

Prior authorization requirements for STAR+Plus

Effective October 1, 2024

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan STAR+PLUS health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page
- **Fax: 877-940-1972.** The fax form is available at [Prior Authorization Forms](#).

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|--|-------|----------------|------------------------------------|---|
| Bariatric Surgery | | 43644 | 43645 | Jan. 1, 2015 | |
| | | 43659 | 43770 | | |
| | | 43775 | 43842 | | |
| | | 43845 | 43846 | | |
| | | 43847 | 43848 | | |
| | | 43860 | | | |
| Behavioral Health Services | | | | | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services |
| Bone Growth Stimulator | | 20975 | 20979 | Jan. 1, 2015 | |
| | Electronic stimulation or ultrasound to heal fractures | | | | |
| Breast Reconstruction (Non-Mastectomy) | | 11971 | | 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. |
| | Reconstruction of the breast other than following mastectomy | 19316 | 19318 | Jan. 1, 2015 | |
| | | 19325 | 19328 | | |
| | | 19330 | 19340 | | |
| | | 19342 | 19350 | | |
| | | 19357 | 19361 | | |
| | | 19364 | 19367 | | |
| | | 19368 | 19369 | | |
| | | 19370 | 19371 | | |
| | | 19380 | 19396 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|-------------------------------|------------------------------------|-----------------------|----------------|------------------------------------|--|--------------|
| Cancer Supportive Care | Colony-Stimulating Factors | J1449 | | Oct. 1, 2023 | <p>Prior authorization is required for these codes with Oncology DX 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> | |
| | Erythropoiesis-Stimulating Factors | J0885 | | | | |
| | Antiemetic Drugs | J1456 | | | | July 1, 2023 |
| | | Q5125 | | Oncology DX Codes | | Jan. 1, 2023 |
| | Colony-Stimulating Factors | J1448 | J2506 | | | Jan. 1, 2022 |
| | | Bone-Modifying Agents | J0897 | | | June 1, 2018 |
| | Colony-Stimulating Factors | Q5120 | | | | July 1, 2020 |
| | | Q5108 | Q5111 | | | Jan. 1, 2019 |
| | | J2820 | | | | Oct. 1, 2017 |
| | Colony-Stimulating Factors | Q5122 | | Oncology DX Codes | | Feb. 1, 2021 |
| | | Q5110 | | | | Jan. 1, 2019 |
| | | J1442 | Q5101 | | | Oct. 1, 2017 |
| | J1447 | | | | | |
| Cardiology | | 93319 | | June 1, 2022 | <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> | |
| | | 33270 | 33207 | Oct. 1, 2016 | | |
| | | 33206 | 33212 | | | |
| | | 33208 | 33214 | | | |
| | | 33213 | 33224 | | | |
| | | 33221 | 33227 | | | |
| | | 33225 | 33229 | | | |
| | | 33228 | 33231 | | | |
| | | 33230 | 33249 | | | |
| | | 33240 | 33263 | | | |
| | | 33262 | 93351 | | | |
| | | 33264 | 93453 | | | |
| | | 93350 | 93455 | | | |
| | | 93452 | 93457 | | | |
| | | 93454 | 93459 | | | |
| | | 93456 | 93461 | | | |
| | | 93458 | | | | |
| | | 93460 | | | | |
| Cardiovascular | | 37230 | 37231 | Jan. 1, 2023 | | |
| | | 93580 | | April 1, 2022 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--|-------------|-------|----------------|------------------------------------|---|--|
| | | 37220 | 37221 | Sept. 1, 2020 | | |
| | | 37224 | 37225 | | | |
| | | 37226 | 37227 | | | |
| | | 37228 | 37229 | | | |
| Cerebral Seizure Monitoring – Inpatient Video EEG | | 95726 | | March 1, 2020 | Prior authorization is required for inpatient services. | |
| | | 95720 | 95718 | Jan. 1, 2020 | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | |
| | 95724 | 95722 | | | | |
| Chemotherapy | | J9073 | J9074 | July 1, 2024 | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis. | |
| | | J9075 | J9248 | | | |
| | | J9249 | J9376 | | | |
| | | J9361 | | Jan. 1, 2024 | Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization. | |
| | | J9051 | J9064 | | | |
| | | J9345 | J9052 | | | |
| | | J9072 | J9172 | | | |
| | | J9255 | J9258 | | | |
| | | J9286 | J9321 | | | |
| | | J9324 | | | | |
| | | J9029 | J9056 | Oct. 1, 2023 | Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 . | |
| | | J9058 | J9059 | | | |
| | | J9063 | J9259 | | | |
| | | J9322 | J9323 | | | |
| | | J9347 | J9350 | Jan. 1, 2023 | | |
| | | J9380 | | | | |
| | | J9274 | J9298 | Oncology DX Codes | | |
| | | J9331 | J9332 | | Oct. 1, 2022 | |
| | | J9071 | J9273 | | July 1, 2022 | |
| | | J9359 | | | | |
| | | J9247 | J9318 | | Jan. 1, 2022 | |
| | | J9319 | | | | |
| | | J9348 | J9353 | | Oct. 1, 2021 | |
| | 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 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|-----------------------------|-------------|-------|-------------------|------------------------------------|---|
| Chemotherapy (cont.) | | J9312 | J9311 | | |
| | | J9022 | J9023 | | |
| | | J9203 | J9285 | | April 1, 2018 |
| | | 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 | | |
| | | J9060 | J9065 | | |
| | | J9100 | J9098 | | |
| | | J9130 | J9120 | | |
| | | J9150 | J9145 | | |
| | | J9165 | J9151 | | |
| | | J9175 | J9160 | | |
| | | J9178 | J9171 | | |
| | | J9181 | J9176 | | |
| | | J9190 | J9179 | | |
| | | J9201 | J9185 | | |
| | | J9205 | J9200 | | |
| | | J9207 | J9206 | | |
| | | J9209 | J9208 | | |
| | | J9212 | J9211 | | |
| | | J9214 | J9213 | | |
| | | J9216 | J9215 | | |
| | | J9218 | J9228 | | |
| | | J9230 | J9245 | | |
| | | J9261 | J9260 | | |
| | | J9263 | J9262 | | |
| | | J9266 | J9264 | | |
| | | J9268 | J9267 | | |
| | | J9280 | J9271 | | |
| | | J9295 | J9293 | | |
| | | J9301 | J9299 | | |
| | | J9303 | J9302 | | |
| | | J9306 | J9305 | | |
| | | J9308 | J9307 | | |
| | | J9320 | J9328 | | |
| | | J9330 | J9340 | | |
| | | J9351 | J9352 | | |
| | | J9354 | J9355 | | |
| | | J9357 | J9360 | | |
| | J9370 | J9371 | | | |
| | J9390 | J9395 | | | |
| | J9400 | J9600 | | | |
| | J9999 | Q2017 | | | |
| | Q2043 | Q2050 | | | |
| | C9399 | J3590 | | Jan. 1, 2015 | |
| | J3490 | | | | |
| | J1950 | | Oncology DX Codes | July 1, 2021 | |
| | J9155 | J9202 | | Jan. 1, 2015 | |
| | J9217 | J9225 | | | |
| | J9226 | | | | |

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

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|--|--------|----------------|------------------------------------|--|
| | | | | | 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 |
| Circumcision | | 54150 | 54160 | Jan. 1, 2015 | Prior authorization is required for members older than age 1. |
| | | 54161 | 54162 | | |
| Cochlear Implants and Other Auditory Implants | | 69729 | 69730 | Mar. 1, 2023 | |
| | | L8619 | | Jan. 1, 2017 | |
| | | 69714 | 69930 | Jan. 1, 2015 | |
| | A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | L8614 | L8690 | | |
| | | L8691 | L8692 | | |
| Cosmetic & Reconstructive Procedures | | 14020* | 14021* | July 1, 2021 | *will NOT require prior auth when billed with skin cancer diagnoses |
| | | 14041 | 14061* | | |
| | | 11960 | 15821 | Jan. 1, 2015 | |
| | Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | 15820 | 15823 | | |
| | | 15822 | 15847 | | |
| | | 15830 | 17107 | | |
| | | 17106 | 17999 | | |
| | | 17108 | 21138 | | |
| | | 21137 | 21172 | | |
| | | 21139 | 21179 | | |
| | | 21175 | 21181 | | |
| | | 21180 | 21183 | | |
| | | 21182 | 21230 | | |
| | | 21184 | 21256 | | |
| | Reconstructive procedures that treat a medical condition or improve or restore physiologic function | 21235 | 21280 | | |
| | | 21275 | 21295 | | |
| | | 21282 | 21742 | | |
| | | 21740 | 28344 | | |
| | | 21743 | 67900 | | |
| | | 30620 | 67902 | | |
| | | 67901 | 67904 | | |
| | | 67903 | 67908 | | |
| | | 67906 | 67911 | | |
| | | 67909 | 67914 | | |
| | | 67912 | 67916 | | |
| | | 67915 | 67921 | | |
| | | 67917 | 67923 | | |
| | | 67922 | 67950 | | |
| | | 67924 | 67966 | | |
| | | 67961 | | | |
| | | Q2026 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-------------|-------|----------------|------------------------------------|---|
| Continuous Glucose Monitor | | A4238 | A4239 | Feb. 1, 2023 | |
| | | E2102 | E2103 | | |
| | | A9276 | A9277 | Oct. 1, 2021 | |
| | | A9278 | | | |
| Durable Medical Equipment (DME) – Incontinence Supplies | | | | | <p>Prior authorization is required for incontinence supplies through the service coordinator when not provided by Tenderheart Health Outcomes.</p> <p>To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550.</p> |
| Durable Medical Equipment (DME) | | E2298 | | May 1, 2024 | Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500. |
| | | E0639 | E0640 | Feb. 1, 2021 | |
| | | A9900 | E0465 | May 1, 2019 | Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section. |
| | | E0637 | | | |
| | | E0277 | E0328 | April 1, 2019 | Some home health care services may qualify but are not subject to the cost threshold – see the <i>Home Health Care</i> section. |
| | | E0329 | E0470 | | |
| | | 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 | | | |
| | E2327 | E2325 | | | |
| | E2351 | E2329 | | | |
| | E2510 | E2373 | | | |
| | E2599 | E2511 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|-------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | E2627 | E2626 | | |
| | | E2629 | E2628 | | |
| | | E8001 | E2630 | | |
| | | K0008 | K0005 | | |
| | | K0108 | K0013 | | |
| | | K0849 | K0848 | | |
| | | K0851 | K0850 | | |
| | | K0853 | K0852 | | |
| | | K0855 | K0854 | | |
| | | K0857 | K0856 | | |
| | | K0859 | K0858 | | |
| | | K0861 | K0860 | | |
| | | K0863 | K0862 | | |
| | | K0868 | K0864 | | |
| | | K0870 | K0869 | | |
| | | K0877 | K0871 | | |
| | | K0879 | K0878 | | |
| | | K0884 | K0880 | | |
| | | K0886 | K0885 | | |
| | | K0891 | K0890 | | |
| | T1999 | S1040 | | | |
| Enteral Services 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 | | |
| Experimental & Investigational (and/or Linked Services) | | 33477 | | May 2, 2016 | |
| | | 36514 | 66180 | Jan. 1, 2015 | |
| | | 64722 | E1831 | | |
| | | A9274 | | | |
| Femoroacetabular Impingement Syndrome (FAI) | | 29914 | 29915 | Oct. 1, 2015 | |
| | | 29916 | | | |
| Functional Endoscopic Sinus Surgery (FESS) | | 31253 | 31257 | July 1, 2018 | |
| | | 31259 | | | |
| | 31240 | 31254 | May 2, 2016 | | |
| | 31255 | 31256 | | | |
| | 31267 | 31276 | | | |
| | 31287 | 31288 | | | |
| Gender Dysphoria Treatment | | 55970 | 55980 | July 1, 2018 | Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these DX codes. |
| | | 56805 | 57335 | Gender Dysphoria Treatment DX Codes | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|----------------------|-------|----------------|------------------------------------|---|
| Genetic and Molecular Testing to Include BRCA Gene Testing | Genetic Testing | 81520 | | Dec. 1, 2022 | <p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting.</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p> |
| | BRCA Genetic Testing | 81163 | 81164 | Jan. 1, 2019 | |
| | Genetic Testing | 81229 | | Oct. 1, 2021 | |
| | | 0111U | 0129U | Nov. 1, 2019 | |
| | | 81400 | 81401 | Feb. 1, 2019 | |
| | | 81402 | 81403 | | |
| | | 81404 | 81405 | | |
| | | 81406 | 81407 | | |
| | | 81408 | 81410 | | |
| | | 81411 | 81519 | | |
| Home Health Care | | G0162 | | Jan. 1, 2018 | |
| | | G0299 | G0300 | March 1, 2016 | |
| | | 99503 | G0153 | Jan. 1, 2015 | |
| | | S9474 | | | |
| Injectable Medications | Tofidence | Q5133 | | Oct. 1, 2024 | <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 & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior</p> |
| | Tyenne | Q5135 | | | |
| | Zymfentra | J1748 | | | |
| | Adzyna | J7171 | | July 1, 2024 | |
| | Cosentyx IV | J3247 | | | |
| | Omvoh | J2267 | | | |
| | Elfabrio® | J2508 | | June 1, 2024 | |
| | Lamzede® | J0217 | | | |
| | Rystiggo® | J9333 | | | |
| | Vyvgart Hytrulo® | J9334 | | | |
| | Eylea HD® | J0177 | | April 1, 2024 | |
| | Izervay® | J2782 | | | |
| | Pombiliti® | J1203 | | | |
| | Roctavian® | J1412 | | | |
| | Vyjuvek® | J3401 | | | |
| | Acthar Gel® | J0801 | | Feb. 1, 2024 | |
| | Cortrophin Gel® | J0802 | | | |
| Elevidys® | J1413 | | | | |
| Qalsody® | J1304 | | | | |
| | Hemgenix® | J1411 | | Dec. 1, 2023 | |
| | Legembi® | J0174 | | | |
| | Briumvi® | J2329 | | Nov. 1, 2023 | |
| | Panzyga® | J1576 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--------------------------------|----------------------------------|-------|----------------|------------------------------------|---|---------------|
| Injectable Medications (cont.) | Syfovre® | J2781 | | | notifications services at 800-310-6826. | |
| | Cimerli™ | Q5128 | | July 1, 2023 | | |
| | Rolvedon™ | J1449 | | | | |
| | Spevigo® | J1747 | | | | |
| | Tziel™ | J9381 | | | | |
| | Xenpozyme™ | J0218 | | | | |
| | Eylea® | J0178 | | VEGF | | May 1, 2023 |
| | Beovu® | J0179 | | | | |
| | Vabysmo® | J2777 | | | | |
| | Lucentis® | J2778 | | | | |
| | Susvimo™ | J2779 | | | | |
| | Byooviz™ | Q5124 | | | | |
| | Amvuttra® | J0225 | | | | Apr. 1, 2023 |
| | Fylnetra® | Q5130 | | | | |
| | Lanreotide® | J1932 | | | | |
| | Skyrizi® | J2327 | | | | |
| | Stimufend® | Q5127 | | | | |
| | Enjaymo® | J1302 | | | | Feb. 1, 2023 |
| | Vabysmo® | J2777 | | | | |
| | | | | | | 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 | | | | | |
| 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 | | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-----------------------------------|-------|----------------|------------------------------------|---|
| Injectable Medications (cont.) | Octreotide Acetate | J2354 | | | |
| | Sandostatin® LAR | J2353 | | | |
| | Signifor® LAR | J2502 | | | |
| | Somatuline® Depot | J1930 | | | |
| | Firmagon® | J9155 | | | July 1, 2021 |
| | IVIG | J1554 | | | |
| | Lupron Depot® | J1950 | | | |
| | Lupron Depot, Eligard® | J9217 | | | |
| | Supprelin® LA | J9226 | | | |
| | Trelstar® | J3315 | | | |
| | Triptodur® | J3316 | | | |
| | Truxima® | Q5115 | | | |
| | Viltepso™ | J1427 | | | |
| | Zoladex® | J9202 | | | |
| | Avsola® | Q5121 | | | April 1, 2021 |
| | Uplizna® | J1823 | | | |
| | Vyepti™ | J3032 | | | Jan. 1, 2021 |
| | Tepezza® | J3241 | | | Dec. 1, 2020 |
| | Cinryze® | J0598 | | | Oct. 1, 2020 |
| | Ruconest® | J0596 | | | |
| | Adakveo® | J0791 | | | July 1, 2020 |
| | Givlaari® | J0223 | | | |
| | Reblozyl® | J0896 | | | |
| | Ruxience® | Q5119 | | | |
| | Vyondys 53® | J1429 | | | |
| | Xembify® | J1558 | | | |
| | Zolgensma® | J3399 | | | |
| | Benlysta | J0490 | | | April 1, 2020 |
| | Cimzia® | J0717 | | | |
| | Rituxan® | J9312 | | | |
| | Rituxan Hycela® | J9311 | | | |
| | Stelara IV® | J3358 | | | |
| | 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 | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-----------------|-------|----------------|------------------------------------|--|
| | 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 | | | |
| | Parsabiv™ | J0606 | | Nov. 1, 2018 | |
| | Sublocade™ | Q9991 | Q9992 | July 1, 2018 | |
| | Ilaris® | J0638 | | April 1, 2018 | |
| | Exondys 51™ | J1428 | | Jan. 1, 2018 | |
| | IVIG | J1555 | | | |
| | Ocrevus™ | J2350 | | | |
| | Spinraza™ | J2326 | | | |
| | Lemtrada® | J0202 | | Oct. 1, 2017 | |
| | Soliris® | J1300 | | | |
| | Cinqair® | J2786 | | April 1, 2017 | |
| | Nucala® | J2182 | | | |
| | 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 | | | |
| | Synagis®* | 90378 | | | |
| | Xolair® | J2357 | | | |
| Injectable Medications – Unclassified | Beqvez | C9172 | | Oct. 1, 2024 | 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. |
| | PiaSky | C9399 | J3490 | Aug. 9, 2024 | |
| | Rivfloza | C9399 | J3490 | July 1, 2024 | |
| Joint Replacement | | 23470 | 23472 | Jan. 1, 2015 | |
| | | 23473 | 23474 | | |
| | | 24360 | 24361 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-------------|-------|----------------|---|--|
| Joint, total hip and knee replacement procedures | | 24362 | 24363 | | |
| | | 24370 | 24371 | | |
| | | 27120 | 27130 | | |
| | | 27125 | 27134 | | |
| | | 27132 | 27138 | | |
| | | 27137 | 27446 | | |
| | | 27412 | 27486 | | |
| | | 27447 | 29866 | | |
| | | 27487 | 29868 | | |
| | | 29867 | | | |
| Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS) | | | | | Prior authorization is obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs. |
| Non-Emergent Air Ambulance Transport | | A0430 | A0431 | | |
| | | A0435 | A0436 | Jan. 1, 2015 | |
| Non-Emergent Ground Ambulance TX MANDATE | | A0382 | A0398 | | |
| | | A0420 | A0422 | April 1, 2016 | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| Orthotics and Prosthetics (cont.) | | 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 | | | |
| | L2060 | L2106 | | | |
| | L2108 | L2126 | | | |
| | L2136 | L2350 | | | |
| | L2510 | L2526 | | | |
| | L2627 | L2628 | | | |
| | L3230 | L3265 | | | |
| | L3649 | L3671 | | | |
| | L3674 | L3720 | | | |
| | L3730 | L3740 | | | |
| | L3764 | L3900 | | | |
| | L3901 | L3904 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| Orthotics and Prosthetics (cont.) | | 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 | | |
| | | L5981 | L5982 | | |
| | L5984 | L5987 | | | |
| | L5988 | L5990 | | | |
| | L6000 | L6010 | | | |
| | L6020 | L6050 | | | |
| | L6055 | L6100 | | | |
| | L6110 | L6120 | | | |
| | L6130 | L6200 | | | |
| | L6205 | L6250 | | | |
| | L6300 | L6310 | | | |
| | L6320 | L6350 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---------------------------|-------------|-------|----------------|------------------------------------|--|
| | | 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 | | |
| Outpatient Therapy | | 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. * Prior authorization not required for DME providers |
| | | 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 | | |
| | | 92526 | 97012 | | |
| | | 97014 | 97016 | | |
| | | 97018 | 97022 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|--|-------|----------------|------------------------------------|--|
| | | 97026 | 97028 | | |
| | | 97033 | 97034 | | |
| | | 97039 | 97110 | | |
| | | 97112 | 97113 | | |
| | | 97116 | 97124 | | |
| | | 97140 | 97799 | | |
| | | G0129 | G0151 | | |
| | | G0152 | S8990 | | |
| | OR billed with these revenue codes: | 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 | | |
| | | 978 | | | |
| Potentially Unproven Services | | 33289 | C2624 | Apr. 1, 2023 | |
| Private Duty Nursing | | T1000 | T1002 | Jan. 1, 2015 | |
| | | T1003 | | | |
| Prostate Procedures | | 37243 | 53850 | April 1, 2022 | |
| | | 55874 | | | |
| Proton Beam Therapy | | 77520 | 77522 | Jan. 1, 2015 | |
| Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | | 77523 | 77525 | | |
| Psychological Testing | | 96116 | 96121 | Oct. 1, 2019 | Prior authorization will not be required for dates of service on or after March 1, 2022 |
| | | 96130 | 96131 | | |
| | | 96132 | 96133 | | |
| | | 96136 | 96137 | | |
| Radiology | | 75580 | | Jan. 1, 2024 | 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 | 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. |
| | | 76390 | 78830 | Jan. 1, 2020 | |
| | | 78831 | 78832 | | |
| | | 77046 | 77047 | Jan. 1, 2019 | |
| | | 77048 | 77049 | | |
| | | 70336 | 70450 | Jan. 1, 2015 | |
| | | 70460 | 70470 | | |
| | | 70480 | 70481 | | |
| | | 70482 | 70486 | | |
| | | 70487 | 70488 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--------------------------|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) | | 70490 | 70491 | | For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. |
| | | 70492 | 70496 | | |
| | | 70498 | 70540 | | |
| | | 70542 | 70543 | | |
| | | 70544 | 70545 | | |
| | | 70546 | 70547 | | |
| | | 70548 | 70549 | | |
| | | 70551 | 70552 | | |
| | | 70553 | 70554 | | |
| | | 70555 | 71250 | | |
| | | 71260 | 71270 | | |
| | | 71275 | 71550 | | |
| | | 71551 | 71552 | | |
| | | 71555 | 72125 | | |
| | | 72126 | 72127 | | |
| | | 72128 | 72129 | | |
| | | 72130 | 72131 | | |
| | | 72132 | 72133 | | |
| | | 72141 | 72142 | | |
| | | 72146 | 72147 | | |
| | | 72148 | 72149 | | |
| | | 72156 | 72157 | | |
| | | 72158 | 72159 | | |
| | | 72191 | 72192 | | |
| | | 72193 | 72194 | | |
| | | 72195 | 72196 | | |
| | | 72197 | 72198 | | |
| | | 73200 | 73201 | | |
| | | 73202 | 73206 | | |
| | | 73218 | 73219 | | |
| | | 73220 | 73221 | | |
| | | 73222 | 73223 | | |
| | | 73225 | 73700 | | |
| | | 73701 | 73702 | | |
| | | 73706 | 73718 | | |
| | | 73719 | 73720 | | |
| | | 73721 | 73722 | | |
| | | 73723 | 73725 | | |
| | | 74150 | 74160 | | |
| | | 74170 | 74174 | | |
| | | 74175 | 74176 | | |
| | | 74177 | 74178 | | |
| | | 74181 | 74182 | | |
| | | 74183 | 74185 | | |
| | | 74261 | 74262 | | |
| | | 74263 | 75557 | | |
| | | 75559 | 75561 | | |
| | | 75563 | 75571 | | |
| | | 75572 | 75573 | | |
| | | 75574 | 75635 | | |
| | | 76376 | 76377 | | |
| | | 76380 | 76497 | | |
| | 76498 | 77021 | | | |
| | 77084 | 78012 | | | |
| | 78013 | 78014 | | | |
| | 78015 | 78016 | | | |
| | 78018 | 78070 | | | |
| | 78071 | 78072 | | | |
| | 78075 | 78099 | | | |
| | 78226 | 78199 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|--------------------------------------|-------|----------------|------------------------------------|--|
| | | 78264 | 78227 | | |
| | | 78266 | 78265 | | |
| | | 78300 | 78299 | | |
| | | 78306 | 78305 | | |
| | | 78399 | 78315 | | |
| | | 78452 | 78451 | | |
| | | 78454 | 78453 | | |
| | | 78466 | 78468 | | |
| | | 78469 | 78472 | | |
| | | 78473 | 78481 | | |
| | | 78483 | 78494 | | |
| | | 78496 | 78499 | | |
| | | 78579 | 78580 | | |
| | | 78582 | 78597 | | |
| | | 78598 | 78599 | | |
| | | 78608 | 78609 | | |
| | | 78699 | 78707 | | |
| | | 78708 | 78709 | | |
| | | 78799 | 78800 | | |
| | | 78801 | 78802 | | |
| | | 78803 | 78804 | | |
| | | 78811 | 78812 | | |
| | | 78813 | 78814 | | |
| | | 78815 | 78816 | | |
| | | 78999 | G0235 | | |
| | | G0252 | S8092 | | |
| | | S8037 | | | |
| Rhinoplasty and Septoplasty | | 30400 | 30410 | Jan. 1, 2015 | |
| | | 30420 | 30430 | | |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | | |
| | | 30460 | 30462 | | |
| | | 30465 | | | |
| Sinuplasty | | 31298 | | July 1, 2018 | |
| | | 31295 | 31296 | Aug. 3, 2015 | |
| | | 31297 | | | |
| Site of Service (SOS) – Outpatient Hospital | 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 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--|-------------|-----------------------------|----------------|------------------------------------|---|--|
| Site of Service (SOS) – Outpatient Hospital (cont.) | | 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 | | |
| | | | 21336 | 21554 | | |
| | | | 21555 | 21556 | | |
| | | | 21930 | 22903 | | |
| | | | 22902 | 23075 | | |
| | | | 23071 | 27327 | | |
| | | | 24071 | 27632 | | |
| | | | 27337 | 28039 | | |
| | | | 28035 | 28060 | | |
| | | | 28041 | 28090 | | |
| | | | 28080 | 28110 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|---|-------|----------------|------------------------------------|---|
| | | 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 | | |
| | | 21685 | 41599 | Jan. 1, 2015 | |
| | | 42145 | | | |
| Sleep Apnea Procedures & Surgeries | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | |
| Spinal Surgery | | 22510 | 22511 | April 1, 2022 | Prior authorization is required. In addition, site of service will be |
| | | 22512 | 22513 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|-------------------------------|------------------------|-------|----------------|------------------------------------|---|
| Spinal Surgery (cont.) | | 22515 | | | reviewed as part of the prior authorization |
| | | 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 | 63001 | | |
| | | 22899 | 63005 | | |
| | | 63003 | 63012 | | |
| | | 63011 | 63016 | | |
| | | 63015 | 63020 | | |
| | | 63017 | 63040 | | |
| | | 63030 | 63045 | | |
| | | 63042 | 63047 | | |
| | | 63046 | 63055 | | |
| | | 63050 | 63064 | | |
| | | 63056 | 63077 | | |
| | | 63075 | 63085 | | |
| | 63081 | 63090 | | | |
| | 63087 | 63102 | | | |
| | 63101 | 63172 | | | |
| | 63170 | 63185 | | | |
| | 63173 | 63191 | | | |
| | 63190 | 63200 | | | |
| | 63250 | 63251 | | | |
| | 63252 | 63265 | | | |
| | 63267 | 63268 | | | |
| | 63270 | 63271 | | | |
| | 63272 | 63286 | | | |
| | 63300 | 63301 | | | |
| | 63302 | 63303 | | | |
| | 63304 | 63305 | | | |
| | 63306 | 63307 | | | |
| | 63308 | | | | |
| Stimulators | Bone-Growth Stimulator | E0760 | | Dec. 7, 2015 | |
| | | E0747 | E0748 | Jan. 1, 2015 | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|------------------------|-----------------|--------------------|-------------------|------------------------------------|---|-------|
| 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 | | | | |
| | | Transplants | | | | J3393 |
| J3394 | | | | | | |
| C9399* | J3490* | | | | | |
| J3590* | | | | | | |
| Unclassified* | C9399 | | J3490 | | April 1, 2024 | |
| | J3590 | | | | | |
| CAR T-Cell Therapy | Q2056 | | | | Feb. 1, 2023 | |
| | J9999 | | | | July 1, 2022 | |
| | Q2055 | | | | Feb. 1, 2022 | |
| | Q2053 | | | | July 1, 2021 | |
| | 0537T | | 0538T | | Jan. 1, 2019 | |
| | 0539T | | 0540T | | | |
| Transplant Services | Q2042 | | | | | |
| | Q2041 | | | | April 1, 2018 | |
| | 32850 | | 32851 | | 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 | | |
| Vein Procedures | 37765 | 37766 | | July 1, 2021 | | |

*Casgev, Lantidra

**Amtagvi, Lenmeldy

| 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 | | 36473 | | April 1, 2017 | |
| | | 36475 | 36478 | Jan. 1, 2015 | |
| | | 37700 | 37718 | | |
| | | 37722 | 37780 | | |
| Ventricular Assist Device (VAD) 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 855-282-8929 . |
| | | 33929 | | | |
| | | 33975 | 33976 | Jan. 1, 2015 | |
| | | 33979 | 33981 | | |
| | | 33982 | 33983 | | |
| | | Q0507 | Q0508 | | |
| | Q0509 | | | | |
| Wound Vac | | E2402 | | Jan. 1, 2015 | |