

# Prior authorization requirements for STAR+Plus

Effective December 1, 2022

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	43645	Jan. 1, 2015		
		43659	43770			
		43775	43842			
		43845	43846			
		43847	43848			
		43860				
<b>Bone Growth Stimulator</b>	Electronic stimulation or ultrasound to heal fractures	20975	20979	Jan. 1, 2015		
<b>Breast Reconstruction (Non-Mastectomy)</b>	Reconstruction of the breast other than following mastectomy	11971		Breast	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.
		19316	19318	Breast Reconstruction on DX Codes	Jan. 1, 2015	
		19325	19328			
		19330	19340			
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
19380	19396					
<b>Cancer Supportive Care</b>		Q5125	Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for these codes with Oncology DX	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Cancer Supportive Care (cont.)</b>	Colony-Stimulating Factors	J1448	J2506	Jan. 1, 2022	<p>codes. Prior authorization is not required for these codes with all other DX.</p> <p>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</p> <p>Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below.</p> <p>For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129</p> <p>Prior authorization is required for participating physicians for outpatient 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 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.</p> <p>Prior authorization requirements applies to members 18yrs and older</p> <p>Prior authorization is required for inpatient services.</p>	
		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
		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		
		93580		April 1, 2022		
		37220	37221	Sept. 1, 2020		
		37224	37225			
		37226	37227			
		37228	37229			
<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95726		March 1, 2020		
		95720	95718	Jan. 1, 2020		
		95724	95722			

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					Prior authorization is not required for outpatient hospital or ambulatory surgical center.
Chemotherapy		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.  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.  Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b> .
		J9331 J9332		Oct. 1, 2022	
		J9071 J9273 J9359		July 1, 2022	
		J9247 J9318 J9319		Jan. 1, 2022	
		J9348 J9353 Q5123		Oct. 1, 2021	
		J9037 J9349		May 1, 2021	
		J9317 J9118 J9144 J9223 J9316 J9281		Jan. 1, 2021	
		J9227 J9304		Nov. 1, 2020	
		Q5107 Q5117		Oct. 1, 2020	
		J9177 J9198 J9246 J9358 Q5119		July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9204 J9210 J9269 J9313		Oct. 1, 2019	
		J9030 J9036		Aug. 1, 2019	
		J9044 J9057 J9153 J9173 J9229 J9311 J9312		Jan. 1, 2019	
		J9022 J9023 J9203 J9285		April 1, 2018	
		J0640 J0641 J9000 J9015 J9017 J9019 J9020 J9025 J9027 J9032 J9033 J9034 J9035 J9039 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		Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (cont.)</b>		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	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202		Jan. 1, 2015	
	J9217	J9225			
	J9226				
<b>Circumcision</b>		54150	54160	Jan. 1, 2015	Prior authorization is required for members older than age 1.
		54161	54162		
<b>Cochlear Implants and Other Auditory Implants</b>		L8619		Jan. 1, 2017	
		69714	69930	Jan. 1, 2015	
		L8614	L8690		
		L8691	L8692		
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
conversational speech					
<b>Cosmetic &amp; Reconstructive Procedures</b>		14020	14021	July 1, 2021	
		14041	14061		
		11960	15821	Jan. 1, 2015	
	Cosmetic	15820	15823		
	procedures that change or	15822	15847		
	improve physical appearance,	15830	17107		
	without	17106	17999		
	significantly	17108	21138		
	improving or	21137	21172		
	restoring	21139	21179		
	physiological	21175	21181		
	function	21180	21183		
	Reconstructive	21182	21230		
	procedures that	21184	21256		
	treat a medical	21235	21280		
	condition or	21275	21295		
	improve or restore	21282	21742		
	physiologic	21740	28344		
	function	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			
		K0554		July 1, 2021	
<b>Durable Medical Equipment (DME) – Incontinence Supplies</b>					<p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.</p> <p>To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b>.</p> <p>To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b>.</p>
<b>Durable Medical Equipment (DME)</b>		E0639	E0640	Feb. 1, 2021	<p>Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p>
		A9900	E0465	May 1, 2019	
		E0637			
	E0277	E0328		April 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (cont.)</b>		E0329	E0470		Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0471	E0652		
		E1130	E1825		Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E2310	E2311		
		E2512			
		E0481		Oct. 1, 2017	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		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			
	K0877	K0878			
	K0879	K0880			
	K0884	K0885			
	K0886	K0890			
	K0891	S1040			
	T1999				
<b>Enteral Services</b>		B4034	B4035	May 1, 2019	
In-home nutritional therapy, either enteral or through		B4036	B4104		
		B4103	B4150		
		B4149	B4153		

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a gastrostomy tube		B4152 B4155 B4159 B4161	B4158 B4160		
		B9002	B9998	Jan. 1, 2015	
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		S8262		Sept. 1, 2016	
		33477		May 2, 2016	
		36514 64722 A9274	66180 E1831	Jan. 1, 2015	
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914 29916	29915	Oct. 1, 2015	
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253 31259	31257	July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288	May 2, 2016	
<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.
			Gender Dysphoria Treatment DX Codes		
<b>Genetic and Molecular Testing to Include BRCA Gene Testing</b>	Genetic Testing	81177 81179 81181 81185 81336 81520	81178 81180 81184 81186 81337	Dec. 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.
	Genetic testing	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364	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.
	BRCA Genetic Testing	81212 81216		Feb. 1, 2019	
		81163 81165	81164 81166	Jan. 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
		81162		May 2, 2016	
	Genetic Testing	81229 87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U	Oct. 1, 2021 Nov. 1, 2020	
		0111U 0136U	0129U 0137U	Nov. 1, 2019	
		81167 81237	81233	April 1, 2019	

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>		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
		81380	81401			
		81382	81403			
		81400	81405			
		81402	81407			
		81404	81410			
		81406	81420			
		81408	81519			
		81411				
		81507				
		G0162		Jan. 1, 2018		



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Home Health Care		G0299	G0300	March 1, 2016	
		99503	G0153	Jan. 1, 2015	
		S9474			
Injectable Medications	Prolia® Therapeutic Radiopharmaceuticals	J0897 A9607		Jan. 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>
	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	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490 C9085	J3590		
	Aldurazym®	J1931			
	Elaprased®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	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		

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Injectable Medications (cont.)</b>	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			
<b>Injectable Medications – Unclassified</b>	Fylintra®	C9399 J3590	J3490	Jan. 1, 2015*	<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 <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>
				<p>* Reflects the effective date for the unlisted codes not the specific drug names listed</p>	
<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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	an assessment and determination of needs.
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
	21246	21247			
	21255	21296			
	21299				
Orthotics and Prosthetics		L8000	L8001	Jan. 1, 2019	Prior authorization is required for all STAR+PLUS members for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L8002	L8010		
		L8015	L8020		
		L8030	L8031		
		L8032	L8035		
	L8039				
	L8499			Jan. 1, 2015	
	L3763	L5683		April 1, 2019	Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).
	L5999				
	L1810	L1832		Jan. 1, 2019	
	L1843	L1932			
	L1951	L1960			
	L2280	L2999			
	L3000	L3010			
	L3020	L3216			
	L3221	L3960			
	L4631	L5000			
	L5611	L5620			
	L5624	L5629			
	L5631	L5637			
	L5645	L5647			
	L5649	L5650			
	L5671	L5673			
	L5679	L5685			
	L5700	L5701			
	L5704	L5705			
	L5707	L5845			
	L5910	L5920			
	L5940	L5962			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (cont.)</b>		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
		L5718	L5722		
		L5724	L5726		
		L5728	L5780		
		L5790	L5795		
		L5811	L5812		
		L5814	L5816		
		L5818	L5822		
		L5824	L5826		
		L5828	L5830		
		L5848	L5857		
		L5858	L5930		
		L5950	L5960		
		L5961	L5964		
		L5966	L5968		
		L5973	L5976		
		L5979	L5980		
		L5981	L5982		
		L5984	L5987		
		L5988	L5990		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (cont.)</b>		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			
<b>Outpatient Therapy</b>		70371	92626	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168*		
		97530	97533		
		97535	97542*		
		97545	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		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	** Prior authorization required for nursing facilities only
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	440**		
		441**	977		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		978			
<b>Private Duty Nursing</b>		T1000 T1003	T1002	Jan. 1, 2015	
<b>Prostate Procedures</b>		37243 55874	53850	April 1, 2022	
		55866		Jan. 1, 2015	
<b>Proton Beam Therapy</b>		77520 77523	77522 77525	Jan. 1, 2015	
		Focused radiation therapy using beams of protons, which are tiny particles with a positive charge			
<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>		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		Mar. 1, 2020	
		76390 78831	78830 78832	Jan. 1, 2020	
		0501T 0503T 77046 77048	0502T 0504T 77047 77049	Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147	Jan. 1, 2015	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. For more details, please visit <a href="https://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunity Plan</a> > 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
<b>Radiology (cont.)</b>		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (cont.)</b>		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				
<b>Rhinoplasty and Septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465			
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
<b>Site of Service (SOS) – Outpatient Hospital</b>	Auditory System	69205		July 1, 2020	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			

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>		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		
		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			

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>		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		
			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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Sleep Apnea Procedures &amp; Surgeries</b>		21685	41599	Jan. 1, 2015	
		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 the prior authorization
		22512	22513		
		22515			
<b>Spinal Surgery (cont.)</b>		22514		July 1, 2020	
		22100	22101	Jan 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
		63306	63305		
		63308	63307		
<b>Stimulators</b>	Bone-Growth Stimulator	E0760		Dec. 7, 2015	
Implantation of a device that sends electrical impulses	Neurostimulator	E0747	E0748	Jan. 1, 2015	
		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	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), 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			
		Q2041		April 1, 2018	
	Transplant Services	32850	32851	Jan. 1, 2015	
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
		50323	50325		
		50340	50360		
		50365	50370		
		S2060	50547		
		S2152	S2061		
		38232		Jan. 1, 2015	
			Oncology DX codes		
<b>Vein Procedures</b>		37765	37766	July 1, 2021	
		36473		April 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36475	36478	Jan. 1, 2015	
		37700	37718		
		37722	37780		
<b>Ventricular Assist Device (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .
		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
	Q0509				
<b>Wound Vac</b>		E2402		Jan. 1, 2015	