

Prior authorization requirements for STAR+Plus

Effective February 1, 2025

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		0571T	0614T	Aug. 1, 2024	<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>	
		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	93351			
		33264	93453			
		93350	93455			
		93452	93457			
		93454	93459			
		93456	93461			
		93458				
	93460					
Cardiovascular		37230	37231	Jan. 1, 2023		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		93580		April 1, 2022	Prior authorization requirements applies to members 18yrs and older
		37220	37221	Sept. 1, 2020	
		37224	37225		
		37226	37227		
		37228	37229		
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			
		J9051	J9064	Jan. 1, 2024	Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286		Oct. 1, 2023	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267 .
		J9324			
		J9029	J9056		
		J9058	J9059		
		J9063	J9259	Jan. 1, 2023	Oncology DX Codes
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Oct. 1, 2022	
		J9331	J9332		
		J9071	J9273		
		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	Nov. 1, 2020		
	J9227	J9304			
	Q5107	Q5117	Oct. 1, 2020		
	J9177	J9198	July 1, 2020		
	J9246	J9358			
	Q5119		March 1, 2020		
	J0642				
	J9309		Feb. 1, 2020		
	J9119	J9204	Oct. 1, 2019		
	J9210	J9269			
	J9313				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Chemotherapy (cont.)		J9030	J9036	Aug. 1, 2019	
		J9153	J9057	Jan. 1, 2019	
		J9229	J9173		
		J9312	J9311		
		J9022	J9023		April 1, 2018
		J9203	J9285		
		J0640	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		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	J9395			
	J9390	J9600			
	J9400	Q2017			
	J9999	Q2050			
		Q2043			
		C9399	J3590	Jan. 1, 2015	
		J3490			
		J1950		July 1, 2021	
		J9155	J9202	Jan. 1, 2015	
		J9217	J9225		
			Oncology DX Codes		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		J9226			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
Circumcision		54150 54161	54160 54162	Jan. 1, 2015	Prior authorization is required for members older than age 1.
Cochlear Implants and Other Auditory Implants		69729	69730	Mar. 1, 2023	
		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 conversational speech				
Cosmetic & Reconstructive Procedures		14020* 14041	14021* 14061*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		11960	15821	Jan. 1, 2015	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184	15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256		
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924	21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		67961 Q2026			
Continuous Glucose Monitor		A4238 E2102 A9276 A9278	A4239 E2103 A9277	Feb. 1, 2023 Oct. 1, 2021	
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 E0637	E0465	May 1, 2019	Prosthetics are not DME – see the <i>Orthotics and Prosthetics</i> section.
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	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.
		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Durable Medical Equipment (DME) (cont.)		E1399	E2100		
		E2227	E2228		
		E2327	E2325		
		E2351	E2329		
		E2510	E2373		
		E2599	E2511		
		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			May 2, 2016
		31240	31254		
		31255	31256		
		31267	31276		
	31287	31288			
Gender Dysphoria Treatment		55970	55980		July 1, 2018
		56805	57335	Gender Dysphoria Treatment DX Codes	Prior authorization is required for these codes with any DX. Prior authorization is only required for these codes with these 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	81425	81426		Feb. 1, 2025	<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>
		81427	81443			
	Genetic Testing	81520			Dec. 1, 2022	
	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	Tremfya IV	J1628			Feb. 1, 2025	<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 ></p>
	Alyglo	J1552			Jan. 1, 2025	
	Nplate	J2802				
	Tyenne	Q5135			Oct. 1, 2024	
	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					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization	
Injectable Medications (cont.)	Vyjuvek®	J3401			Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Acthar Gel®	J0801		Feb. 1, 2024		
	Cortrophin Gel®	J0802				
	Elevidys®	J1413				
	Qalsody®	J1304				
	Hemgenix®	J1411			Dec. 1, 2023	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Legembi®	J0174				
	Briumvi®	J2329			Nov. 1, 2023	
	Panzyla®	J1576				
	Syfovre®	J2781				
	Cimerli™	Q5128			July 1, 2023	
	Rolvedon™	J1449				
	Spevigo®	J1747				
	Tzield™	J9381				
	Xenpozyme™	J0218				
	Eylea®	J0178		VEGF	May 1, 2023	
	Beovu®	J0179				
	Vabysmo®	J2777				
	Lucentis®	J2778				
	Susvimo™	J2779				
	Byooviz™	Q5124				
	Amvuttra®	J0225			Apr. 1, 2023	
	Fynetra®	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					
				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	J3590				
	C9085					
Aldurazym®	J1931					
Elaprased®	J1743					
Fabrazyme®	J0180					
Kanuma®	J2840					
Lumizyme®	J0221					
Mepsevii®	J3397					
Naglazyme®	J1458					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Injectable Medications (cont.)	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	
	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				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
	White blood cell colony-stimulating factors	J1442 Q5101	J1447 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			
	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 >
	PiaSky	C9399 J3590	J3490	Aug. 9, 2024	
	Rivfloza	C9399 J3590	J3490	July 1, 2024	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
					Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement		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			
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	Jan. 1, 2015	
		A0435	A0436		
Non-Emergent Ground Ambulance TX MANDATE		A0382	A0398	April 1, 2016	
		A0420	A0422		
		A0424	A0425		
		A0426	A0428		
		A0433	A0434		
Orthognathic Surgery		21121	21123	Jan. 1, 2015	
		21125	21127		
Treatment of maxillofacial/jaw functional impairment		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
Orthotics and Prosthetics		L8000	L8001	Jan. 1, 2019	Prior authorization is required for <u>all STAR+PLUS members</u> 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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		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		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Orthotics and Prosthetics (cont.)		L2510	L2526		
		L2627	L2628		
		L3230	L3265		
		L3649	L3671		
		L3674	L3720		
		L3730	L3740		
		L3764	L3900		
		L3901	L3904		
		L3905	L3961		
		L3971	L3975		
		L3976	L3977		
		L3999	L4000		
		L4010	L4020		
		L5010	L5020		
		L5050	L5060		
		L5100	L5105		
		L5150	L5160		
		L5200	L5210		
		L5220	L5230		
		L5250	L5270		
		L5280	L5301		
		L5312	L5321		
		L5331	L5341		
		L5400	L5420		
		L5460	L5500		
		L5505	L5510		
		L5520	L5530		
		L5535	L5540		
		L5560	L5570		
		L5580	L5585		
		L5590	L5595		
		L5600	L5610		
		L5613	L5614		
		L5616	L5639		
		L5640	L5642		
		L5643	L5644		
		L5646	L5648		
		L5651	L5653		
		L5661	L5682		
		L5702	L5703		
		L5706	L5716		
		L5718	L5722		
		L5724	L5726		
		L5728	L5780		
		L5790	L5795		
		L5811	L5812		
		L5814	L5816		
	L5818	L5822			
	L5824	L5826			
	L5828	L5830			
	L5848	L5857			
	L5858	L5930			
	L5950	L5960			
	L5961	L5964			
	L5966	L5968			
	L5973	L5976			
	L5979	L5980			
	L5981	L5982			
	L5984	L5987			
	L5988	L5990			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		L6000	L6010		
		L6020	L6050		
		L6055	L6100		
		L6110	L6120		
		L6130	L6200		
		L6205	L6250		
		L6300	L6310		
		L6320	L6350		
		L6360	L6370		
		L6380	L6382		
		L6384	L6400		
		L6450	L6500		
		L6550	L6570		
		L6580	L6582		
		L6584	L6586		
		L6588	L6590		
		L6621	L6623		
		L6624	L6646		
		L6648	L6686		
		L6687	L6689		
		L6690	L6692		
		L6693	L6694		
		L6695	L6696		
		L6697	L6704		
		L6707	L6708		
		L6709	L6711		
		L6712	L6713		
		L6714	L6715		
		L6880	L6881		
		L6882	L6883		
		L6884	L6885		
		L6895	L6900		
		L6905	L6910		
		L6915	L6920		
		L6925	L6930		
		L6935	L6940		
		L6945	L6950		
		L6955	L6960		
		L6965	L6970		
		L6975	L7007		
		L7008	L7009		
		L7040	L7045		
		L7170	L7180		
		L7181	L7185		
		L7186	L7190		
		L7191	L7405		
		L8040	L8042		
		L8043	L8044		
		L8045	L8046		
		L8047	L8610		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
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.
		92627	92630		
		92633	96105		
		97024	97032		
		97035	97036		
		97139	97150		
		97164	97168		
		97530	97533		
		97535	97542*		
		97545	97546		
		97750	97760		
		97761	G0281		
		G0282	G0283		
		S9152			
		92507	92508	Jan. 1, 2015	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
		92526	97012		
		97014	97016		
		97018	97022		
		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	
		77523	77525		
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization	
Radiology		96136	96137		<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 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>For more details, please visit UHCprovider.com/TXCommunity Plan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>	
		75580		Jan. 1, 2024		
		71271	78429			Aug. 1, 2024
		78430	78431			
		78432	78433			
		78459	78491			
		78492				
		0697T	0698T			June 1, 2022
		0710T	0711T			
		0712T	0713T			
		76391				Mar. 1, 2020
		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			
		70490	70491			
		70492	70496			
		70498	70540			
		70542	70543			
		70544	70545			
		70546	70547			
		70548	70549			
		70551	70552			
		70553	70554			
		70555	71250			
		71260	71270			
		71275	71550			
		71551	71552			
		71555	72125			
		72126	72127			
		72128	72129			
		72130	72131			
		72132	72133			
		72141	72142			
		72146	72147			
		72148	72149			
		72156	72157			
		72158	72159			
		72191	72192			
		72193	72194			
		72195	72196			
		72197	72198			
	73200	73201				
	73202	73206				
	73218	73219				
	73220	73221				
	73222	73223				
	73225	73700				
	73701	73702				
	73706	73718				
	73719	73720				
	73721	73722				
	73723	73725				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Radiology (cont.)		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		
		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			
	<u>Auditory System</u>	<u>69205</u>		July 1, 2020	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Site of Service (SOS) – Outpatient Hospital	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	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
		46270	46275		
		46288	46505		
		46750	46910		
		46946			
	ENT Procedures	21320	30140		
		30520	69436		
		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 (cont.)	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
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		
Sleep Apnea Procedures & Surgeries		21685	41599	Jan. 1, 2015	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	42145			
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Jan 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
Spinal Surgery (cont.)		63190	63200		
		63250	63251		
		63252	63265		
		63267	63268		
		63270	63271		
		63272	63286		
		63300	63301		
		63302	63303		
		63304	63305		
		63306	63307		
		63308			
Stimulators 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			
Transplants	Unclassified***	J3392			Jan. 1, 2025
		Q2054			
		C9399	J3490		
		J3590			
	Unclassified**	J3393			July 1, 2024
		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
		Q2042			Jan. 1, 2019
	Transplant Services	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			

For transplant and CAR T-Cell therapy services including Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl), Lyfgenia®, Tecartus™ (brexucabtagene autoleucl), Yescarta™ (axicabtagene ciloleucl) and Zynteglo®, please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.

*Lantidra

**Amtagvi, Lenmeldy

***Tecelra

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/ how to obtain prior authorization
		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	
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)		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 .
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	