

# Prior authorization requirements for STAR+Plus

Effective September 1, 2022

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR+PLUS for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** 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 providers 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>Bone Growth Stimulator</b>		20975	20979		Jan. 1, 2015	
	Electronic stimulation or ultrasound to heal fractures					
<b>Breast Reconstruction (Non-Mastectomy)</b>		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.
<b>Cancer Supportive Care</b>	Colony-Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not

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<b>Cancer Supportive Care (continued)</b>	Bone-Modifying Agents	J0897			June 1, 2018	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	Q5120			July 1, 2020		
		Q5108	Q5111		Jan. 1, 2019		
		J2820			Oct. 1, 2017		
	Colony-Stimulating Factors	Q5122			Oncology DX Codes	Feb. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX, see the Injectable Medications section below. 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
		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>		93580			April 1, 2022	Prior authorization requirements applies to members 18yrs and older	
		37220	37221		Sept. 1, 2020		
		37224	37225				
		37226	37227				
		37228	37229				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		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				
	J3490				Jan. 1, 2015	
	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> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619			Jan. 1, 2017	
		69714	69930		Jan. 1, 2015	
		L8614	L8690			
		L8691	L8692			

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<b>Cosmetic &amp; Reconstructive Procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020	14021		July 1, 2021			
		14041	14061		Jan. 1, 2015			
			11960		11971			
			15820		15821			
			15822		15823			
			15830		15847			
			17106		17107			
			17108		17999			
			21137		21138			
			21139		21172			
			21175		21179			
			21180		21181			
			21182		21183			
			21184		21230			
			21235		21256			
			21275		21280			
			21282		21295			
			21740		21742			
			21743		28344			
			30620		67900			
	67901	67902						
	67903	67904						
	67906	67908						
	67909	67911						
	67912	67914						
	67915	67916						
	67917	67921						
	67922	67923						
	67924	67950						
	67961	67966						
	Q2026							
<b>Continuous Glucose Monitor</b>		A9276	A9277		Oct. 1, 2021			
		A9278			July 1, 2021			
		K0554						
<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			April 1, 2019			
		E0277	E0328					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME)</b> <b>(continued)</b>		E0329	E0470			Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.  Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section.
		E0471	E0652			
		E1130	E1825			
		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> In-home nutritional therapy, either enteral or through		B4034	B4035		May 1, 2019	
		B4036	B4104			
		B4103	B4150			
		B4149	B4153			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization		
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	Gender Dysphoria Treatment DX Codes		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	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364		June 1, 2022	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.		
		BRCA Genetic Testing	81212 81216			Feb. 1, 2019	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.	
			81163 81165	81164 81166		Jan. 1, 2019		
			81162			May 2, 2016		
		Genetic Testing	81229				Oct. 1, 2021	
			87481 87505 87507 87511 87623 87800 0068U	87482 87506 87510 87512 87797 87799 87801 0097U			Nov. 1, 2020	
			0111U 0136U	0129U 0137U			Nov. 1, 2019	
	81167 81237		81233			April 1, 2019		
	0040U 81106 81108 81110 81120 81161 81200 81205		81105 81107 81109 81111 81121 81170 81201 81203			Feb. 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 (continued)</b>		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					
<b>Home Health Care</b>		G0162			Jan. 1, 2018	
		G0299	G0300		March 1, 2016	
		99503	G0153		Jan. 1, 2015	
		S9474				
<b>Injectable Medications</b>	<b>Scenesse®</b>	<b>J7352</b>			<b>Oct. 1, 2022</b>	
	Apretude™	J7039			Aug 1, 2022	Prior authorization through Optum SGP
	Leqvio®	J1306				
	Vyvgart™	J9332				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Injectable Medications (continued)	Cutaquig®	J1551				<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 &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</b></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 UHCProvider.com 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>
	Susvimo™	C9085			May 1, 2022	
	Nexvazyme®	J0219				
	Saphnelo™	J0491				
	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				
	Vantas™	J9225				
	Viltepso™	J1427				
	Zoladex®	J9202				
	Avsola®	Q5121			April 1, 2021	
	Uplizna®	J1823				
	Spravato®	S0013			Feb. 1, 2021	
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	
	Ruconest®	J0596				
	Adakveo®	J0791			July 1, 2020	
	Givlaan®	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		

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<b>Injectable Medications (continued)</b>	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	
	IVIIG	J1555					
	Makena®	J1726	J1729				
	Ocrevus™	J2350					
	Spinraza™	J2326					
	Lemtrada®	J0202				Oct. 1, 2017	
	Soliris®	J1300					
Cinqair®	J2786				April 1, 2017		
Nucala®	J2182						
Probuphine®	J0570						
IVIIG	J1575				May 1, 2016		
Acthar®	J0800				Jan. 1, 2015		
Botulinum Toxin	J0585	J0586					
	J0587	J0588					
IVIIG	90284	J1459					
	J1556	J1557					
	J1559	J1561					
	J1566	J1568					
	J1569	J1572					
J1599							
Makena®	J2675						
Synagis®*	90378						
Xolair®	J2357						

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<b>Injectable Medications (cont.)</b>	Aralast NP® Prolastin-C® Zemaira®	J0256			April 1, 2022	
	Glassia®	J0257				
	Nexviazyme®	J3490 C9085	J3590			
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Mepsevii®	J3397				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
<b>Injectable Medications – Unclassified</b>	<b>Fylnetra®</b> <b>Releuko®</b>	<b>C9399</b> <b>J3590</b>	<b>J3490</b>		<b>Oct. 1, 2022</b>	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Lupaneta Pack™	C9399 J3590	J3490		Jan. 1, 2015*  * Reflects the effective date for the unlisted codes not the specific drug names listed	
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>						Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs.

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<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	
<b>Orthognathic Surgery</b> 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		Jan. 1, 2015	
<b>Orthotics and Prosthetics</b>		L8000 L8002 L8015 L8030 L8032 L8039	L8001 L8010 L8020 L8031 L8035		Jan. 1, 2019	<b>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.</b>
		L8499			Jan. 1, 2015	
		L3763 L5999	L5683		April 1, 2019	<b>Prior authorization is required for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members).</b>
		L1810 L1843 L1951 L2280 L3000 L3020 L3221 L4631 L5611 L5624 L5631 L5645 L5649 L5671 L5679 L5700 L5704 L5707 L5910	L1832 L1932 L1960 L2999 L3010 L3216 L3960 L5000 L5620 L5629 L5637 L5647 L5650 L5673 L5685 L5701 L5705 L5845 L5920		Jan. 1, 2019	

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
		L5828	L5830			
		L5848	L5857			
		L5858	L5930			
		L5950	L5960			
		L5961	L5964			
		L5966	L5968			
		L5973	L5976			
		L5979	L5980			
		L5981	L5982			
		L5984	L5987			
		L5988	L5990			
		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (continued)</b>		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				
<b>Outpatient Therapy</b>		70371	92626		July 1, 2017	<p>Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)</p> <p>Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com&gt; UnitedHealthcare Provider Portal &gt; Prior Authorization and Notification.</p> <p><b>* Prior authorization not required for DME providers</b></p>
		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			
		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	
		421	422			
		423	424			
		429	430			
		431	432			
		433	434			
						** Prior authorization required for nursing facilities only

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Outpatient Therapy (cont.)</b>		439 441** 978	440** 977			
<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> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
<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	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>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.</p> <p>For more details, please visit <a href="http://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunity Plan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>
		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	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270		Jan. 1, 2015	



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Radiology (continued)		71275	71550			
		71551	71552			
		71555	72125			
		72126	72127			
		72128	72129			
		72130	72131			
		72132	72133			
		72141	72142			
		72146	72147			
		72148	72149			
		72156	72157			
		72158	72159			
		72191	72192			
		72193	72194			
		72195	72196			
		72197	72198			
		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
		73222	73223			
		73225	73700			
		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Radiology (continued)</b>		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
		78469	78472			
		78473	78481			
		78483	78494			
		78496	78499			
		78579	78580			
		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999	C8900			
		C8901	C8902			
		C8903	C8905			
		C8906	C8908			
		C8909	C8910			
		C8911	C8912			
		C8913	C8914			
		C8918	C8919			
		C8920	C8931			
	C8932	C8933				
	C8934	C8935				
	C8936	G0235				
	G0252	S8042				
	S8037	S8092				
	S8085					
<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) –</b>	Auditory System	69205			July 1, 2020	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Outpatient Hospital</b>	Cardiovascular System	36590	36832			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).
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378	45380			
		45384	45385			
	Cosmetic & Reconstructive	13101	13132			
		14040	14060			
		14301	21552			
		21931				
	Digestive System	42415	42440			
		43200	43236			
		43237	43238			
		43242	43245			
		43246	43247			
		43248	43251			
		43254	43255			
		43259	44360			
		44361	45171			
		45334	45335			
		45381	45390			
		45990	46020			
		46040	46050			
		46200	46220			
		46221	46250			
		46255	46261			
		46270	46275			
	46288	46505				
46750	46910					
46946						
ENT Procedures	21320	30140				
	30520	69436				
	69631					
Eye and Ocular Adnexa	65710	65820				
	66250	66710				
	66711	66825				
	66986	67010				
	67041	67042				
	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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Integumentary System	10121	11440			
		11450	11624			
		11770	13121			
		15100	15120			
		15240	19020			
		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22903			
		22902	23075			
		23071	27327			
		24071	27632			
		27337	28039			
		28035	28060			
		28041	28090			
		28080	28110			
		28104	28119			
		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
		29819	29824			
		29823	29826			
		29825	29828			
		29827	29840			
		29835	29846			
		29845	29861			
		29848	29876			
		29875	29879			
		29877	29881			
	29880	29888				
	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	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> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41599		Jan. 1, 2015	
		42145				
<b>Spinal Surgery</b>		22510	22511		April 1, 2022	
		22512	22513			
		22515				
		22514			July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization	
<b>Spinal Surgery (continued)</b>		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> Implantation of a device that sends electrical impulses	Bone-Growth Stimulator	E0760			Dec. 7, 2015		
		E0747	E0748		Jan. 1, 2015		
	Neurostimulator	43648	43881		Jan. 1, 2015		
		43882	61863				
		61864	61867				
		61868	61885				
		61886	63650				
		63655	63685				
		64553	64555				
		64568	64570				
		64590	L8680				
		L8682	L8685				
		L8686	L8687				
		L8688					
		<b>Transplants</b>	CAR T-Cell Therapy	C9098	J9999		July 1, 2022
Q2055					Feb. 1, 2022		
Q2053					July 1, 2021		
0537T	0538T				Jan. 1, 2019		
0539T	0540T						
Transplant Services	Q2042					April 1, 2018	
	Q2041					Jan. 1, 2015	
	32850		32851				
	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						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/ How to Obtain Prior Authorization
<b>Transplants (cont.)</b>		47145 47147 48552 50300 50323 50340 50365 S2060 S2152	47146 48551 48554 50320 50325 50360 50370 50547 S2061			
		38232		Oncology DX codes	Jan. 1, 2015	
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		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 Q0509	Q0508			
<b>Wound Vac</b>		E2402			Jan. 1, 2015	