

# Prior Authorization Requirements for STAR Kids

Effective November 1, 2022

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

## Submitting prior authorization requests

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

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Bariatric Surgery</b>		43644	43645	Nov. 1, 2016		
		43659	43770			
	Inpatient and outpatient	43775	43842			
	bariatric surgery	43845	43846			
	and obesity-related services	43847	43848			
		43860				
<b>Bone Growth Stimulator</b>		20975	20979	Nov. 1, 2016		
	Electronic stimulation or ultrasound to heal fractures					
<b>Breast Reconstruction (Non-Mastectomy)</b>		11971	Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.	
	Reconstruction of the breast other than following mastectomy		19316	19318	Nov. 1, 2016	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		
<b>Cancer Supportive Care</b>	Colony-Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cancer Supportive Care (cont.)	Bone-Modifying Agents	J0897		June 1, 2018	codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	
		Q5120		July 1, 2020		
	Colony-Stimulating Factors	Q5108	Q5111			Jan. 1, 2019
		J2820				Oct. 1, 2017
		Colony-Stimulating Factors	Q5122			Oncology DX Codes
	Q5110					Jan. 1, 2019
		J1442	Q5101		Oct. 1, 2017	
		J1447				
Cardiology		93319		June 1, 2022	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.  For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.	
		33206	33207			Nov. 1, 2016
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
		93456	93457			
	93458	93459				
	93460	93461				
	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			
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
		J9348	J9353		Oct. 1, 2021	
		Q5123				
		J9037	J9349		May 1, 2021	
		J9317	J9118		Jan. 1, 2021	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		J9144	J9223			
		J9316	J9281			
		J9227	J9304		Nov. 1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		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	
		J9044	J9057		Jan. 1, 2019	
		J9153	J9173			
	J9229	J9311				
	J9312					
	J9022	J9023		April 1, 2018		
	J9203	J9285				
	J0640	J0641		Jan. 1, 2017		
	J9000	J9015				
	J9017	J9019				
	J9020	J9025				
	J9027	J9032				
	J9033	J9034				
	J9035	J9039				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Chemotherapy (cont.)</b>		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
		J9150	J9151		
		J9165	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9212	J9213		
		J9214	J9215		
		J9216	J9228		
		J9218	J9245		
		J9230	J9260		
		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9328		
		J9308	J9340		
		J9320	J9352		
		J9330	J9355		
		J9351	J9360		
	J9354	J9371			
	J9357	J9395			
	J9370	J9600			
	J9390	Q2017			
	J9400	Q2050			
	J9999				
	Q2043				
	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 <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
	J9155	J9202		Jan. 1, 2017	
	J9217	J9225			
	J9226				
<b>Circumcision</b>		54150	54160		
		54161	54162	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cochlear Implants and Other Auditory Implants</b>		69714	69930	Nov. 1, 2016	
		L8614	L8619		
		L8690	L8691		
		L8692			
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic &amp; Reconstructive procedures</b>		14020	14021	July 1, 2021	
		14041	14061		
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11960	15821	Nov. 1, 2016	
		15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		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				
<b>Continuous Glucose Monitor</b>		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0553		Feb. 1, 2021	
		K0554			

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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)		E0639 E0640		Feb. 1, 2021	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		A9900 E0465 E0637		May 1, 2019	
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		April 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.  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 E0194 E0265 E0300 E0445 E0457 E0460 E0466 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 E2300 E2325 E2327 E2329 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0008 K0013 K0108 K0848 K0849 K0850 K0851 K0852 K0853 K0854 K0855		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		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		
		B9002	B9998	Nov. 1, 2016	
<b>Experimental &amp; Investigational</b>		33477	36514	Nov. 1, 2016	
		66180	64722		
		E1831	A9274		
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915	Nov. 1, 2016	
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257	July 1, 2018	
		31259			
		31240	31254	Nov. 1, 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 codes with DX codes.
			Gender Dysphoria Treatment DX Codes		
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
		81520			
					Care providers requesting laboratory testing will be required to complete the prior authorization/notification process,

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<b>Genetic and Molecular Testing to Include BRCA Gene Testing (cont.)</b>	Genetic testing	81238	81247	June 1, 2022	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.	
		81248	81249			
		81258	81259			
		81269	81278			
		81334	81351			
		81352	81353			
		81361				
	BRCA Genetic Testing	81212				Feb. 1, 2019
		81216				
		81163	81164			Jan. 1, 2019
		81165	81166			
		81162				Nov. 1, 2016
	Genetic Testing	81229				Oct. 1, 2021
		87481	87482			Nov. 1, 2020
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87800	87799			
		0068U	87801			
		0097U				
0111U		0129U		Nov. 1, 2019		
0136U		0137U				
		81167	81233		April 1, 2019	
		81237				
		0040U	81105		Feb 1, 2019	
		81106	81107			
	81108	81109				
	81110	81111				
	81120	81121				
	81161	81170				
	81200	81201				
	81205	81203				
	81209	81208				
	81218	81223				
	81220	81225				
	81222	81227				
	81224	81240				
	81226	81242				
	81241	81244				
	81243	81246				
	81245	81251				
	81250	81253				
	81252	81255				
	81254	81257				
	81256	81261				
	81260	81263				
	81262	81265				
	81264	81267				
	81266	81273				
	81268	81276				



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 (cont.)</b>		81272	81288		
		81287	81291		
		81290	81295		
		81292	81297		
		81294	81303		
		81298	81310		
		81300	81314		
		81302	81316		
		81304	81318		
		81313	81321		
		81315	81323		
		81317	81325		
		81319	81327		
		81322	81331		
		81324	81340		
		81326	81342		
		81330	81355		
		81332	81371		
		81341	81373		
		81350	81375		
		81370	81377		
		81372	81379		
		81376	81381		
		81378	81383		
		81380	81401		
		81382	81403		
	81400	81405			
	81402	81407			
	81404	81410			
	81406	81420			
	81408	81519			
	81411				
	81507				
<b>Home Health Care</b>		99503	G0299	Nov. 1, 2016	
		G0300	S9474		
<b>Injectable Medications</b>	Releuko®	Q5125		Oct. 1, 2022	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 <a href="https://www.uhcprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Scenesse®	J7352			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Susvimo™	C9093		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
Kanuma®	J2840				
Lumizyme®	J0221				
Mepsevii®	J3397				

\* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.

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Injectable Medications (cont.)	Naglazyme®	J1458			<p><b>** Do Not Start Case – Direct Provider using the information below:</b>            To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into <a href="https://uhcprovider.com">UHCProvider.com</a> and follow this pathway:            Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications            For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program):            1-888-397-8129</p>	
	Revcovi®	J3590				
	Vimizim®	J1322				
	Aduhelm®	J0172				Feb. 1, 2022
	Fensolvi®	J1951				Oct. 1, 2021
	Amondys 45	C9075				Sept. 1, 2021
	Krystexxa®	J2507				Aug. 1, 2021
	Nplate®	J2796				
	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				
	Vantas™	J9225				
	Viltepso™	J1427				
	Zoladex®	J9202				
	Avsola®	Q5121				April 1, 2021
	Uplizna®	J1823				
	Spravato®	S0013				Feb. 1, 2021
	Vyepti™	J3032				Jan. 1, 2021
	Tepezza®	J3241				Dec. 1, 2020
	Cinryze®	J0598				Oct. 1, 2020
	Ruconest®	J0596				
	Adakveo®	J0791				July 1, 2020
	Givlaari®	J0223				
	Reblozyl®	J0896				
Ruxience®	Q5119					
Vyondys 53®	J1429					
Xembify®	J1558					
Zolgensma®	J3399					
Benlysta	J0490			April 1, 2020		
Cimzia®	J0717					
Rituxan®	J9312					
Rituxan Hycela®	J9311					
Stelara IV®	J3358					
**Therapeutic Radio-Pharmaceuticals	A9590			March 1, 2020		

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<b>Injectable Medications (cont.)</b>	Sodium Hyaluronate	J7331 J7332		Nov. 1, 2019	
	**Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329			
	Ultomiris™	J1303			
	White blood cell colony-stimulating factors	J1442 J1447 Q5101 Q5110			
	**Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606		Nov. 1, 2018	
	Sublocade™	Q9991 Q9992		July 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
IVIg	J1555				
Makena®	J1726 J1729				
Ocrevus™	J2350				
Spinraza™	J2326				
Lemtrada®	J0202		Oct. 1, 2017		
Soliris®	J1300				
Cinqair®	J2786		April 1, 2017		
Nucala®	J2182				
Probuphine®	J0570				

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<b>Injectable Medications (cont.)</b>	IVIg	J1575		May 1, 2016		
	Acthar®	J0800		Nov. 1, 2016		
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIg	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
Makena®	J2675					
*Synagis®	90378					
Xolair®	J2357					
<b>Injectable Medications – Temporary and Unclassified</b>	Fynetra®	C9399	J3490	Nov. 1, 2016*	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Lupaneta Pack™	J3590		*Reflects the effective date for the unlisted codes not the specific drug names listed		
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470	23472	Nov. 1, 2016		
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27130			
		27125	27134			
		27132	27138			
		27137	27446			
		27412	27486			
		27447	29866			
		27487	29868			
		29867				
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>					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.	

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Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> <li>• Inpatient/residential</li> <li>• Intensive outpatient</li> <li>• Nursing facility services</li> <li>• Partial hospitalization program</li> <li>• Psychological testing</li> </ul> <p>Prior authorization is <b>not</b> 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> <p>Or, fax prior authorization request to <b>877-450-6011</b>. Fax form is available at <a href="http://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunityPlan</a> &gt;Prior Authorization and Notification Resources &gt; Prior Authorization Forms.</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 Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296	Nov. 1, 2016	
Orthotics and Prosthetics		L1832 L3763 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999	May 1, 2019 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.

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		
		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			
	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			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Orthotics and Prosthetics (cont.)		L6708	L6709			
		L6711	L6712			
		L6713	L6714			
		L6715	L6880			
		L6881	L6882			
		L6883	L6884			
		L6885	L6895			
		L6900	L6905			
		L6910	L6915			
		L6920	L6925			
		L6930	L6935			
		L6940	L6945			
		L6950	L6955			
		L6960	L6965			
		L6970	L6975			
		L7007	L7008			
		L7009	L7040			
		L7045	L7170			
		L7180	L7181			
		L7185	L7186			
	L7190	L7191				
	L7405	L8040				
	L8042	L8043				
	L8044	L8045				
	L8046	L8047				
	L8499	L8610				
Outpatient Therapy		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)  Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. <b>* Prior authorization not required for DME providers</b>	
		92627	92630			
		92633	96105			
		97024	97032			
		97035	97036			
		97139	97150			
		97164	97168			
		97533	97535			
		97537	97542*			
		97545	97546			
		97750	97760			
		97761	G0283			
		92507	92508			Nov. 1, 2016
		92526	97012			
		97014	97016			
	97018	97022				
	97026	97028				
	97033	97034				
	97039	97110				
	97112	97113				
	97116	97124				
	97140	97530				
	97799	G0129				
	G0152	G0281				
	G0282	S8990				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (cont.)	OR billed with these revenue codes	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Prescribed Pediatric Extended Care Services (PPEC)		T1025	T1026	Oct. 1, 2018	
		T2002			
Private Duty Nursing		T1000		Nov. 1, 2016	
Prostate Proceudres		37243	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
		55874			
		55866		Nov. 1, 2016	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520	77522	Nov. 1, 2016	
		77523	77525		
Psychological Testing		96116	96121	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
		96130	96131		
		96132	96133		
		96136	96137		
Radiology		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		78831	78832		
		0501T	0502T	Jan. 1, 2019	
		0503T	0504T		
		77046	77047		
		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			

For more details, please visit [UHCprovider.com](https://UHCprovider.com)/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		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	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
	78013	78014			
	78015	78016			
	78018	78070			
	78071	78072			
	78075	78099			
	78102	78103			
	78104	78185			
	78195	78199			
	78201	78202			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
	C8906	C8908			
	C8909	C8910			
	C8911	C8912			
	C8913	C8914			
	C8918	C8919			
	C8920	C8931			
	C8932	C8933			
	C8934	C8935			
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410	Nov. 1, 2016	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			

<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Nov. 1, 2016	
		31297			

<b>Site of service (SOS) – Outpatient Hospital</b>	Auditory System	69205		July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
	46270	46275			
	46288	46505			
	46750	46910			
	46946				
ENT Procedures	21320	30140			
	30520	69436			
	69631				
Eye and Ocular Adnexa	65710	65820			
	66250	66710			
	66711	66825			
	66986	67010			
	67041	67042			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of service (SOS) –		67105	67108		
		67113	67840		
Outpatient		68110	68115		
		68320	68720		
Hospital (cont.)		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
Gynecologic Procedures		57522	58353		
		58558	58563		
		58565			
Hemic and Lymphatic Systems		38500	38510		
		38525			
Hernia Repair		49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
Integumentary System		10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
Liver Biopsy		47000			
Male Genital System		54840			
Miscellaneous		20680			
Musculoskeletal System		20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
		28041	28090		
		28080	28110		
		28104	28119		
		28118	28285		
		28124	28292		
		28289	28297		
		28296	28299		
		28298	29807		
		29806	29822		
		29819	29824		
	29823	29826			
	29825	29828			
	29827	29840			
	29835	29846			
	29845	29861			
	29848	29876			
	29875	29879			
	29877	29881			
	29880	29888			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of service (SOS) –</b>		29882			
		29893			
<b>Outpatient Hospital (cont.)</b>	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		
	Adenoidectomy	42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
<b>Sleep Apnea Procedures &amp; Surgeries</b>		21685	41599	Nov. 1, 2016	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		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 prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (cont.)</b>		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	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		
		63050	63055		
		63056	63064		
		63075	63077		
		63081	63085		
		63087	63090		
		63101	63102		
		63170	63172		
		63173	63185		
		63190	63191		
		63250	63200		
		63252	63251		
		63267	63265		
		63270	63268		
		63272	63271		
		63300	63286		
		63302	63301		
	63304	63303			
	63306	63305			
	63308	63307			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Stimulators</b> 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						
<b>Transplants</b>	CAR T-Cell Therapy	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
	0539T	0540T				
	Q2042					
	Transplant Services	Q2041				April 1, 2018
		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
<b>Vein Procedures</b>		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		Nov. 1, 2016	
		37700 37718			
		37722 37780			
<b>Ventricular Assist Device (VAD)</b>		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			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975 33976		Nov. 1, 2016	
		33979 33981			
		33982 33983			
		Q0507 Q0508			
		Q0509			
<b>Wound Vac</b>		E2402		Nov. 1, 2016	