

Prior Authorization Requirements for Texas CHIP

Effective January 1, 2023

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan Texas CHIP for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-940-1972. The fax form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		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 Electronic stimulation or ultrasound to heal fractures	20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy	11971		Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
	19316	19318		Jan. 1, 2015	
	19325	19328			Prior authorization is required for all other DX codes
	19330	19340			
	19342	19350			
	19357	19361			
	19364	19367			
	19368	19369			
19370	19371				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		19380	19396		
Cancer supportive care	Colony Stimulating Factors	Q5125		Jan. 1, 2023	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
	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	
		Q5122		Jan. 1, 2021	
		Q5110		Jan. 1, 2019	
		J1442	Q5101	Oct. 1, 2017	
		J1447			
			Oncology DX Codes		Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online 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
Cardiology		93319		June 1, 2022	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054 .
		33270		Oct. 1, 2016	
		33206	33207	Jan. 1, 2015	
		33208	33212		
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93303		
		93304	93306		
		93307	93308		
		93350	93351		
		93452	93453		
		93454	93455		
		93456	93457		
		93458	93459		
	93460	93461			
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older
		95726		March 1, 2020	

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Cerebral Seizure Monitoring – Inpatient Video EEG		95720	95718	Jan. 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95724	95722		
Chemotherapy		J9274	J9298	Jan. 1, 2023	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization For prior authorization, please call 866-604-3267.
		J9331	J9332		
		J9071 J9359	J9273	July 1, 2022	
		J9247 J9319	J9318	Jan. 1, 2022	
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037	J9349	May 1, 2021	
		J9118 J9223 J9316	J9144 J9281 J9317	Jan. 1, 2021	
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145	Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (cont.)		J9150	J9151		
		J9165	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9212	J9213		
		J9214	J9215		
		J9216	J9228		
		J9218	J9245		
		J9230	J9260		
		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9315		
		J9308	J9328		
		J9320	J9340		
		J9330	J9352		
		J9351	J9355		
		J9354	J9360		
		J9357	J9371		
		J9370	J9395		
		J9390	J9600		
	J9400	Q2017			
	J9999				
	Q2050				
	C9399	J3590	Oncology DX Codes	Jan. 1, 2015	
	J3490				
	J1950		Oncology DX Codes	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202		Jan. 1, 2017	
	J9217	J9225			
	J9226				
Circumcision		54150	54160	Jan. 1, 2015	Prior authorization required for members older than age 1
		54161	54162		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Cochlear Implants and Other Auditory Implants		69714	69930	Jan. 1, 2015	
		L8614	L8619		
		L8690	L8691		
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8692			
Continuous Glucose Monitor		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0554		July 1, 2021	
Cosmetic & Reconstructive		14020	14021	July 1, 2021	
		14041	14061		
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960	15821	Jan. 1, 2015	
		15820	15823		
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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				
Durable medical equipment (DME)		A9900	E0465	May 1, 2019	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			

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Durable medical equipment (DME) (cont.)		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0638	E0641		
		E0642	E0669		
		E0700	E0710		
		E0745	E0762		
		E0764	E0784		
		E1002	E1003		
		E1004	E1005		
		E1006	E1007		
		E1008	E1009		
		E1010	E1035		
		E1161	E1229		
		E1231	E1232		
		E1233	E1234		
		E1235	E1236		
		E1237	E1238		
		E1239	E1399		
		E2100	E2227		
		E2228	E2300		
		E2325	E2327		
		E2329	E2351		
		E2373	E2510		
		E2511	E2599		
		E2626	E2627		
		E2628	E2629		
		E2630	E8001		
		K0005	K0008		
		K0013	K0108		
		K0848	K0849		
		K0850	K0851		
		K0852	K0853		
		K0854	K0855		
		K0856	K0857		
		K0858	K0859		
		K0860	K0861		
		K0862	K0863		
	K0864	K0868			
	K0869	K0870			
	K0871	K0877			
	K0878	K0879			
	K0880	K0884			
	K0885	K0886			
	K0890	K0891			
	S1040	T1999			
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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		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 29916	29915	Oct. 1, 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257	July 1, 2018	
		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
		56805	57335	July 1, 2018	Prior authorization is only required for these codes with these DX codes
Genetic and Molecular Testing	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization required for genetic and molecular testing performed in an outpatient setting
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
	Genetic Testing	81238	81247	June 1, 2022	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	Notification/prior authorization 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.
		81165	81166		
		81162		Jan. 1, 2018	
	Genetic Testing	81212		Jan. 1, 2015	
		81216			
		0068U	0097U	Nov. 1, 2020	
		87481	87482		
		87505	87506		
		87507	87510		
87511		87512			
87623		87797			
87800		87799			
		87801			
	0111U	0129U	Nov. 1, 2019		
	0136U	0137U			
	81167	81233	April 1, 2019		
	81237				
	81105	81106	Feb. 1, 2019		
	81107	81108			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Genetic and Molecular Testing (cont.)		81109	81110		
			81111	81120	
			81121	81161	
			81170	81200	
			81201	81205	
			81203	81209	
			81208	81218	
			81223	81220	
			81225	81222	
			81227	81224	
			81240	81226	
			81242	81241	
			81244	81243	
			81246	81245	
			81251	81250	
			81253	81252	
			81255	81254	
			81257	81256	
			81261	81260	
			81263	81262	
			81265	81264	
			81267	81266	
			81273	81268	
			81276	81272	
			81288	81287	
			81291	81290	
			81295	81292	
			81297	81294	
			81303	81298	
			81310	81300	
			81314	81302	
			81316	81304	
			81318	81313	
			81321	81315	
			81323	81317	
			81325	81319	
			81327	81322	
			81331	81324	
			81340	81326	
			81342	81330	
			81355	81332	
			81371	81341	
			81373	81350	
			81375	81370	
			81377	81372	
			81379	81376	
			81381	81378	
		81383	81380		
		81401	81382		
		81403	81400		
		81405	81402		
		81407	81404		
		81410	81406		
		81420	81408		
		81519	81411		
		0040U	81507		
			0018U		
Home Health Care		G0162		Jan. 1, 2018	Prior authorization required only in outpatient settings, to include member's home
		G0299	G0300	March 1, 2016	
		99503	S9474	Jan. 1, 2015	

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Injectable Medications	Carvykti™	Q2056		Jan. 1, 2023	<p>Prior authorization required through Optum SGP Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications 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 notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	
	Therapeutic Radiopharmaceuticals	A9607				
	Prolia®	J0897				
	Releuko®	Q5125				Oct. 1, 2022
	Scenesse®	J7352				
	Tezspire®	J2356				
	Apretude™	J0739				Aug 1, 2022
	Leqvio®	J1306				
	Vyvgart	J9332				
	Cutaquig®	J1551				
	Ryplazim™	J2998				July 1, 2022
	Susvimo™	C9093				May 1, 2022
	Nexviazyme®	J0219				
	Saphnelo™	J0491				
	Aralast NP®	J0256				April 1, 2022
	Prolastin-C®					
	Zemaira®					
	Glassia®	J0257				
	Nexviazyme®	J3490	J3590			
		C9085				
	Aldurazym®	J1931				
	Elaprase®	J1743				
	Fabrazyme®	J0180				
	Kanuma®	J2840				
	Lumizyme®	J0221				
	Naglazyme®	J1458				
	Revcovi®	J3590				
	Vimizim®	J1322				
	Aduhelm®	J0172				Feb. 1, 2022
	Fensolvi®	J1951				Oct. 1, 2021
	Amondys 45	C9075				Sept. 1, 2021
	Krystexxa®	J2507				Aug. 1, 2021
	Nplate®	J2796				
Octreotide Acetate	J2354					
Sandostatin® LAR	J2353					
Signifor® LAR	J2502					
Somatuline® Depot	J1930					
Firmagon®	J9155			July 1, 2021		
IVIG	J1554					
Lupron Depot®	J1950					
Lupron Depot, Eligard®	J9217					
Supprelin® LA	J9226					
Trelstar®	J3315					
Triptodur®	J3316					
Truxima®	Q5115					
Viltepso™	J1427					
Zoladex®	J9202					
Avsola®	Q5121			April 1, 2021		

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Injectable Medications (cont.)	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	Therapeutic Radio-pharmaceuticals**	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceuticals**	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
	J7327	J7329			
Ultomiris™	J1303				
White blood cell colony stimulating factors	J1442	J1447			
	Q5101	Q5110			
Therapeutic Radio-pharmaceuticals**	A9699		May 1, 2019		
Actemra®	J3262		Jan. 1, 2019		
Brineura™	J0567				

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Injectable Medications (cont.)	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606			Nov. 1, 2018
	Sublocade™	Q9991	Q9992		July 1, 2018
	Ilaris®	J0638			April 1, 2018
	Exondys 51™	J1428			Jan. 1, 2018
	IVIIG	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202			Oct. 1, 2017
	Soliris®	J1300			
	Cinqair®	J2786			April 1, 2017
	Nucala®	J2182			
	Probuphine®	J0570			
	IVIIG	J1575			May 1, 2016
	Acthar®	J0800			Jan. 1, 2015
	Botulinum Toxin	J0585	J0586		
		J0587	J0588		
	IVIIG	90284	J1459		
		J1556	J1557		
		J1559	J1561		
	J1566	J1568			
	J1569	J1572			
	J1599				
Makena®	J2675				
Synagis®*	90378				
Xolair®	J2357				

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Injectable Medications – Unclassified	Fynetra®	C9399	J3490	Jan. 1, 2015*	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
		J3590			
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
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		L1832		May 1, 2019	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
	L5986	L5999			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		L1812	L1820	Jan. 1, 2018	
		L1830			
		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	L1831			
	L1836	L1840			
	L1844	L1845			
	L1846	L1847			
	L1860	L1945			
	L1950	L1970			
	L2000	L2005			
	L2010	L2020			
	L2030	L2034			
	L2036	L2037			
	L2038	L2060			
	L2106	L2108			
	L2126	L2136			
	L2350	L2510			
	L2526	L2627			
	L2628	L3230			
	L3265	L3649			
	L3671	L3674			
	L3720	L3730			
	L3740	L3764			
	L3900	L3901			
	L3904	L3905			
	L3961	L3971			
	L3975	L3976			
	L3977	L3999			
	L4000	L4010			
	L4020	L5010			
	L5020	L5050			
	L5060	L5100			
	L5105	L5150			
	L5160	L5200			
	L5210	L5220			
	L5230	L5250			
	L5270	L5280			
	L5301	L5312			
	L5321	L5331			
	L5341	L5400			
	L5420	L5460			
	L5500	L5505			
	L5510	L5520			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		L5530	L5535		
		L5540	L5560		
		L5570	L5580		
		L5585	L5590		
		L5595	L5600		
		L5610	L5613		
		L5614	L5616		
		L5639	L5640		
		L5642	L5643		
		L5644	L5646		
		L5648	L5651		
		L5653	L5661		
		L5682	L5702		
		L5703	L5706		
		L5716	L5718		
		L5722	L5724		
		L5726	L5728		
		L5780	L5790		
		L5795	L5811		
		L5812	L5814		
		L5816	L5818		
		L5822	L5824		
		L5826	L5828		
		L5830	L5848		
		L5857	L5858		
		L5930	L5950		
		L5960	L5961		
		L5964	L5966		
		L5968	L5973		
		L5976	L5979		
		L5980	L5981		
		L5982	L5984		
		L5987	L5988		
		L5990	L6000		
		L6010	L6020		
		L6050	L6055		
		L6100	L6110		
		L6120	L6130		
		L6200	L6205		
		L6250	L6300		
		L6310	L6320		
		L6350	L6360		
		L6370	L6380		
		L6382	L6384		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
		L6590	L6621		
	L6623	L6624			
	L6646	L6648			
	L6686	L6687			
	L6689	L6690			
	L6692	L6693			
	L6694	L6695			
	L6696	L6697			
	L6704	L6707			
	L6708	L6709			
	L6711	L6712			
	L6713	L6714			
	L6715	L6880			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		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			
	L8499	L8610			
Outpatient Therapy		70371	97150	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)
		92626	97164		
		92627	97168		
		92630	97530		
		92633	97535		
		96105	97537		
		97024	97542*		
		97032	97750		
		97035	97760		
		97036	97761		
		97139		Jan. 1, 2015	* Prior authorization not required for DME providers
		92507	97034		
		92508	97039		
		92526	97110		
		97012	97112		
		97014	97113		
		97016	97116		
		97018	97124		
		97022	97140		
		97026	97799		
	97028	G0129			
	97033	S8990			
	OR billed with these revenue codes:	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
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		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	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 .
		77048	77049		
		0501T	0502T		
		0503T	0504T		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		For more details please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	74712		
		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
	78473	78481			
	78483	78494			
	78496	78499			
	78579	78580			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
	G0252	S8042			
	S8037	S8092			
	S8085				
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 only required when requesting service in an outpatient hospital setting Prior authorization 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	42440 43236 43238 43245		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Site of Service (SOS) – outpatient hospital (cont.)		43246	43247			
		43248	43251			
		43254	43255			
		43259	44360			
		44361	45171			
		45334	45335			
		45381	45390			
		45990	46020			
		46040	46050			
		46200	46220			
		46221	46250			
		46255	46261			
		46270	46275			
		46288	46505			
		46750	46910			
		46946				
		ENT Procedures	21320	30140		
			30520	69436		
			69631			
		Eye and Ocular Adnexa	65710	65820		
			66250	66710		
			66711	66825		
			66986	67010		
			67041	67042		
			67105	67108		
			67113	67840		
			68110	68115		
			68320	68720		
			68815			
	Female Genital System	57240	57250			
		57461	57520			
		58561	58562			
	Gynecologic Procedures	57522	58353			
		58558	58563			
		58565				
	Hemic and Lymphatic Systems	38500	38510			
		38525				
	Hernia Repair	49505	49585			
		49587	49650			
		49651	49652			
		49653	49654			
		49655				
	Integumentary System	10121	11440			
		11450	11624			
		11770	13121			
		15100	15120			
		15240	19020			
		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22903			
		22902	23075			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Site of Service (SOS) – outpatient hospital (cont.)		23071	27327			
		24071	27632			
		27337	28039			
		28035	28060			
		28041	28090			
		28080	28110			
		28104	28119			
		28118	28285			
		28124	28292			
		28289	28297			
		28296	28299			
		28298	29807			
		29806	29822			
		29819	29824			
		29823	29826			
		29825	29828			
		29827	29840			
		29835	29846			
		29845	29861			
		29848	29876			
		29875	29879			
		29877	29881			
		29880	29888			
		29882				
		29893				
		Nervous System	64561	64640		
		Ophthalmologic	65426	65730		
			65855	66170		
			66761	67028		
		67036	67040			
		67228	67311			
		67312				
	Respiratory System	30802	30930			
		31525	31535			
		31536	31541			
		31624				
	Tonsillectomy & Adenoidectomy	42820	42821			
		42825	42826			
		42830				
	Upper Gastrointestinal Endoscopy	43235	43239			
		43249				
	Urinary System	52276	52287			
		52320	52344			
	Urologic Procedures	50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
		52352	52353			
		52356	55040			
		55700	57288			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
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		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22512	22513	April 1, 2022	
		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	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		
		63050	63055		
		63056	63064		
		63075	63077		
		63081	63085		
		63087	63090		
		63101	63102		
		63170	63172		
		63173	63185		
		63190	63191		
		63250	63200		
		63252	63251		
		63267	63265		
		63270	63268		
		63272	63271		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Spinal Surgery (cont.)		63300	63286			
		63302	63301			
		63304	63303			
		63306	63305			
		63308	63307			
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	Car-T cell therapy	J9999		July 1, 2022	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case	
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
		0539T	0540T			
		Q2042				
Q2041		April 1, 2018				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Transplants (cont.)	Transplant services	32850	32851	Jan. 1, 2015	Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
		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	Code 38232 will only require prior authorization for an oncology diagnosis	
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		