		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Jan. 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	63200		
		63250	63251		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
		63308			
<b>Stimulators</b>	Bone Growth	E0760		Dec. 7, 2015	
Implantation of a device that sends electrical impulses	Stimulator	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>	J1289	J3386		July 1, 2026	
	J3387	J3389		Feb. 1, 2026	
	J3402			Oct. 1, 2025	
	J3391	Q2058		July 1, 2025	
	Q2057			Apr. 1, 2025	
	Q2054	J3392		Jan. 1, 2025	
	J3393				
	J3394			July 1, 2024	

For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia,



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
		C9399**	J3490**		Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn 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.
	Unclassified*	J3590**			
		C9399	J3490	April 1, 2024	
		J3590			
	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		Q2042		Jan. 1, 2019	
		Q2041		April 1, 2018	
	Transplant Services	32850	32851	Jan. 1, 2015	
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
		50323	50325		
		50340	50360		
		50365	50370		
		S2060	50547		
		S2152	S2061		
		38232		Oncology DX Codes	Jan. 1, 2015
<b>Vein Procedures</b>		37765	37766		July 1, 2021
		36473			April 1, 2017

\*Lantidra

\*\*Amtagvi

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/How to obtain prior authorization
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		
<b>Ventricular Assist Device (VAD)</b> 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	Jan. 1, 2015	
		33979	33981		
		33982	33983		
	Q0507	Q0508			
	Q0509				
<b>Wound Vac</b>		E2402		Jan. 1, 2015	

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