

Prior Authorization Requirements for Texas CHIP

Effective March 1, 2024

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: 877-842-3210**
- **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 | | 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 |
| | | 19316 | 19318 | Breast Reconstruction DX Codes Jan. 1, 2015 | |
| | | 19325 | 19328 | | |
| | | 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 | J1449 | | Oct. 1, 2023 | |
| | Erythropoiesis Stimulating Agents | J0885 | | | |
| | Antiemetic Drugs | J1456 | | July 1, 2023 | |
| | 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 | |
| | Colony Stimulating Factors | 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 |
| | | 33270 | | Oct. 1, 2016 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization | |
|--|-------------|-------|----------------|------------------------------------|--|--|
| | | 33206 | 33207 | Jan. 1, 2015 | 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 . | |
| | | 33208 | 33212 | | | |
| | | 33213 | 33214 | | | |
| | | 33221 | 33224 | | | |
| | | 33225 | 33227 | | | |
| | | 33228 | 33229 | | | |
| | | 33230 | 33231 | | | |
| | | 33240 | 33249 | | | |
| | | 33262 | 33263 | | | |
| | | 33264 | 93351 | | | |
| | | 93350 | 93453 | | | |
| | | 93452 | 93455 | | | |
| | | 93454 | 93457 | | | |
| | | 93456 | 93459 | | | |
| | | 93458 | 93461 | | | |
| | | 93460 | | | | |
| 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 | | J9051 | J9064 | Jan. 1, 2024 | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis | |
| | | J9345 | J9052 | | | |
| | | J9072 | J9172 | | | |
| | | J9255 | J9258 | | | |
| | | J9286 | J9321 | | | |
| | | J9324 | | | | |
| | | J9029 | J9056 | Oct. 1, 2023 | 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 | |
| | | J9058 | J9059 | | | |
| | | J9063 | J9259 | | | |
| | | J9322 | J9323 | | | |
| | | J9347 | J9350 | | | |
| | | J9380 | | | | |
| | | J9274 | J9298 | Oncology DX Codes | Jan. 1, 2023 | For prior authorization, please call 866-604-3267. |
| | | J9331 | J9332 | | Oct. 1, 2022 | |
| | | J9071 | J9273 | | July 1, 2022 | |
| | | J9359 | | | | |
| | | J9247 | J9318 | | Jan. 1, 2022 | |
| | | J9319 | | | | |
| | | J9348 | J9353 | | Oct. 1, 2021 | |
| | | Q5123 | | | | |
| | | J9037 | J9349 | | May 1, 2021 | |
| | | J9118 | J9144 | | Jan. 1, 2021 | |
| | | J9223 | J9281 | | | |
| | J9316 | J9317 | | | | |
| | J9227 | J9304 | | Nov. 1, 2020 | | |
| | Q5107 | Q5117 | | Oct. 1, 2020 | | |
| | J9177 | J9198 | | July 1, 2020 | | |

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

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-------------|--------|----------------|------------------------------------|--|
| | | 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 |
| | | J9155 | J9202 | | Jan. 1, 2017 |
| | | J9217 | J9225 | | |
| | | J9226 | | | |
| | | | | | 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 |
| Circumcision | | 54150 | 54160 | | Jan. 1, 2015 |
| | | 54161 | 54162 | | |
| Cochlear Implants and Other | | 69729 | 69730 | | March 1, 2023 |
| Auditory Implants | | 69714 | 69930 | | Jan. 1, 2015 |
| A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech | | L8614 | L8619 | | |
| | | L8690 | L8691 | | |
| | | L8692 | | | |
| Continuous Glucose Monitor | | A4238 | A4239 | | Feb. 1, 2023 |
| | | E2102 | E2103 | | |
| | | A9276 | A9277 | | Oct. 1, 2021 |
| | | A9278 | | | |
| 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 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 | | |



| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| | | 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 | | | |
| | | E0766 | | April 1, 2017 | |
| | | E0466 | | Jan. 1, 2016 | |
| | | A9279 | E0194 | Jan. 1, 2015 | |
| | | E0265 | E0300 | | |
| | | E0445 | E0457 | | |
| | | E0638 | E0483 | | |
| | | E0642 | E0641 | | |
| | | E0700 | E0669 | | |
| | | E0745 | E0710 | | |
| | | E0764 | E0762 | | |
| | | E1002 | E0784 | | |
| | | E1004 | E1003 | | |
| | | E1006 | E1005 | | |
| | | E1008 | E1007 | | |
| | | E1010 | E1009 | | |
| | | E1161 | E1035 | | |
| | | E1231 | E1229 | | |
| | | E1233 | E1232 | | |
| | | E1235 | E1234 | | |
| | | E1237 | E1236 | | |
| | | E1239 | E1238 | | |
| | | E2100 | E1399 | | |
| | | E2228 | E2227 | | |
| | | E2325 | E2300 | | |
| | | E2329 | E2327 | | |
| | E2373 | E2351 | | | |
| | E2511 | E2510 | | | |
| | E2626 | E2599 | | | |
| | E2628 | E2627 | | | |
| | E2630 | E2629 | | | |
| | K0005 | E8001 | | | |
| | K0013 | K0008 | | | |
| | K0848 | K0108 | | | |
| | K0850 | K0849 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|----------------------|-------|----------------|------------------------------------|---|
| Durable medical equipment (DME) (cont.) | | K0852 | K0851 | | |
| | | K0854 | K0853 | | |
| | | K0856 | K0855 | | |
| | | K0858 | K0857 | | |
| | | K0860 | K0859 | | |
| | | K0862 | K0861 | | |
| | | K0864 | K0863 | | |
| | | K0869 | K0868 | | |
| | | K0871 | K0870 | | |
| | | K0878 | K0877 | | |
| | | K0880 | K0879 | | |
| | | K0885 | K0884 | | |
| | | K0890 | K0886 | | |
| | | S1040 | K0891 | | |
| | | T1999 | | | |
| Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube | | B4034 | B4035 | May 1, 2019 | |
| | | B4036 | B4104 | | |
| | | B4103 | B4150 | | |
| | | B4149 | B4153 | | |
| | | B4152 | B4158 | | |
| | | B4155 | B4160 | | |
| | | B4159 | | | |
| | | B4161 | | | |
| | B9002 | B9998 | Jan. 1, 2015 | | |
| Experimental & Investigational (and or linked services) | | 33477 | | May 2, 2016 | |
| | | 36514 | 66180 | Jan. 1, 2015 | |
| | | 64722 | E1831 | | |
| | | A9274 | | | |
| Femoroacetabular Impingement Syndrome (FAI) | | 29914 | 29915 | Oct. 1, 2015 | |
| | | 29916 | | | |
| Functional Endoscopic Sinus Surgery (FESS) | | 31253 | 31257 | July 1, 2018 | |
| | | 31259 | | | |
| | | 31240 | 31254 | May 2, 2016 | |
| | | 31255 | 31256 | | |
| | | 31267 | 31276 | | |
| | | 31287 | 31288 | | |
| Gender Dysphoria Treatment | | 55970 | 55980 | July 1, 2018 | Prior authorization is required for these codes with any DX |
| | | 56805 | 57335 | July 1, 2018 | Prior authorization is only required for these codes with these DX codes |
| Genetic and Molecular Testing | Genetic Testing | 81520 | | Dec. 1, 2022 | Prior authorization required for genetic and molecular testing performed in an outpatient setting |
| | BRCA Genetic Testing | 81163 | 81164 | Jan. 1, 2019 | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization | |
|---------------------------------------|---------------------------|--------------|----------------|------------------------------------|---|---------------|
| Genetic and Molecular Testing (cont.) | | 81162 | | Jan. 1, 2018 | 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. | |
| | Genetic Testing | 87505 | 87506 | Nov. 1, 2020 | | |
| | | 87507 | | | | |
| | | 0111U | 0129U | Nov. 1, 2019 | | |
| | | 81401 | 81400 | Feb. 1, 2019 | | |
| | | 81403 | 81402 | | | |
| | | 81405 | 81404 | | | |
| | | 81407 | 81406 | | | |
| 81410 | 81408 | | | | | |
| 81519 | 81411 | | | | | |
| | | 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 | | |
| Injectable Medications | Elevidys® | J1413 | | April 1, 2024 | <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:</p> <p>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</p> | |
| | Cortrophin Gel® Injection | J0802 | J0801 | | | Feb. 1, 2024 |
| | Cortrophin Acthar Gel® | | | | | |
| | Elfabrio® | J2508 | | | | |
| | Lamzede™ | J0217 | | | | |
| | Qalsody® | J1304 | | | | |
| | Rystiggo® | J9333 | | | | Jan. 1, 2024 |
| | Vyvgart Hytrulo® | J9334 | | | | |
| | Hemgenix® | J1411 | | | | Dec. 1, 2023 |
| | Legembi® | J0174 | | | | |
| | Briumvi® | J2329 | | | | Nov. 1, 2023 |
| | Panzyga® | J1576 | | | | |
| | Sunlenca® | J1961 | | | | |
| | Syfovre® | J2781 | | | | |
| | Tzield® | J9381 | | | | |
| | Cimerli™ | Q5128 | | | | July 1, 2023 |
| | Rolvedon™ | J1449 | | | | |
| | Spevigo® | J1747 | | | | |
| | Sunlenca® | J1961 | | | | |
| | Xenpozyme™ | J0218 | | | | |
| | Eylea® | J0178 | | VEGF | | May 1, 2023 |
| | Beovu® | J0179 | | | | |
| | Vabysmo® | J2777 | | | | |
| | Lucentis® | J2778 | | | | |
| | Susvimo™ | J2779 | | | | |
| | Byooviz™ | Q5124 | | | | |
| | Amvuttra® | J0225 | | | | April 1, 2023 |
| Fylnetra® | Q5130 | | | | | |
| Lanreotide® | J1932 | | | | | |
| Skyrizi® | J2327 | | | | | |
| Stimufend® | Q5127 | | | | | |
| Enjaymo® | J1302 | | | Feb. 1, 2023 | | |
| Vabysmo® | J2777 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--------------------------------|----------------------------------|----------------|----------------|------------------------------------|---|
| Injectable Medications (cont.) | Therapeutic Radiopharmaceuticals | A9607 | | Jan. 1, 2023 | may call Optum SGP (Specialty Guidance Program): 1-888-397-8129 |
| | 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 | |
| | Nexviazyme® | J0219 | | May 1, 2022 | |
| | Saphnelo™ | J0491 | | | |
| | Aralast NP® | J0256 | | April 1, 2022 | |
| | Prolastin-C® | | | | |
| | Zemaira® | | | | |
| | Glassia® | J0257 | | | |
| | Nexviazyme® | J3490 C9085 | J3590 | | |
| | 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 | | | | |
| Viltepsa™ | J1427 | | | | |
| Zoladex® | J9202 | | | | |
| Avsola® | Q5121 | | April 1, 2021 | | |
| Uplizna® | J1823 | | | | |
| Spravato® | S0013 | | Feb. 1, 2021 | | |

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|---|-------------------------------------|-------|----------------|------------------------------------|--|
| Injectable Medications (cont.) | 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 | | | | |
| Crysvita® | J0584 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---------------------------------------|-----------------|--|---|------------------------------------|--|
| Injectable Medications (cont.) | Entyvio® | J3380 | | | |
| | Fasenra™ | J0517 | | | |
| | Illumya™ | J3245 | | | |
| | Inflectra® | Q5103 | | | |
| | Luxturna™ | J3398 | | | |
| | Orencia® | J0129 | | | |
| | Radicava® | J1301 | | | |
| | Remicade® | J1745 | | | |
| | Renflexis® | Q5104 | | | |
| | Simponi Aria | J1602 | | | |
| | Trogarzo™ | J1746 | | | |
| | Parsabiv™ | J0606 | | | Nov. 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 | | | |
| | IVIIG | J1575 | | | May 1, 2016 |
| | | | | | Jan. 1, 2015 |
| | Botulinum Toxin | J0585 J0587 | J0586 J0588 | | |
| | IVIIG | 90284 J1556 J1559 J1566 J1569 J1599 | J1459 J1557 J1561 J1568 J1572 | | |
| | Makena® | J2675 | | | |
| Synagis®* | 90378 | | | | |
| Xolair® | J2357 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---|-------------|----------------|----------------|------------------------------------|--|
| Injectable Medications – Unclassified | Adzynma® | C9399 J3590 | J3490 | April 1, 2024 | 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. |
| | Qalsody® | C9157 | | Oct. 1, 2023 | |
| 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 | | | |
| | 29867 | | | | |
| 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 |
|--------------------------------------|--|-------|----------------|------------------------------------|---|
| | | 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 | | S9152 | | Dec. 1, 2022 | Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization |
| | | 70371 | 97150 | July 1, 2017 | |
| | | 92626 | 97164 | | |
| | | 92627 | 97168 | | |
| | | 92630 | 97530 | | |
| | | 92633 | 97535 | | |
| | | 96105 | 97537 | | |
| | | 97024 | 97542* | | |
| | | 97032 | 97750 | | |
| | | 97035 | 97760 | | |
| | | 97036 | 97761 | | |
| | | 97139 | | | |
| | | 92507 | 97034 | Jan. 1, 2015 | |
| | | 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 | | | |
| Potentially Unproven Services | | 33289 | C2624 | Apr. 1, 2023 | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|--|
| Private Duty Nursing | T1000 | T1002 | | Jan. 1, 2015 | |
| | T1003 | | | | |
| 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 | 75580 | | | Jan. 1, 2024 | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. |
| | 0697T | 0698T | | June 1, 2022 | |
| | 0710T | 0711T | | | |
| | 0712T | 0713T | | | |
| | 76391 | | | March 1, 2020 | |
| | 76390 | 78830 | | Jan. 1, 2020 | For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054 . |
| | 78831 | 78832 | | | |
| | 77046 | 77047 | | Jan. 1, 2019 | |
| | 77048 | 77049 | | | |
| | 70336 | 70450 | | Jan. 1, 2015 | For more details please visit Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program">UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program |
| | 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|----------------------|-------------|-------|----------------|------------------------------------|--|
| Radiology (cont.) | | 72148 | 72149 | | |
| | | 72156 | 72157 | | |
| | | 72158 | 72159 | | |
| | | 72191 | 72192 | | |
| | | 72193 | 72194 | | |
| | | 72195 | 72196 | | |
| | | 72197 | 72198 | | |
| | | 73200 | 73201 | | |
| | | 73202 | 73206 | | |
| | | 73218 | 73219 | | |
| | | 73220 | 73221 | | |
| | | 73222 | 73223 | | |
| | | 73225 | 73700 | | |
| | | 73701 | 73702 | | |
| | | 73706 | 73718 | | |
| | | 73719 | 73720 | | |
| | | 73721 | 73722 | | |
| | | 73723 | 73725 | | |
| | | 74150 | 74160 | | |
| | | 74170 | 74174 | | |
| | | 74175 | 74176 | | |
| | | 74177 | 74178 | | |
| | | 74181 | 74182 | | |
| | | 74183 | 74185 | | |
| | | 74261 | 74262 | | |
| | | 74263 | 75557 | | |
| | | 75559 | 75561 | | |
| | | 75563 | 75571 | | |
| | | 75572 | 75573 | | |
| | | 75574 | 75635 | | |
| | | 76376 | 76377 | | |
| | | 76380 | 76497 | | |
| | | 76498 | 77021 | | |
| | | 77084 | 78012 | | |
| | | 78013 | 78014 | | |
| | | 78015 | 78016 | | |
| | | 78018 | 78070 | | |
| | | 78071 | 78072 | | |
| | | 78075 | 78099 | | |
| | | 78226 | 78199 | | |
| | | 78264 | 78227 | | |
| | | 78266 | 78265 | | |
| | | 78300 | 78299 | | |
| | | 78306 | 78305 | | |
| | | 78399 | 78315 | | |
| | | 78452 | 78451 | | |
| | | 78454 | 78453 | | |
| | | 78466 | 78468 | | |
| | | 78469 | 78472 | | |
| | | 78473 | 78481 | | |
| | 78483 | 78494 | | | |
| | 78496 | 78499 | | | |
| | 78579 | 78580 | | | |
| | 78582 | 78597 | | | |
| | 78598 | 78599 | | | |
| | 78608 | 78609 | | | |
| | 78699 | 78707 | | | |
| | 78708 | 78709 | | | |
| | 78799 | 78800 | | | |
| | 78801 | 78802 | | | |
| | 78803 | 78804 | | | |
| | 78811 | 78812 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---|---------------------------|-------|----------------|------------------------------------|---|
| | | 78813 | 78814 | | |
| | | 78815 | 78816 | | |
| | | 78999 | G0235 | | |
| | | G0252 | S8092 | | |
| | | S8037 | | | |
| Rhinoplasty and septoplasty | | 30400 | 30410 | Jan. 1, 2015 | |
| | | 30420 | 30430 | | |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | | |
| | | 30460 | 30462 | | |
| | | 30465 | | | |
| Sinuplasty | | 31298 | | July 1, 2018 | |
| | | 31295 | 31296 | Aug. 3, 2015 | |
| | | 31297 | | | |
| Site of Service (SOS) – outpatient hospital | Auditory System | 69205 | | July 1, 2020 | Prior authorization 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-----------------------------|-------|----------------|------------------------------------|--|
| Site of Service (SOS) – outpatient hospital (cont.) | | 67113 | 67840 | | |
| | | 68110 | 68115 | | |
| | | 68320 | 68720 | | |
| | | 68815 | | | |
| | Female Genital System | 57240 | 57250 | | |
| | | 57461 | 57520 | | |
| | | 58561 | 58562 | | |
| | Gynecologic Procedures | 57522 | 58353 | | |
| | | 58558 | 58563 | | |
| | | 58565 | | | |
| | Hemic and Lymphatic Systems | 38500 | 38510 | | |
| | | 38525 | | | |
| | Hernia Repair | 49505 | 49585 | | |
| | | 49587 | 49650 | | |
| | | 49651 | 49652 | | |
| | | 49653 | 49654 | | |
| | | 49655 | | | |
| | Integumentary System | 10121 | 11440 | | |
| | | 11450 | 11624 | | |
| | | 11770 | 13121 | | |
| | | 15100 | 15120 | | |
| | | 15240 | 19020 | | |
| | | 19120 | 19125 | | |
| | Liver Biopsy | 47000 | | | |
| | Male Genital System | 54840 | | | |
| | Miscellaneous | 20680 | | | |
| | Musculoskeletal System | 20552 | 20553 | | |
| | | 21012 | 21013 | | |
| | | 21336 | 21554 | | |
| | | 21555 | 21556 | | |
| | | 21930 | 22903 | | |
| | | 22902 | 23075 | | |
| | | 23071 | 27327 | | |
| | | 24071 | 27632 | | |
| | | 27337 | 28039 | | |
| | | 28035 | 28060 | | |
| | | 28041 | 28090 | | |
| | | 28080 | 28110 | | |
| | | 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---|---|-------|----------------|------------------------------------|---|
| | 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 | | |
| 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. 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization | |
|---|------------------------|---------------|----------------|------------------------------------|---|--|
| Spinal Surgery (cont.) | | 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 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 | Q2056 | | Feb. 1, 2023 | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and | |
| | | J9999 | | July 1, 2022 | | |
| | | 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 | 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 |
| 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 | | Jan. 1, 2015 | |
| | | 33975 | 33976 | | |
| | | 33979 | 33981 | | |
| | | 33982 | 33983 | | |
| | | Q0507 | Q0508 | | |
| | | Q0509 | | | |
| Wound Vac | | E2402 | | Jan. 1, 2015 | |