

Prior authorization requirements for STAR+Plus

Effective June 1, 2026

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

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 | | 96130 | 96131 | April 1, 2026 | 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 |
| | | 96136 | 96137 | | |
| | | 96138 | 96139 | | |
| | | 97151 | 97153 | | |
| | | 97154 | 97155 | | |
| | | 97156 | 97158 | | |
| | | H0012 | H0047 | | |
| | H2035 | | | | |
| Bone Growth Stimulator | | 20975 | 20979 | Jan. 1, 2015 | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| Breast Reconstruction | | 11971 | Breast Reconstruct | Oct. 1, 2022 | Prior authorization is not required |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--|------------------------------------|-------|----------------|------------------------------------|--|--|
| (Non-Mastectomy) Reconstruction of the breast other than following mastectomy | | 19316 | 19318 | ion DX Codes | Jan. 1, 2015 | for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes. |
| | | 19325 | 19328 | | | |
| | | 19330 | 19340 | | | |
| | | 19342 | 19350 | | | |
| | | 19357 | 19361 | | | |
| | | 19364 | 19367 | | | |
| | | 19368 | 19369 | | | |
| | | 19370 | 19371 | | | |
| Cancer Supportive Care | | Q5136 | Q5157 | | April 1, 2026 | |
| | | Q5158 | Q5159 | | | |
| | Colony-Stimulating Factors | J1434 | J2468 | | Jan. 1, 2026 | Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 |
| | | Q5148 | | | | |
| | Colony-Stimulating Factors | J1449 | | | Oct. 1, 2023 | |
| | 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 | |
| | Colony-Stimulating Factors | J2820 | | | Oct. 1, 2017 | |
| | | Q5122 | | Oncology DX Codes | Feb. 1, 2021 | |
| | | Q5110 | | | Jan. 1, 2019 | |
| J1442 | | Q5101 | | Oct. 1, 2017 | | |
| | J1447 | | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| | | | | | Provider Portal dashboard. Or, call 888-397-8129 |
| Cardiology | | 33274 | | April 1, 2026 | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 tool on your Provider Portal Dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p> |
| | | 0571T | 0614T | Aug. 1, 2024 | |
| | | | | 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 | | 93580 | | April 1, 2022 | Prior authorization requirements applies to members 18yrs and older |
| Cerebral Seizure Monitoring - Inpatient Video EEG | | 95726 | | March 1, 2020 | <p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p> |
| | | 95720 | 95718 | Jan. 1, 2020 | |
| | | 95724 | 95722 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | | |
|--------------|-------------|---|--|------------------------------------|---|--|--------------|
| Chemotherapy | | J9011 J9282 Q5160 | J9184 J9326 | | April 1, 2026 | <p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.</p> <p>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.</p> <p>Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.</p> | |
| | | J1299 J1326 J3055 J9024 J9028 J9054 J9161 J9275 J9289 J9341 J9382 Q2058 Q5147 Q5150 Q5152 | J1323 J2277 J3263 J9026 J9038 J9076 J9174 J9276 J9329 J9342 Q2057 Q5146 Q5149 Q5151 | | Jan 1, 2026 | | |
| | | J9073 J9075 J9249 J9361 | J9074 J9248 J9376 | | | | July 1, 2024 |
| | | J9051 J9345 J9072 J9255 J9286 J9324 | J9064 J9052 J9172 J9321 | | | | Jan. 1, 2024 |
| | | J9029 J9058 J9063 J9322 J9347 J9380 | J9056 J9059 J9259 J9323 J9350 | | | | Oct. 1, 2023 |
| | | J9196 J9296 Q5129 | J9294 J9297 | | | | July 1, 2023 |
| | | J9046 J9049 J9393 Q5126 | J9048 J9314 J9394 | | | | May 1, 2023 |
| | | J9274 | J9298 | Oncology DX Codes | | | Jan. 1, 2023 |
| | | J9331 | J9332 | | | | Oct. 1, 2022 |
| | | J9071 J9359 | J9273 | | | | July 1, 2022 |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|----------|-------------|-------|----------------|------------------------------------|---|
| | | J1952 | J9061 | | Apr. 1, 2022 |
| | | J9272 | | | |
| | | 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 | | |
| | | J9312 | J9311 | | |
| | | J9022 | J9023 | | April 1, 2018 |
| | | J9203 | J9285 | | |
| | | J0640 | J0641 | | Jan. 1, 2017 |
| | | J9000 | J9015 | | |
| | | J9017 | J9025 | | |
| | | J9027 | J9032 | | |
| | | J9033 | J9034 | | |
| | | J9035 | J9039 | | |
| | | J9040 | J9041 | | |
| | | J9042 | J9043 | | |
| | | J9045 | J9047 | | |
| | | J9050 | J9055 | | |
| | | J9060 | J9065 | | |
| | | J9100 | J9120 | | |
| | | J9130 | J9145 | | |
| | | J9150 | J9160 | | |
| | | J9175 | J9171 | | |
| | | J9178 | J9176 | | |
| | | J9181 | J9179 | | |
| | | J9190 | J9185 | | |
| | | J9201 | J9200 | | |
| | | J9205 | J9206 | | |
| | | J9207 | J9208 | | |
| | | J9209 | J9211 | | |
| | | J9214 | J9213 | | |
| | | J9216 | J9215 | | |
| | | J9218 | J9228 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|--|-------|-------------------|------------------------------------|---|
| | | 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 | Q2050 | | |
| | | J9999 | | | |
| | | Q2043 | | | |
| | | C9399 | J3590 | Jan. 1, 2015 | |
| | | J3490 | | | |
| | | J1950 | | July 1, 2021 | |
| | | J9155 | J9202 | Jan. 1, 2015 | <p>Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.</p> <p>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</p> |
| | | J9217 | J9225 | | |
| | | J9226 | | | |
| | | | | | |
| | | | Oncology DX Codes | | |
| 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 | |
| | | L8614 | L8690 | | |
| | | L8691 | L8692 | | |
| | A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|---|--------|----------------|------------------------------------|---|
| conversational speech | | | | | |
| Cosmetic & Reconstructive Procedures | | 14020* | 14021* | July 1, 2021 | *will NOT require prior auth when billed with skin cancer diagnoses |
| | | 14041 | 14061* | | |
| | Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | 11960 | 15821 | Jan. 1, 2015 | |
| | | 15820 | 15823 | | |
| | | 15822 | 15847 | | |
| | | 15830 | 17107 | | |
| | | 17106 | 17999 | | |
| | | 17108 | 21138 | | |
| | | 21137 | 21172 | | |
| | | 21139 | 21179 | | |
| | | 21175 | 21181 | | |
| | | 21180 | 21183 | | |
| | | 21182 | 21230 | | |
| | | 21184 | 21256 | | |
| | | 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 | | | | |
| 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. To obtain incontinence supplies from Tenderheart Health Outcomes, please call 866-295-2319.</p> <p>To obtain incontinence supplies from a provider other than</p> |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--|-------------|-------|----------------|------------------------------------|--|---|
| | | | | | Tenderheart Health Outcomes, please call the service coordinator at 800-349-0550 . | |
| 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 | |
| | | E0329 | E0470 | | | |
| | | E0471 | E0652 | | | |
| | | E1130 | E1825 | | | Some home health care services may qualify but are not subject to |
| | | E2310 | E2311 | | | |
| | | E2512 | | | | 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 | | | |
| | | 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 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-------------|-------|----------------|-------------------------------------|--|
| Durable Medical Equipment (DME) (cont.) | | 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 | | B4034 | B4035 | May 1, 2019 | |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | | 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 | 81450 | 81455 | July 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.</p> <p>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> | |
| | | 81457 | 81458 | | | |
| | | 81459 | 81462 | | | |
| | | 81463 | 81464 | | | |
| | | 81471 | 81523 | | | |
| | Genetic Testing | 81425 | 81426 | Feb. 1, 2025 | | |
| | | 81427 | 81443 | | | |
| | Genetic Testing | 81520 | | Dec. 1, 2022 | | |
| | | | 87505 87507 | 87506 | | Nov 1, 2020 |
| | 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 | | 81162 | | May 2, 2016 | | |
| | | G0162 | | Jan. 1, 2018 | | |
| | | G0299 | G0300 | March 1, 2016 | | |
| | | 99503 S9474 | G0153 | Jan. 1, 2015 | | |
| Injectable Medications | Bildyos | Q5162 | | April 1, 2026 | <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</p> | |
| | Gazyva | J9301 | | | | |
| | Imaavy | J9256 | | | | |
| | IVIG | J1553 | | | | |
| | Papzimeos | J3404 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|----------|----------------------------------|-------|----------------|------------------------------------|---|
| | Avtozma | Q5156 | | Jan. 1, 2026 | 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. |
| | Conexence | Q5158 | | | |
| | Stoboclo | Q5157 | | | |
| | Therapeutic Radiopharmaceuticals | A9615 | | | |
| | Alhemo | J7173 | | Oct. 1, 2025 | |
| | Azmiro | J1072 | | | |
| | Bkemv | Q5152 | | | |
| | Encelto | J3403 | | | |
| | Epysqli | Q5151 | | | |
| | Imuldosa IV | Q5098 | | | |
| | Jubbonti | Q5136 | | | |
| | Lustrate Depot | J1954 | | | |
| | Nulibry | J1809 | | | |
| | Qfitlia | J7174 | | | |
| | Hemlibra | J7170 | | July 1, 2025 | *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826. |
| | Hympavzi | J7172 | | | |
| | Niktimvo | J9038 | | | |
| | Nypozi | Q5148 | | | |
| | Steqeyma IV | Q5099 | | | |
| | Yesinek IV | Q5100 | | | |
| | Daxxify | J0589 | | Jun. 1, 2025 | |
| | Otulfi IV | Q9999 | | | |
| | Tofidence | Q5133 | | | |
| | Kisunla | J0175 | | May 1, 2025 | |
| | Pyzchiva IV | Q9997 | | | |
| | Selarsdi | Q9998 | | | |
| | Ocrevus Zunovo | J2351 | | Apr. 1, 2025 | |
| | Pavblu | Q5147 | | | |
| | PiaSky | J1307 | | | |
| | Soliris | J1299 | | | |
| | Tremfya IV | J1628 | | Feb. 1, 2025 | |
| | Alyglo | J1552 | | Jan. 1, 2025 | |
| | Nplate | J2802 | | | |
| | Tyenne | Q5135 | | Oct. 1, 2024 | |
| | Adzynma | J7171 | | July 1, 2024 | |
| | Cosentyx IV | J3247 | | | |
| | Omvoh | J2267 | | | |
| | Elfabrio® | J2508 | | June 1, 2024 | |
| | Lamzede® | J0217 | | | |
| | Rystiggo® | J9333 | | | |
| | Vyvgart | J9334 | | | |
| | Hytrulo® | | | | |
| | Eylea HD® | J0177 | | April 1, 2024 | |
| | Izervay® | J2782 | | | |
| | Pombiliti® | J1203 | | | |
| | Roctavian® | J1412 | | | |
| | Vyjuvek® | J3401 | | | |
| | Acthar Gel® | J0801 | | Feb. 1, 2024 | |
| | | J0802 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|----------|----------------------------------|-------|----------------|------------------------------------|---|
| | Cortrophin Gel® | J1413 | | | |
| | Elevidys® | J1304 | | | |
| | Qalsody® | | | | |
| | Hemgenix® | J1411 | | Dec. 1, 2023 | |
| | Leqembi® | J0174 | | | |
| | Briumvi® | J2329 | | Nov. 1, 2023 | |
| | Panzyga® | 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 | |
| | 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 | | | |
| | | | | 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 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|--------------------------------|-----------------|------------------------|----------------|------------------------------------|--|--|
| Injectable Medications (cont.) | Elaprase® | J1743 | | | | |
| | Fabrazyme® | J0180 | | | | |
| | Kanuma® | J2840 | | | | |
| | Lumizyme® | J0221 | | | | |
| | Mepsevii® | J3397 | | | | |
| | Naglazyme® | J1458 | | | | |
| | Revcovi® | J3590 | | | | |
| | Vimizim® | J1322 | | | | |
| | <hr/> | | | | | |
| | | 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 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|----------|---|-------|----------------|------------------------------------|--|
| | Therapeutic Radio-Pharmaceuticals | A9590 | | March 1, 2020 | |
| | Sodium Hyaluronate | J7331 | J7332 | Nov. 1, 2019 | |
| | Therapeutic Radio-Pharmaceuticals | A9513 | | | |
| | Evenity™ | J3111 | | Oct. 1, 2019 | |
| | Gamifant® | J9210 | | | |
| | Onpattro™ | J0222 | | | |
| | Sodium Hyaluronate | J7320 | J7321 | | |
| | | J7322 | J7324 | | |
| | | J7325 | J7326 | | |
| | | J7327 | J7329 | | |
| | Ultomiris™ | J1303 | | | |
| | White blood cell colony-stimulating factors | J1442 | J1447 | | |
| | | Q5101 | Q5110 | | |
| | Therapeutic Radio-Pharmaceuticals | A9699 | | May 1, 2019 | |
| | Actemra® | J3262 | | Jan. 1, 2019 | |
| | Brineura™ | J0567 | | | |
| | Crysvita® | J0584 | | | |
| | Entyvio® | J3380 | | | |
| | Fasenra™ | J0517 | | | |
| | Ilumya™ | J3245 | | | |
| | Inflectra® | Q5103 | | | |
| | Luxturna™ | J3398 | | | |
| | Orencia® | J0129 | | | |
| | Radicava® | J1301 | | | |
| | Remicade® | J1745 | | | |
| | Renflexis® | Q5104 | | | |
| | Simponi Aria | J1602 | | | |
| | 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 | |
| | Cinqair® | J2786 | | April 1, 2017 | |
| | Nucala® | J2182 | | | |
| | IVIG | J1575 | | May 1, 2016 | |
| | Acthar® | J0800 | | Jan. 1, 2015 | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-----------------|-------|----------------|------------------------------------|--|
| | 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 | Kebilidi | C9399 | J3490 | Jan. 1, 2026 | 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. |
| | Starjemza | J3590 | | | |
| | Rivfloza | C9399 | J3490 | July 1, 2024 | |
| | | J3590 | | | |
| Joint Replacement | | 23470 | 23472 | Jan. 1, 2015 | |
| Joint, total hip and knee replacement procedures | | 23473 | 23474 | | |
| | | 24360 | 24361 | | |
| | | 24362 | 24363 | | |
| | | 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. |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization | |
|---|-------------|-------|----------------|------------------------------------|---|---------------|
| Non-Emergent Air Ambulance Transport | | A0430 | A0431 | Jan. 1, 2015 | | |
| | | A0435 | A0436 | | | |
| Non-Emergent Ground Ambulance TX MANDATE | | A0382 | A0398 | April 1, 2016 | | |
| | | A0420 | A0422 | | | |
| | | A0424 | A0425 | | | |
| | | A0426 | A0428 | | | |
| | | A0433 | A0434 | | | |
| Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment | | 21121 | 21123 | Jan. 1, 2015 | | |
| | | 21125 | 21127 | | | |
| | | 21141 | 21142 | | | |
| | | 21143 | 21145 | | | |
| | | 21146 | 21147 | | | |
| | | 21150 | 21151 | | | |
| | | 21154 | 21155 | | | |
| | | 21159 | 21160 | | | |
| | | 21188 | 21193 | | | |
| | | 21194 | 21195 | | | |
| | | 21196 | 21198 | | | |
| | | 21199 | 21206 | | | |
| | | 21208 | 21209 | | | |
| | | 21210 | 21215 | | | |
| | | 21240 | 21242 | | | |
| | | 21244 | 21245 | | | |
| | | 21246 | 21247 | | | |
| | 21255 | 21296 | | | | |
| | 21299 | | | | | |
| Orthotics and Prosthetics | | L8000 | L8001 | Jan. 1, 2019 | Prior authorization is required for all <u>STAR+PLUS</u> 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 | | Jan. 1, 2015 | | |
| | | L8499 | | | | |
| | | L3763 | L5683 | | | April 1, 2019 |
| | | L5999 | | | | Jan. 1, 2019 |
| | | L1810 | L1832 | | | |
| | L1843 | L1932 | | | | |
| | L1951 | L1960 | | | | |
| | L2280 | L2999 | | | | |
| | L3000 | L3010 | | | | |
| | L3020 | L3216 | | | | |
| | L3221 | L3960 | | | | |
| | L4631 | L5000 | | | | |
| | L5611 | L5620 | | | | |
| | L5624 | L5629 | | | | |
| | L5631 | L5637 | | | | |
| | L5645 | L5647 | | | | |
| | L5649 | L5650 | | | | |
| | L5671 | L5673 | | | | |
| | L5679 | L5685 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Orthotics and Prosthetics (cont.) | | 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 | | | |
| | L3905 | L3961 | | | |
| | L3971 | L3975 | | | |
| | L3976 | L3977 | | | |
| | L3999 | L4000 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Orthotics and Prosthetics (cont.) | | 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 | | | |
| | L6055 | L6050 | | | |
| | L6110 | L6100 | | | |
| | L6130 | L6120 | | | |
| | L6205 | L6200 | | | |
| | L6300 | L6250 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|----------|-------------|-------|----------------|------------------------------------|--|
| | | L6320 | L6310 | | |
| | | L6360 | L6350 | | |
| | | L6380 | L6370 | | |
| | | L6384 | L6382 | | |
| | | L6450 | L6400 | | |
| | | L6550 | L6500 | | |
| | | L6580 | L6570 | | |
| | | L6584 | L6582 | | |
| | | L6588 | L6586 | | |
| | | L6621 | L6590 | | |
| | | L6624 | L6623 | | |
| | | L6648 | L6646 | | |
| | | L6687 | L6686 | | |
| | | L6690 | L6689 | | |
| | | L6693 | L6692 | | |
| | | L6695 | L6694 | | |
| | | L6697 | L6696 | | |
| | | L6707 | L6704 | | |
| | | L6709 | L6708 | | |
| | | L6712 | L6711 | | |
| | | L6714 | L6713 | | |
| | | L6880 | L6715 | | |
| | | L6882 | L6881 | | |
| | | L6884 | L6883 | | |
| | | L6895 | L6885 | | |
| | | L6905 | L6900 | | |
| | | L6915 | L6910 | | |
| | | L6925 | L6920 | | |
| | | L6935 | L6930 | | |
| | | L6945 | L6940 | | |
| | | L6955 | L6950 | | |
| | | L6965 | L6960 | | |
| | | L6975 | L6970 | | |
| | | L7008 | L7007 | | |
| | | L7040 | L7009 | | |
| | | L7170 | L7045 | | |
| | | L7181 | L7180 | | |
| | | L7186 | L7185 | | |
| | | L7191 | L7190 | | |
| | | L8040 | L7405 | | |
| | | L8043 | L8042 | | |
| | | L8045 | L8044 | | |
| | | L8047 | L8046 | | |
| | | | 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 | * | | |
| | | 97750 | 97546 | 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 |
| | | 97761 | 97760 | | |
| | | G0282 | G0281 | | |
| | | S9152 | 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 | | | |
| | 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 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|------------------------------|---|-------|----------------|------------------------------------|--|
| 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 | | |
| | | 96136 | 96137 | | |
| Radiology | | 75580 | | Jan. 1, 2024 | <p>Health care professionals 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 Prior Authorization and Notification tool on 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 tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p> |
| | | 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 | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) | | 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 | 78451 | | |
| | | 78452 | 78453 | | |
| | | 78454 | 78468 | | |
| | | 78466 | 78472 | | |
| | | 78469 | 78481 | | |
| | | 78473 | 78494 | | |
| | | 78483 | 78499 | | |
| | | 78496 | 78609 | | |
| | 78608 | 78812 | | | |
| | 78811 | 78814 | | | |
| | 78813 | 78816 | | | |
| | 78815 | G0235 | | | |
| | G0252 | S8092 | | | |
| | S8037 | | | | |
| Rhinoplasty and Septoplasty | | 30400 | 30410 | Jan. 1, 2015 | |
| | | 30420 | 30430 | | |
| | | 30435 | 30450 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|---------------------------|--|---|------------------------------------|--|
| Treatment of nasal functional impairment and septal deviation | | 30460 30465 | 30462 | | |
| Sinuplasty | | 31298 31295 31297 | 31296 | July 1, 2018 Aug. 3, 2015 | |
| 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 66984 | 66982 | | |
| | Colonoscopy | 45378 45384 | 45380 45385 | | |
| | Cosmetic & Reconstructive | 13101 14040 14301 21931 | 13132 14060 21552 | | |
| | Digestive System | 42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946 | 42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910 | | |
| | ENT Procedures | 21320 30520 69631 | 30140 69436 | | |
| | Eye and Ocular Adnexa | 65710 66250 66711 66986 67041 67105 67113 68110 | 65820 66710 66825 67010 67042 67108 67840 68115 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|-----------------------------|-------|----------------|------------------------------------|---|
| Site of Service (SOS) – Outpatient Hospital (cont.) | | 68320 | 68720 | | |
| | | 68815 | | | |
| | Female Genital System | 57240 | 57250 | | |
| | | 57461 | 57520 | | |
| | | 58561 | 58562 | | |
| | Gynecologic Procedures | 57522 | 58353 | | |
| | | 58558 | 58563 | | |
| | | 58565 | | | |
| | Hemic and Lymphatic Systems | 38500 | 38510 | | |
| | | 38525 | | | |
| | Hernia Repair | 49505 | 49585 | | |
| | | 49587 | 49650 | | |
| | | 49651 | 49652 | | |
| | | 49653 | 49654 | | |
| | | 49655 | | | |
| | Integumentary System | 10121 | 11440 | | |
| | | 11450 | 11624 | | |
| | | 11770 | 13121 | | |
| | | 15100 | 15120 | | |
| | | 15240 | 19020 | | |
| | | 19120 | 19125 | | |
| | Liver Biopsy | 47000 | | | |
| | Male Genital System | 54840 | | | |
| | Miscellaneous | 20680 | | | |
| | Musculoskeletal System | 20552 | 20553 | | |
| | | 21012 | 21013 | | |
| | | 21336 | 21554 | | |
| | | 21555 | 21556 | | |
| | | 21930 | 22903 | | |
| | | 22902 | 23075 | | |
| | | 23071 | 27327 | | |
| | | 24071 | 27632 | | |
| | | 27337 | 28039 | | |
| | | 28035 | 28060 | | |
| | | 28041 | 28090 | | |
| | | 28080 | 28110 | | |
| | | 28104 | 28119 | | |
| | | 28118 | 28285 | | |
| | | 28124 | 28292 | | |
| | | 28289 | 28297 | | |
| | | 28296 | 28299 | | |
| | | 28298 | 29807 | | |
| 29806 | 29822 | | | | |
| 29819 | 29824 | | | | |
| 29823 | 29826 | | | | |
| 29825 | 29828 | | | | |
| 29827 | 29846 | | | | |
| 29835 | 29861 | | | | |
| 29845 | 29876 | | | | |
| 29848 | 29879 | | | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|---|-------|----------------|------------------------------------|--|
| | | 29875 | 29881 | | |
| | | 29877 | 29888 | | |
| | | 29880 | | | |
| | | 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 | | |
| | | | 57288 | | |
| Sleep Apnea Procedures & Surgeries | | 21685 | 41599 | Jan. 1, 2015 | |
| | | 42145 | | | |
| | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | |
| Spinal Surgery | | 22510 | 22511 | April 1, 2022 | Prior authorization is required. |
| | | 22512 | 22513 | | In addition, site of service will be reviewed as part of the prior authorization |
| | | 22515 | | | |
| | | 22514 | | July 1, 2020 | |
| | | 22100 | 22101 | Jan 1, 2015 | |
| | | 22102 | 22110 | | |
| | | 22112 | 22114 | | |
| | | 22206 | 22207 | | |

| Category | Subcategory | Code | Diagnosis code | Prior authorization effective date | Additional information/ how to obtain prior authorization |
|---|------------------------|-------|----------------|------------------------------------|--|
| Spinal Surgery (cont.) | | 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 Implantation of a device that | 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 |
|---------------------------|---------------------|-------|----------------|------------------------------------|--|
| sends electrical impulses | Neurostimulator | 43648 | 43881 | Jan. 1, 2015 | |
| | | 43882 | 61863 | | |
| | | 61864 | 61867 | | |
| | | 61868 | 61885 | | |
| | | 61886 | 63650 | | |
| | | 63655 | 63685 | | |
| | | 64553 | 64555 | | |
| | | 64568 | 64570 | | |
| | | 64590 | L8680 | | |
| | | L8682 | L8685 | | |
| | | L8686 | L8687 | | |
| Transplants | | J3387 | | Feb. 1, 2026 | For transplant and CAR T-Cell therapy services including Aucatzyl, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn 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. |
| | | J3389 | | | |
| | | J3402 | | Oct. 1, 2025 | |
| | | J3391 | | July 1, 2025 | |
| | | Q2058 | | | |
| | | Q2057 | | Apr. 1, 2025 | |
| | | J3392 | | Jan. 1, 2025 | |
| | | Q2054 | | | |
| | | J3393 | | July 1, 2024 | |
| | | J3394 | | | |
| | | C9399 | J3490 | | |
| | J3590 | | | **Amtagvi | |
| | 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 | |
| | | Q2041 | | April 1, 2018 | |
| | Transplant Services | 32850 | 32851 | Jan. 1, 2015 | |
| | | 32852 | 32853 | | |
| | | 32854 | 32855 | | |
| | | 32856 | 33930 | | |
| | | 33933 | 33935 | | |
| | | 33940 | 33944 | | |
| | | 33945 | 38208 | | |
| | | 38209 | 38210 | | |
| | | 38212 | 38213 | | |
| | | 38214 | 38215 | | |
| | | 38240 | 38241 | | |
| | | 38242 | 44132 | | |
| | | 44133 | 44135 | | |

| 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 | |
| | | 36473 | | April 1, 2017 | |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 36475 | 36478 | Jan. 1, 2015 | |
| | | 37700 | 37718 | | |
| | | 37722 | 37780 | | |
| 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. |
| | | 33929 | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33975 | 33976 | Jan. 1, 2015 | |
| | | 33979 | 33981 | | |
| | | 33982 | 33983 | | |
| | | Q0507 | Q0508 | | |
| Wound Vac | | E2402 | | Jan. 1, 2015 | |