

# Prior Authorization Requirements for STAR Kids

Effective July 1, 2024

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: 877-842-3210**
- **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 requests must be made by an In-Network provider 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>Behavioral Health Services</b>					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	
<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			



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		19380	19396		
<b>Cancer Supportive Care</b>	Colony-Stimulating Factors	J1449		Oct. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. 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
	Erythropoiesis-Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
		Q5125	Oncology DX Codes	Jan. 1, 2023	
	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	
	Bone-Modifying Agents	J0897		June 1, 2018	
	Colony-Stimulating Factors	Q5120		July 1, 2020	
		Q5108	Q5111	Jan. 1, 2019	
		J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5122	Oncology DX Codes	Feb. 1, 2021	
	Q5110		Jan. 1, 2019		
	J1442	Q5101	Oct. 1, 2017		
	J1447				
<b>Cardiology</b>		93319		June 1, 2022	Prior authorization is required for participating physicians for outpatient
		33206	33207	Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		33208	33212		<p>and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p> <p>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.</p>
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
		33270			

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

<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95726		March 1, 2020	Prior authorization is required for inpatient services.
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95724	95722		

**Chemotherapy**

J9073	J9074			July 1, 2024	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
J9075	J9248				
J9249	J9376				
J9361					
J9051	J9064			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.
J9345	J9052				
J9072	J9172				
J9255	J9258				
J9286	J9321				
J9324					
J9029	J9056			Oct. 1, 2023	Prior authorization is required for the following codes regardless of cancer
J9058	J9059				
J9063	J9259				
J9322	J9323				
J9347	J9350				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		J9380			diagnosis. For prior authorization, please call <b>866-604-3267</b> .
<b>Chemotherapy (cont.)</b>		J9274	J9298 Oncology DX Codes	Jan. 1, 2023	
		J9331	J9332	Oct. 1, 2022	
		J9071 J9359	J9273	July 1, 2022	
		J9247 J9319	J9318	Jan. 1, 2022	
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037	J9349	May 1, 2021	
		J9317 J9144 J9316	J9118 J9223 J9281	Jan. 1, 2021	
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100 J9130	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120	Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		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	J9371		
		J9390	J9395		
		J9400	J9600		
		J9999	Q2017		
		Q2043	Q2050		
		J1950		July 1, 2021	
		J9155	J9202	Jan. 1, 2017	
		J9217	J9225		
		J9226			
			Oncology DX Codes		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	Nov. 1, 2016	
		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>	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714	69930	Nov. 1, 2016	
		L8614	L8619		
		L8690	L8691		
		L8692			
<b>Cosmetic &amp; Reconstructive procedures</b>		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		
<b>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</b>	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>		E2102	E2103	Feb. 1, 2023	
		A4238	A4239		
		A9276	A9277		
		A9278		Oct. 1, 2021	
<b>Dental Anesthesia</b>		00170	41899	July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Durable Medical Equipment (DME)		E2298		May 1, 2024	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.
		E0639 E0640		Feb. 1, 2021	
		A9900 E0637 E0465		May 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.
		E0277 E0328 E0329 E0470 E0471 E0652 E1130 E1825 E2310 E2311 E2512		April 1, 2019	Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		A9279 E0194 E0265 E0300 E0445 E0457 E0483 E0466 E0638 E0636 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 K0854 K0855 K0856 K0857 K0858 K0859		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>		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		
		B4036	B4104	May 1, 2019	
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		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			
<b>Gender Dysphoria Treatment</b>		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		



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	81520		Dec. 1, 2022	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>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.</p>
	Genetic testing				
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	
	Genetic Testing	81229		Oct. 1, 2021	<p>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.</p>
		87505	87506	Nov. 1, 2020	
		87507			
		0111U	0129U	Nov. 1, 2019	
		81400	81401	Feb 1, 2019	
		81402	81403		
		81404	81405		
	81406	81407			
	81408	81410			
	81411	81519			
<b>Home Health Care</b>		99503	G0299	Nov. 1, 2016	
		G0300	S9474		
<b>Injectable Medications</b>	Adzynma	J7171		July 1, 2024	<p>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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is</p>
	Cosentyx IV	J3247			
	OmvoH	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Eylea HD®	J0177		April 1, 2024	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.
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Acthar Gel®	J0801		Feb. 1, 2024	
	Cortropin Gel™	J0802			
	Elevidys®	J1413			
	Qalsody®	J1304			
	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			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		Apr. 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			
	Apretude™	J7039		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart™	J9332			
	Cutaquig®	J1551			
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	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			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Therapeutic Radio-Pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-Pharmaceuticals	A9513			
	Evenity™ Gamifant® Onpattro™	J3111 J9210 J0222		Oct. 1, 2019	
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329		
	Ultomiris™ White blood cell colony-stimulating factors	J1303 J1442 Q5101	J1447 Q5110		
	Therapeutic Radio-Pharmaceuticals	A9699		May 1, 2019	
	Actemra® Brineura™ Crysvita® Entyvio® Fasenra™ Ilumya™ Inflectra® Luxturna™ Orencia® Radicava® Remicade® Renflexis® Simponi Aria	J3262 J0567 J0584 J3380 J0517 J3245 Q5103 J3398 J0129 J1301 J1745 Q5104 J1602		Jan. 1, 2019	
	Parsabiv™	J0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™ IVIG	J1428 J1555		Jan. 1, 2018	
	Ocrevus™ Spinraza™	J2350 J2326			
	Lemtrada® Soliris®	J0202 J1300		Oct. 1, 2017	
	Cinqair® Nucala®	J2786 J2182		April 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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IVIG	J1575			May 1, 2016	
				Nov. 1, 2016	

Botulinum Toxin	J0585	J0586			
	J0587	J0588			
IVIG	90284	J1459			
	J1556	J1557			
	J1559	J1561			
	J1566	J1568			
	J1569	J1572			
	J1599				

*Synagis®	90378				
Xolair®	J2357				

**Injectable Medications – Temporary and Unclassified**

Rivfloza	C9399	J3490	J3590		
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July 1, 2024

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 Coverage Determination Guidelines for Community Plan.

<b>Joint Replacement</b>	23470	23472			
Joint, total hip and knee replacement procedures	23473	23474			
	24360	24361			
	24362	24363			
	24370	24371			
	27120	27130			
	27125	27134			
	27132	27138			
	27137	27446			
	27412	27486			
	27447	29866			
	27487	29868			
	29867				

Nov. 1, 2016

**Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)**

Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Mental Health (MH)/ Substance Use Disorder (SUD)					<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> <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	
		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		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="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. <b>* Prior authorization not required for DME providers</b>	
		70371	92626	July 1, 2017		
		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
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977		
<b>Potentially Unproven Services</b>		33289	C2624	Apr. 1, 2023	
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>		T1025 T2002	T1026	Oct. 1, 2018	
<b>Private Duty Nursing</b>		T1000		Nov. 1, 2016	
<b>Prostate Proceudres</b>		37243 55874	53850	April 1, 2022	Prior authorization will not be required for dates of service on or after March 1, 2022
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525	Nov. 1, 2016	
<b>Psychological Testing</b>		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
<b>Radiology</b>		75580		Jan. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		76391		March 1, 2020	
		76390 78831	78830 78832	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
		77046 77048	77047 77049	Jan. 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (cont.)		70336	70450	Nov. 1, 2016	Notification on your Provider Portal dashboard Or, call 866-889-8054.  For more details, please visit <a href="https://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		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		
		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	78012			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78608	78609		
		78699	78707		
		78708	78709		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
	78813	78814			
	78815	78816			
	78999	G0235			
	G0252	S8092			
	S8037				
<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			

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>	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
Digestive System	14301	21552			
	21931				
	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			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Site of service (SOS) – Outpatient Hospital (cont.)		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System		20552	20553		
			21012	21013		
			21336	21554		
			21555	21556		
			21930	22903		
			22902	23075		
			23071	27327		
			24071	27632		
			27337	28039		
			28035	28060		
			28041	28090		
			28080	28110		
			28104	28119		
			28118	28285		
			28124	28292		
			28289	28297		
			28296	28299		
			28298	29807		
			29806	29822		
			29819	29824		
			29823	29826		
			29825	29828		
			29827	29840		
			29835	29846		
			29845	29861		
			29848	29876		
			29875	29879		
		29877	29881			
		29880	29888			
		29882				
		29893				
	Nervous System		64561	64640		
	Ophthalmologic		65426	65730		
			65855	66170		
			66761	67028		
			67036	67040		
			67228	67311		
		67312				
	Respiratory System		30802	30930		
			31525	31535		
			31536	31541		
			31624			
Tonsillectomy & Adenoidectomy		42820	42821			
		42825	42826			
Upper Gastrointestinal Endoscopy		42830				
		43235	43239			
Urinary System		43249				
		52276	52287			
	52320	52344				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	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	
		42145			
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
<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	
		22100	22101	Nov. 1, 2016	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
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<b>Spinal Surgery (cont.)</b>		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	63200		
		63250	63251		
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
	63308				

<b>Stimulators Implantation of a device that sends electrical impulses</b>	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>	Unclassified*	J3393		July 1, 2024	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl), Lyfgenia, Tecartus™ (brexucabtagene autoleucl) Yescarta™ (axicabtagene ciloleucl), 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.
		J3394			
		C9399**	J3490**		
		J3590**			
	CAR T-Cell Therapy	C9399	J3490	April 1, 2024	
		J3590			
	Transplant Services	Q2056		Feb. 1, 2023	
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
		0539T	0540T		
	Transplant Services	Q2042			
		Q2041		April 1, 2018	
32850		32851	Nov. 1, 2016		
32852		32853			
32854		32855			
32856		33930			
33933		33935			

\*Casgevvy, Lantidra

\*\*Amtagvi



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
		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	
<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	