

Prior Authorization Requirements for Texas CHIP

Effective December 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: 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 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848	Jan. 1, 2015	
	Behavioral Health Services				Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services.
	Bone Growth Stimulator	20975	20979	Jan. 1, 2015	
	Electronic stimulation or ultrasound to heal fractures				
	Breast Reconstruction (Non-Mastectomy)	11971 19316 19325 19330 19342 19357 19364 19368 19370	19318 19328 19340 19350 19361 19367 19369 19371	Breast Reconstruction DX Codes	Oct. 1, 2022 Jan. 1, 2015

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		J9029	J9056	Oct. 1, 2023	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			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.
		J9274	J9298	Jan. 1, 2023	
		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		
	J9246	J9358			
	Q5119				
	J0642		March 1, 2020		
	J9309		Feb. 1, 2020		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (cont.)		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			
	J9351	J9355			
	J9354	J9360			
	J9357	J9371			
	J9370	J9395			
	J9390	J9600			
	J9400	Q2017			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		J9999 Q2050			
		C9399 J3490	J3590	Oncology DX Codes	Jan. 1, 2015
		J1950		Oncology DX Codes	July 1, 2021
		J9155 J9217 J9226	J9202 J9225		Jan. 1, 2017
					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 54161	54160 54162		Jan. 1, 2015
Cochlear Implants and Other Auditory Implants		69729	69730		March 1, 2023
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8690 L8692	69930 L8619 L8691		Jan. 1, 2015
Continuous Glucose Monitor		A4238 E2102 A9276 A9278	A4239 E2103 A9277		Feb. 1, 2023 Oct. 1, 2021
Cosmetic & Reconstructive		14020* 14041	14021* 14061*		July 1, 2021
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15820 15822 15830 17106 17108	15821 15823 15847 17107 17999 21138		Jan. 1, 2015
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901	21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904		



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		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				
K0852	K0851				
K0854	K0853				
K0856	K0855				
K0858	K0857				
K0860	K0859				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Durable medical equipment (DME) (cont.)		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 A9274	E1831		
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 31287	31276 31288		
Gender Dysphoria Treatment		55970	55980		July 1, 2018
		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018
Genetic and Molecular Testing	Genetic Testing	81520			Dec. 1, 2022
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019
		81162			Jan. 1, 2018
	Genetic Testing	87505 87507	87506		Nov. 1, 2020
					<p>Prior authorization is required for these codes with any DX</p> <p>Prior authorization is only required for these codes with these DX codes</p> <p>Prior authorization required for genetic and molecular testing performed in an outpatient setting</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.</p>

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Genetic and Molecular Testing (cont.)		0111U	0129U	Nov. 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.	
		81401	81400	Feb. 1, 2019		
		81403	81402			
		81405	81404			
		81407	81406			
		81410	81408			
		81420	81411			
	81519	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		
Injectable Medications	Hemgenix®	J1411		Dec. 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>	
	Leqembi®	J0174				
	Briumvi®	J2329		Nov. 1, 2023		
	Panzyga®	J1576				
	Sunlenca®	J1961				
	Tzield®	J9381				
	Acthar®	J0801		Oct. 1, 2023		
	Cortrophin Gel®	J0802				
	Syfovre®	J2781				
	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
	Fynetra®	Q5130				
	Lanreotide®	J1932				
	Skyrizi®	J2327				
	Stimufend®	Q5127				
	Enjaymo®	J1302				Feb. 1, 2023
	Vabysmo®	J2777				
Therapeutic Radiopharmaceuticals	A9607			Jan. 1, 2023		
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		
Nexvzyme®	J0219			May 1, 2022		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprased®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	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
	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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	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			
	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	
Ilaris®	J0638			April 1, 2018	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	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
					Jan. 1, 2015
	Botulinum Toxin	J0585 J0587	J0586 J0588		
	IVIIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572		
	Makena® Synagis®* Xolair®	J2675 90378 J2357			
Injectable Medications – Unclassified	Elfabrio® Lamzede™ Vyjuvek®	C9399 J3590	J3490	Oct. 1, 2023	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			
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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Non-Emergent Air Ambulance Transport	A0430	A0431		Jan. 1, 2015	
	A0435	A0436			
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			
	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				

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

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Outpatient Therapy (cont.)		70371	97150	July 1, 2017	therapy codes listed. Initial evaluations do not require prior authorization Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers
		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	
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	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge
		77523	77525		
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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		0710T	0711T		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 . For more details please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		0501T	0502T		
		0503T	0504T		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
	72197	72198			
	73200	73201			
	73202	73206			
	73218	73219			
	73220	73221			
	73222	73223			
	73225	73700			
	73701	73702			
	73706	73718			
	73719	73720			
	73721	73722			
	73723	73725			
	74150	74160			
	74170	74174			
	74175	74176			
	74177	74178			
	74181	74182			
	74183	74185			
	74261	74262			
	74263	75557			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78608	78609		
		78699	78707		
		78708	78709		
	78799	78800			
	78801	78802			
	78803	78804			
	78811	78812			
	78813	78814			
	78815	78816			
	78999	G0235			
	G0252	S8092			
	S8037				
Rhinoplasty and septoplasty		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
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	45380		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (cont.)		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
		46270	46275		
		46288	46505		
		46750	46910		
		46946			
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
	68815				
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
49587		49650			
49651		49652			
49653		49654			
49655					
Integumentary System	10121	11440			
	11450	11624			
	11770	13121			
	15100	15120			
	15240	19020			
	19120	19125			
Liver Biopsy	47000				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (cont.)	Male Genital System	54840			
	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
		28041	28090		
		28080	28110		
		28104	28119		
		28118	28285		
		28124	28292		
		28289	28297		
		28296	28299		
		28298	29807		
		29806	29822		
		29819	29824		
		29823	29826		
		29825	29828		
		29827	29840		
	29835	29846			
	29845	29861			
	29848	29876			
	29875	29879			
	29877	29881			
	29880	29888			
	29882				
	29893				
	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
		67228	67311		
	67312				
	Respiratory System	30802	30930		
		31525	31535		
		31536	31541		
		31624			
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			
Upper Gastrointestinal Endoscopy	43235	43239			
	43249				
Urinary System	52276	52287			
	52320	52344			
Urologic Procedures	50590	52000			
	52005	52204			
	52224	52234			
	52235	52260			
	52281	52310			
	52332	52351			
52352	52353				

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

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