

# Prior authorization requirements for STAR+Plus

Effective May 1, 2023

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan STAR+PLUS 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 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848	Jan. 1, 2015	
<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	Jan. 1, 2015	
Electronic stimulation or ultrasound to heal fractures		11971		Oct. 1, 2022	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316	19318	Breast Reconstruction on DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19325	19328			
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
	19380	19396			Prior authorization is required for all other DX codes.	
<b>Cancer Supportive Care</b>		Q5125		Oncology DX Codes	Jan. 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 UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Colony-Stimulating Factors	J1448	J2506		Jan. 1, 2022	
		J0897			June 1, 2018	
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
	Colony-Stimulating Factors	J2820			Oct. 1, 2017	
		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 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 UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		33270	33207		Oct. 1, 2016	
		33206	33212			
		33208	33214			
		33213	33224			
		33221	33227			
		33225	33229			
		33228	33231			
		33230	33249			
		33240	33263			
		33262	93303			
		33264	93306			
		93304	93308			
		93307	93351			
		93350	93453			
		93452	93455			
		93454	93457			
	93456	93459				
	93458	93461				
	93460					
<b>Cardiovascular</b>		37230	37231		Jan. 1, 2023	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older	
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
		37228	37229			
<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			
<b>Chemotherapy</b>		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9331	J9332		Oct. 1, 2022	
		J9071	J9273		July 1, 2022	
		J9359				
		J9247	J9318		Jan. 1, 2022	
		J9319				
		J9348	J9353		Oct. 1, 2021	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		Q5123				
		J9037	J9349		May 1, 2021	
		J9317	J9118		Jan. 1, 2021	
		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	
		J9153	J9057		Jan. 1, 2019	
		J9229	J9173			
		J9312	J9311			
		J9022	J9023		April 1, 2018	
	J9203	J9285				
	J0640	J0641		Jan. 1, 2017		
	J9000	J9015				
	J9017	J9019				
	J9020	J9025				
	J9027	J9032				
	J9033	J9034				
	J9035	J9039				
	J9040	J9041				
	J9042	J9043				
	J9045	J9047				
	J9050	J9055				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (cont.)</b>		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				
	C9399	J3590		Jan. 1, 2015	
	J3490				
	J1950		Oncology DX Codes	July 1, 2021	
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
<b>Circumcision</b>		54150	54160	Jan. 1, 2015	
		54161	54162		
<b>Cochlear Implants and</b>		69729	69730	Mar. 1, 2023	

Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.

For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129

Prior authorization is required for members older than age 1.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Other Auditory Implants</b>		L8619		Jan. 1, 2017	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8691	69930 L8690 L8692	Jan. 1, 2015	
<b>Cosmetic &amp; Reconstructive Procedures</b>		14020* 14041	14021* 14061*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230	Jan. 1, 2015	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
<b>Continuous Glucose Monitor</b>		A4238 E2102	A4239 E2103	Feb. 1, 2023	
		A9276 A9278	A9277	Oct. 1, 2021	
<b>Durable Medical Equipment (DME) – Incontinence Supplies</b>					Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions. To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b> .

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
					To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b> .
<b>Durable Medical Equipment (DME)</b>		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 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0481		Oct. 1, 2017	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0636	E0638		
		E0641	E0642		
		E0669	E0700		
		E0710	E0745		
		E0762	E0764		
		E0784	E1002		
		E1003	E1004		
		E1005	E1006		
		E1007	E1008		
		E1009	E1010		
		E1035	E1161		
		E1229	E1231		
		E1232	E1233		
		E1234	E1235		
		E1236	E1237		
		E1238	E1239		
		E1399	E2100		
		E2227	E2228		
		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	K0856			
	K0857	K0858			
	K0859	K0860			
	K0861	K0862			
	K0863	K0864			
	K0868	K0869			
	K0870	K0871			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		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			
		B4161			
	B9002	B9998	Jan. 1, 2015		
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		S8262		Sept. 1, 2016	
		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
<b>Femoroacetabular Impingement Syndrome (FAI)</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 codes with these 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			
	Genetic testing	81238	81247	June 1, 2022	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.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81212		Feb. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test
		81216			
		81163	81164		
	81165	81166	Jan. 1, 2019		
	81162		May 2, 2016		
Genetic Testing	81229		Oct. 1, 2021		
	87481	87482	Nov. 1, 2020		
	87505	87506			

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>		87507	87510		and the laboratory will notify UnitedHealthcare.	
		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		
			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			



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		81380	81401			
		81382	81403			
		81400	81405			
		81402	81407			
		81404	81410			
		81406	81420			
		81408	81519			
		81411				
		81507				
Home Health Care		G0162		Jan. 1, 2018		
		G0299	G0300	March 1, 2016		
		99503	G0153	Jan. 1, 2015		
		S9474				
Injectable Medications	Eylea®	J0178		VEGF	May 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>. 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> &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> <p><b>** Do Not Start Case – Direct Provider using the information below:</b></p> <p>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="http://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 <b>Optum SGP (Specialty Guidance Program): 1-888-397-8129</b></p>
	Beovu®	J0179				
	Vabysmo®	J2777				
	Lucentis®	J2778				
	Susvimo™	J2779				
	Byooviz™	Q5124				
	Cimerli™	J3490	J3590			
		C9399				
	Amvuttra®	J0225			Apr. 1, 2023	
	Hemgenix®	J1411				
	Flyneta®	Q5130				
	Lanreotide®	J1932				
	Skyrizi®	J2327				
	Stimufend®	Q5127				
	Tziel™	C9149				
	Enjaymo®	J1302			Feb. 1, 2023	
	Vabysmo®	J2777				
					Jan. 1, 2023	
	Prolia®	J0897				
	Therapeutic Radiopharmaceuticals	A9607				
	Releuko®	Q5125			Oct. 1, 2022	
	Scenesse®	J7352				
	Tezspire®	J2356				
	Apretude™	J7039			Aug 1, 2022	
	Leqvio®	J1306				
	Vyvgart™	J9332				
	Cutaquig®	J1551				
Susvimo™	C9085			May 1, 2022		
Nexvazyme®	J0219					
Saphnelo™	J0491					
Aralast NP®	J0256			April 1, 2022		
Prolastin-C®						
Zemaira®						
Glassia®	J0257					
Nexvazyme®	J3490	J3590				
	C9085					
Aldurazym®	J1931					
Elaprase®	J1743					
Fabrazyme®	J0180					
Kanuma®	J2840					
Lumizyme®	J0221					
Mepsevii®	J3397					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Injectable Medications (cont.)</b>	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Adulhelm®	J0172		Feb. 1, 2022	
	Saphnelo™	C9086			
	Fensolvi®	J1951			Oct. 1, 2021
	Amondys 45	C9075	J3490		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			
	Spravato®	S0013			Feb. 1, 2021
	Vyepiti™	J3032			Jan. 1, 2021
	Tepezza®	J3241			Dec. 1, 2020
	Cinryze®	J0598			Oct. 1, 2020
	Ruconest®	J0596			
	Adakveo®	J0791			July 1, 2020
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490			April 1, 2020
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	Therapeutic Radio-Pharmaceuticals**	A9590			March 1, 2020
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019
	Therapeutic Radio-Pharmaceuticals**	A9513			
	Evenity™	J3111			Oct. 1, 2019
	Gamifant®	J9210			
Onpattro™	J0222				
Sodium Hyaluronate	J7320	J7321			
	J7322	J7324			

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Injectable Medications (cont.)		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				
IVIG	J1575			May 1, 2016	
Acthar®	J0800			Jan. 1, 2015	
Botulinum Toxin	J0585	J0586			
	J0587	J0588			
IVIG	90284	J1459			
	J1556	J1557			
	J1559	J1561			
	J1566	J1568			
	J1569	J1572			
	J1599				
Makena®	J2675				
Synagis®*	90378				
Xolair®	J2357				
Injectable Medications – Unclassified		C9399	J3490		Jan. 1, 2015*
		J3590			

\* Reflects the effective date for the unlisted codes not the specific drug names listed

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*

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
					<i>Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and 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		
		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.
<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		
Treatment of maxillofacial/jaw functional impairment		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
<b>Orthotics and Prosthetics</b>		L8000	L8001	Jan. 1, 2019	<b>Prior authorization is required for all STAR+PLUS members</b>
		L8002	L8010		
		L8015	L8020		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (cont.)		L8030	L8031		for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8032	L8035		
		L8039			
		L8499		Jan. 1, 2015	
	L3763	L5683		April 1, 2019	Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).
	L5999			Jan. 1, 2019	
	L1810	L1832			
	L1843	L1932			
	L1951	L1960			
	L2280	L2999			
	L3000	L3010			
	L3020	L3216			
	L3221	L3960			
	L4631	L5000			
	L5611	L5620			
	L5624	L5629			
	L5631	L5637			
	L5645	L5647			
	L5649	L5650			
	L5671	L5673			
	L5679	L5685			
	L5700	L5701			
	L5704	L5705			
	L5707	L5845			
	L5910	L5920			
	L5940	L5962			
	L5972	L5986			
	L8420	L8500			
	L1812	L1820		Jan. 1, 2018	
	L1830	L1831			
	L1836	L1847			
	L1834			March 1, 2016	
	L0112	L0170		Jan. 1, 2015	
	L0456	L0462			
	L0464	L0480			
	L0482	L0484			
	L0486	L0624			
	L0629	L0631			
	L0632	L0634			
	L0636	L0637			
	L0638	L0640			
	L0700	L0710			
	L0810	L0820			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (cont.)</b>		L2060	L2106		
		L2108	L2126		
		L2136	L2350		
		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
		L3901	L3904		
		L3905	L3961		
		L3971	L3975		
		L3976	L3977		
		L3999	L4000		
		L4010	L4020		
		L5010	L5020		
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		
		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5400	L5420		
		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (cont.)</b>		L5981	L5982		
		L5984	L5987		
		L5988	L5990		
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6380	L6382		
		L6384	L6400		
		L6450	L6500		
		L6550	L6570		
		L6580	L6582		
		L6584	L6586		
		L6588	L6590		
		L6621	L6623		
		L6624	L6646		
		L6648	L6686		
		L6687	L6689		
		L6690	L6692		
		L6693	L6694		
		L6695	L6696		
		L6697	L6704		
		L6707	L6708		
		L6709	L6711		
		L6712	L6713		
		L6714	L6715		
		L6880	L6881		
		L6882	L6883		
		L6884	L6885		
		L6895	L6900		
		L6905	L6910		
		L6915	L6920		
		L6925	L6930		
		L6935	L6940		
		L6945	L6950		
		L6955	L6960		
		L6965	L6970		
		L6975	L7007		
		L7008	L7009		
		L7040	L7045		
		L7170	L7180		
		L7181	L7185		
	L7186	L7190			
	L7191	L7405			
	L8040	L8042			
	L8043	L8044			
	L8045	L8046			
	L8047	L8610			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Outpatient Therapy</b>		70371	92626	July 1, 2017	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization.  Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com> 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		
		97530	97533		
		97535	97542*		
		97545	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		S9152			
		92507	92508	Jan. 1, 2015	
		92526	97012		
		97014	97016		
		97018	97022		
		97026	97028		
		97033	97034		
	97039	97110			
	97112	97113			
	97116	97124			
	97140	97799			
	G0129	G0151			
	G0152	S8990			
	<b>OR billed with these revenue codes:</b>	419	420	Jan. 1, 2015	<b>**</b> Prior authorization required for nursing facilities only
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		
		978			
<b>Potentially Unproven Services</b>		33289	C2624	Apr. 1, 2023	
<b>Private Duty Nursing</b>		T1000	T1002	Jan. 1, 2015	
		T1003			
<b>Prostate Procedures</b>		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
<b>Proton Beam Therapy</b>		77520	77522	Jan. 1, 2015	
		77523	77525		
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
<b>Psychological Testing</b>		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		



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology		96136	96137		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		Mar. 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://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.  For more details, please visit <a href="http://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunity Plan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
		0501T	0502T	Jan. 1, 2019	
		0503T	0504T		
		77046	77047		
		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		
		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		

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		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			
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410	Jan. 1, 2015	
		30420	30430		
		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	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			

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>		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		
	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		29848	29876		
		29875	29879		
		29877	29881		
		29880	29888		
		29882			
		29893			
	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
		67228	67311		
		67312			
	Respiratory System	30802	30930		
		31525	31535		
		31536	31541		
		31624			
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
		21685	41599	Jan. 1, 2015	
		42145			
<b>Sleep Apnea Procedures &amp; Surgeries</b>	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 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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Spinal Surgery (cont.)</b>		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				
<b>Stimulators</b>	Bone-Growth Stimulator	E0760		Dec. 7, 2015		
		E0747	E0748	Jan. 1, 2015		
	Implantation of a device that sends electrical impulses	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>	CAR T-Cell Therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene	
		J9999		July 1, 2022		
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
		0539T	0540T			
		Q2042				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		Q2041		April 1, 2018	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.
	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	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473		April 1, 2017	
		36475	36478	Jan. 1, 2015	
		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 <b>855-282-8929</b> .
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929		Jan. 1, 2015	
		33975	33976		
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
<b>Wound Vac</b>		E2402		Jan. 1, 2015	