

# Prior Authorization Requirements for Texas CHIP

Effective November 1, 2022

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](https://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](https://UHCprovider.com/TXcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Forms

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care 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	
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Jan. 1, 2015		
		43659	43770			
		43775	43842			
		43845	43846			
		43847	43848			
	43860					
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20975	20979	Jan. 1, 2015		
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following 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	
	<b>Reconstruction (Non-Mastectomy)</b> 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		
<b>Cancer Supportive Care</b>	Colony Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX
	Bone Modifying Agents	J0897				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Cancer Supportive Care (cont.)	Colony Stimulating Factors	Q5120		July 1, 2020	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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	
		Q5108	Q5111	Jan. 1, 2019		
		J2820		Oct. 1, 2017		
	Colony Stimulating Factors	Q5122		Oncology DX Codes		Jan. 1, 2021
		Q5110				Jan. 1, 2019
			J1442 J1447	Q5101		Oct. 1, 2017
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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call <b>866-889-8054</b> .	
		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	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization required for inpatient services.	
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95724	95722			
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	
		J9071 J9359	J9273		July 1, 2022	
		J9247	J9318		Jan. 1, 2022	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Chemotherapy (cont.)		J9319			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.	
		J9348	J9353	Oct. 1, 2021		
		Q5123				
		J9037	J9349			May 1, 2021
		J9118	J9144			Jan. 1, 2021
		J9223	J9281			
		J9316	J9317			
		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
		J9044	J9057			Jan. 1, 2019
		J9153	J9173			
		J9229	J9311			
		J9312				
		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			
		J9070	J9098			
	J9100	J9120				
	J9130	J9145				
	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				

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<b>Chemotherapy (cont.)</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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				
<b>Circumcision</b>		54150	54160	Jan. 1, 2015	Prior authorization required for members older than age 1
		54161	54162		
<b>Cochlear Implants and Other Auditory Implants</b>		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			
<b>Continuous Glucose Monitor</b>		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0554		July 1, 2021	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive</b>	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	14020	14021	July 1, 2021	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	14041	14061		
		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				
<b>Durable medical equipment (DME)</b>		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			
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Durable medical equipment (DME) (cont.)</b>		E1233	E1234		
		E1235	E1236		
		E1237	E1238		
		E1239	E1399		
		E2100	E2227		
		E2228	E2300		
		E2325	E2327		
		E2329	E2351		
		E2373	E2510		
		E2511	E2599		
		E2626	E2627		
		E2628	E2629		
		E2630	E8001		
		K0005	K0008		
		K0013	K0108		
		K0848	K0849		
		K0850	K0851		
		K0852	K0853		
		K0854	K0855		
		K0856	K0857		
		K0858	K0859		
		K0860	K0861		
		K0862	K0863		
		K0864	K0868		
		K0869	K0870		
		K0871	K0877		
		K0878	K0879		
		K0880	K0884		
	K0885	K0886			
	K0890	K0891			
	S1040	T1999			
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through 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
<b>Experimental &amp; Investigational (and or linked services)</b>		33477			May 2, 2016
		36514	66180		Jan. 1, 2015
		64722	E1831		
		A9274			
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914	29915		Oct. 1, 2015
		29916			
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257		July 1, 2018
		31259			
	31240	31254		May 2, 2016	
	31255	31256			
	31267	31276			
	31287	31288			

Category	Subcategory	Code	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX
		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is only required for these codes with these DX codes
Genetic and Molecular Testing	Genetic Testing	81177 81179 81181 81185 81336 81520	81178 81180 81184 81186 81337		Dec. 1, 2022	Prior authorization required for genetic and molecular testing performed in an outpatient setting
	Genetic Testing	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364		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.
	BRCA Genetic Testing	81163 81165	81164 81166		Jan. 1, 2019	
		81162			Jan. 1, 2018	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.
		81212 81216			Jan. 1, 2015	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
	Genetic Testing	0068U 87481 87505 87507 87511 87623 87800	0097U 87482 87506 87510 87512 87797 87799 87801		Nov. 1, 2020	
		0111U 0136U	0129U 0137U		Nov. 1, 2019	
		81167 81237	81233		April 1, 2019	
		81105 81107 81109 81111 81121 81170 81201 81203 81208 81223 81225 81227 81240 81242 81244 81246 81251 81253 81255 81257 81261 81263	81106 81108 81110 81120 81161 81200 81205 81209 81218 81220 81222 81224 81226 81241 81243 81245 81250 81252 81254 81256 81260 81262		Feb. 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Genetic and Molecular Testing (cont.)</b>		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			
<b>Home Health Care</b>		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	
<b>Injectable Medications</b>	Releuko®	Q5125		Oct. 1, 2022	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior
	Scenesse®	J7352			
	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				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Injectable Medications (cont.)	Kanuma®	J2840			<p>notifications services at <b>800-310-6826</b>.</p> <p><b>** Do Not Start Case – Direct Provider using the information below:</b></p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into <a href="https://uhcprovider.com">UHCprovider.com</a> and follow this pathway:            Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications            For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program):            1-888-397-8129</p>	
	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				
	Vantas™	J9225				
	Viltepsa™	J1427				
	Zoladex®	J9202				
	Avsola®	Q5121				April 1, 2021
	Uplizna®	J1823				
	Spravato®	S0013				Feb. 1, 2021
	Vyepti™	J3032				Jan. 1, 2021
	Tepezza®	J3241				Dec. 1, 2020
	Cinryze®	J0598				Oct. 1, 2020
	Ruconest®	J0596				
	Adakveo®	J0791				July 1, 2020
	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
Injectable Medications (cont.)	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			
Trogarzo™	J1746				
Parsabiv™	J0606		Nov. 1, 2018		
Sublocade™	Q9991	Q9992	July 1, 2018		
Ilaris®	J0638		April 1, 2018		
Exondys 51™	J1428		Jan. 1, 2018		
IVIG	J1555				
Makena®	J1726	J1729			
Ocrevus™	J2350				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
<b>Injectable Medications (cont.)</b>	Spinraza™	J2326				
	Lemtrada®	J0202		Oct. 1, 2017		
	Soliris®	J1300				
	Cinqair®	J2786		April 1, 2017		
	Nucala®	J2182				
	Probuphine®	J0570				
	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						
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					
<b>Injectable Medications – Unclassified</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Lupaneta Pack™	J3590				
<b>Joint Replacement Joint, total hip and knee replacement procedures</b>	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				
29867						
<b>Non-Emergent Air Ambulance Transport</b>	A0430	A0431		Jan. 1, 2015		
	A0435	A0436				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment</b>		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				
<b>Orthotics and prosthetics</b>	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			
	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		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		
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		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			
	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)  Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://www.uhcprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification.
		92626	97164		
		92627	97168		
		92630	97530		
		92633	97535		
		96105	97537		
		97024	97542*		
		97032	97750		
		97035	97760		
		97036	97761		
	97139				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Outpatient Therapy (cont.)</b>		92507	97034	Jan. 1, 2015	<b>* Prior authorization not required for DME providers</b>
		92508	97039		
		92526	97110		
		97012	97112		
		97014	97113		
		97016	97116		
		97018	97124		
		97022	97140		
		97026	97799		
		97028	G0129		
	97033	S8990			
	<b>OR billed with these revenue codes:</b>	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
<b>Private Duty Nursing</b>		T1000	T1002	Jan. 1, 2015	
		T1003			
<b>Prostate Procedures</b>		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
<b>Proton Beam Therapy</b>		77520	77522	Jan. 1, 2015	
		77523	77525		
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
<b>Psychological Testing</b>		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		
<b>Radiology</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare
		77048	77049		
		0501T	0502T		
		0503T	0504T		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		70336	70450	Jan. 1, 2015	<p>Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call <b>866-889-8054</b>.</p> <p>For more details please visit <a href="http://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a>&gt;Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</p>
		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		
		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			



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		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		
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Rhinoplasty and septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465			
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
<b>Site of Service (SOS) – outpatient hospital</b>	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	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Site of Service (SOS) – outpatient hospital (cont.)</b>	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	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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Site of Service (SOS) – outpatient hospital (cont.)</b>	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			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	21685	41599		Jan. 1, 2015	
	42145				
<b>Spinal Surgery</b>	22510	22511		April 1, 2022	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	22865			
	22899	63001			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Spinal Surgery (cont.)</b>		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		
		63300	63286		
		63302	63301		
	63304	63303			
	63306	63305			
	63308	63307			
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760		Dec. 7, 2015	
		E0747	E0748	Jan. 1, 2015	
	Neurostimulator	43648	43881	Jan. 1, 2015	
		43882	61863		
		61864	61867		
		61868	61885		
		61886	63650		
		63655	63685		
		64553	64555		
		64568	64570		
		64590	L8680		
	L8682	L8685			
	L8686	L8687			
	L8688				
<b>Transplants</b>	Car-T cell therapy	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare
		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
<b>Transplants (cont.)</b>	Transplant services	32850	32851	Jan. 1, 2015	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.
		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
<b>Vein Procedures</b>		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		
<b>Ventricular Assist Device (VAD)</b>		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			
<b>Wound Vac</b>		E2402		Jan. 1, 2015	