Prior authorization requirements for Texas CHIP

Effective November 1, 2026

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan Texas CHIP health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Chat:** You can also connect with us through chat 24/7 using our **Contact us** page

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

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		96130 96136 H0012 H2035	96131 96137 H0047		April 1, 2026	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call **888-887-9003** when referring for mental health and substance use services.
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 19316 19325 19330 19342 19357	 19318 19328 19340 19350 19361	Breast Reconstruction DX Codes	Oct. 1, 2022 Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes

United Healthcare Community Plan

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		19364	19367			
		19368	19369			
		19370	19371			
		19380	19396			
Cancer Supportive Care		Q5136 Q5158	Q5157 Q5159		Apr. 1, 2026	
		J1434	J2468		Feb. 1, 2026	
	Colony Stimulating Factors	Q5148				
	Colony Stimulating Factors	J1449			Oct. 1, 2023	
	Erythropoiesis Stimulating Agents	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
	Colony Stimulating Factors	Q5125		Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Colony Stimulating Factors	J1448	J2506		Jan. 1, 2022	
	Bone Modifying Agents	J0897			June 1, 2018	
	Colony Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2820			Oct. 1, 2017	
	Colony Stimulating Factors	Q5122		Oncology DX Codes	Jan. 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 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
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33274			Apr. 1, 2026	
		0571T	0614T		Aug. 1, 2024	

United Healthcare Community Plan

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		33270			Oct. 1, 2016	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program
		33206 33208 33213 33225 33228 33230 33240 33264 93350 93452 93454 93456 93458 93460	33207 33212 33214 33224 33227 33229 33231 33249 33263 93351 93453 93455 93457 93459 93461		Jan. 1, 2015	
Cardiovascular		35602 92945	92930		Nov. 1, 2026	Prior authorization required for members age 18 and older
		93580			April 1, 2022	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95720 95724	95718 95722		Jan. 1, 2020	
Chemotherapy		J2860 J9062 Q5165 Q5167 Q5171	J9053 J9232 Q5166 Q5169		Oct. 1, 2026	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization For prior authorization, please call 866-604-3267.
		J9003 J9277 J9601 Q5162	J9183 J9278 Q5161		July 1, 2026	
		J9011 J9282 Q5160	J9184 J9326		Apr. 1, 2026	
		J1299 J1326 J3055 J9024 J9028 J9054 J9161 J9275	J1323 J2277 J3263 J9026 J9038 J9076 J9174 J9276		Jan. 1, 2026	

United Healthcare Community Plan

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		J9289 J9329 J9342 Q2057 Q5146 Q5149 Q5151	J9292 J9341 J9382 Q2058 Q5147 Q5150 Q5152			
		J9073 J9075 J9249 J9361	J9074 J9248 J9376		July 1, 2024	
		J9051 J9345 J9072 J9255 J9286 J9324	J9064 J9052 J9172 J9321		Jan. 1, 2024	
		J9029 J9058 J9063 J9322 J9347 J9380	J9056 J9059 J9259 J9323 J9350		Oct. 1, 2023	
		J9196 J9296 Q5129	J9294 J9297		July 1, 2023	
		J9046 J9049 J9393 Q5126	J9048 J9314 J9394		May 1, 2023	
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023	
		J9331	J9332		Oct. 1, 2022	
		J9071 J9359	J9273		July 1, 2022	
		J1952 J9061	J9021 J9272		Apr. 1, 2022	
		J9247 J9319	J9318		Jan. 1, 2022	
		J9348 Q5123	J9353		Oct. 1, 2021	
		J9037	J9349		May 1, 2021	
		J9118 J9223 J9316	J9144 J9281 J9317		Jan. 1, 2021	
		J9227	J9304		Nov. 1, 2020	
		Q5107	Q5117		Oct. 1, 2020	
		J9177	J9198		July 1, 2020	

United Healthcare Community Plan

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		J9246 Q5119	J9358			
		J0642			March 1, 2020	
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	
		J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9100 J9130 J9150 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9214 J9216 J9218 J9230 J9261 J9263 J9266 J9268 J9280 J9295 J9303 J9306 J9308 J9320	J0641 J9015 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9120 J9145 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307		Jan. 1, 2017	

United Healthcare Community Plan

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		J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2050	J9315 J9328 J9340 J9352 J9355 J9360 J9395 J9600			
		C9399 J3490	J3590	Oncology DX Codes	Jan. 1, 2015	
		J1950		Oncology DX Codes	July 1, 2021	Requires prior authorization for oncology and non-oncology DX.For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		J9155 J9217 J9226	J9202 J9225		Jan. 1, 2017	
Circumcision		54150 54161	54160 54162		Jan. 1, 2015	Prior authorization required for members older than age 1
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729	69730		March 1, 2023	
		69714 L8614 L8690 L8692	69930 L8619 L8691		Jan. 1, 2015	
Continuous Glucose Monitor		A4238 E2102	A4239 E2103		Feb. 1, 2023	
		A9276 A9278	A9277		Oct. 1, 2021	
Cosmetic & Reconstructive		14020* 14041	14021* 14061*		July 1, 2021	

United Healthcare Community Plan

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Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		Jan. 1, 2015	*will NOT require prior auth when billed with skin cancer diagnoses
Durable medical equipment (DME)		A4295	A4296		Nov. 1, 2026	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.
		E2298			May 1, 2024	
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0638 E0642 E0700	E0194 E0300 E0457 E0483 E0641 E0669		Jan. 1, 2015	

United Healthcare Community Plan

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Durable medical equipment (DME) (cont.)		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	E2327			
		E2329	E2351			
		E2373	E2510			
		E2511	E2599			
		E2626	E2627			
		E2628	E2629			
		E2630	E8001			
		K0005	K0008			
		K0013	K0108			
		K0848	K0849			
		K0850	K0851			
		K0852	K0853			
		K0854	K0855			
		K0856	K0857			
		K0858	K0859			
		K0860	K0861			
		K0862	K0863			
		K0864	K0868			
		K0869	K0870			
		K0871	K0877			
		K0878	K0879			
		K0880	K0884			
		K0885	K0886			
		K0890	K0891			
		S1040	T1999			
Enteral Services 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	
		33477			May 2, 2016	

United Healthcare Community Plan

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Experimental & Investigational (and or linked services)		36514 64722 A9274	66180 E1831		Jan. 1, 2015	
Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		Oct. 1, 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018	
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016	
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

United Healthcare Community Plan

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Genetic and Molecular Testing		81228	81229		July 1, 2025	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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. 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.
		81277	81349			
		81412	81413			
		81414	81415			
		81416	81417			
		81431	81432			
		81435	81437			
		81439	81440			
		81441	81445			
		81448	81449			
		81450	81451			
		81455	81457			
		81458	81459			
		81460	81462			
		81463	81464			
		81465	81471			
		81518	81521			
		81522	81523			
		81541	81542			
		81546	81552			
		81595	81599			
		0018U	0022U			
		0023U	0037U			
		0047U	0048U			
		0050U	0094U			
		0101U	0102U			
		0103U	0114U			
		0118U	0211U			
		0212U	0213U			
		0233U	0239U			
		0242U	0244U			
		0245U	0250U			
		0258U	0265U			
		0268U	0269U			
		0270U	0271U			
		0272U	0273U			
		0274U	0276U			
		0277U	0278U			
		0282U	0285U			
		0286U	0288U			
		0289U	0290U			
		0291U	0292U			
		0293U	0294U			
		0306U	0307U			
		0318U	0319U			
		0320U	0326U			

United Healthcare Community Plan

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		0334U 0364U 0379U 0389U 0395U 0409U 0425U 0437U 0449U 0471U 0474U S3854 S3870	0355U 0378U 0388U 0391U 0398U 0417U 0426U 0444U 0465U 0473U 0475U S3865			
	Genetic Testing	81425 81427			Feb. 1, 2025	
	Genetic Testing	81520			Dec. 1, 2022	
	Genetic Testing	0026U 0088U 0170U 0209U 0215U 0217U 0237U	0055U 0087U 0154U 0171U 0179U 0214U 0216U 0218U 0238U		Jun. 1, 2022	
	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	
		81162			Jan. 1, 2018	
	Genetic Testing	87505 87507	87506		Nov. 1, 2020	
		0111U	0129U		Nov. 1, 2019	
		81401 81403 81405 81407	81400 81402 81404 81406		Feb. 1, 2019	

United Healthcare Community Plan

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		81410 81519	81408 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,	
		99503	S9474	Jan. 1, 2015	
Injectable Medications	Avlayah Bosaya Exdensur Loargys Ospomyv Qivigy	J1757 Q5161 J2361 J1818 Q5159 J1577		Oct. 1, 2026	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. *Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826.**
	Hyalgan/Supartz/ Visco-3 Hymovis/Hymovis One	J7321 J7322		Sept. 1, 2026	
	Itvisma Starjemza Yartemlea	J3405 Q5164 J1289		July 1, 2026	
	Bildyos Gazyva Imaavy IVIG Papzimeos	Q5162 J9301 J9256 J1553 J3404		April 1, 2026	
	Avtozma Conexxence Stoboclo Therapeutic Radiopharmaceuticals	Q5156 Q5158 Q5157 A9615		Jan. 1, 2026	
	Alhemo Azmiro Bkemv Encelto Epysqli Imuldosa IV Jubbonti Lutrate Depot Nulibry Qfitlia	J7173 J1072 Q5152 J3403 Q5151 Q5098 Q5136 J1954 J1809 J7174		Oct. 1, 2025	
	Hemlibra Hympavzi Niktimvo Nypozi Steqeyma IV Yesintek IV	J7170 J7172 J9038 Q5148 Q5099 Q5100		July 1, 2025	
	Daxxify Otulfi IV Tofidence	J0589 Q9999 Q5133		Jun. 1, 2025	
	Kisunla Pyzchiva IV Selarsdi	J0175 Q9997 Q9998		May 1, 2025	

United Healthcare® Community Plan

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	Ocrevus Zunovo Pavblu PiaSky Soliris	J2351 Q5147 J1307 J1299		Apr. 1, 2025	
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo Nplate	J1552 J2802		Jan. 1, 2025	
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma Cosentyx IV Omvoh	J7171 J3247 J2267		July 1, 2024	
	Elfabrio® Lamzede® Rystiggo® Vyvgart Hytrulo®	J2508 J0217 J9333 J9334		June 1, 2024	
	Elevidys® Eylea HD® Izervay® Pombiliti® Roctavian® Vyjuvek®	J1413 J0177 J2782 J1203 J1412 J3401		April 1, 2024	
	Cortrophin Gel® Injection Cortrophin Acthar Gel® Qalsody®	J0802 J0801 J1304		Feb. 1, 2024	
	Hemgenix® Leqembi®	J1411 J0174		Dec. 1, 2023	
	Briumvi® Panzyga® Syfovre® Tzield®	J2329 J1576 J2781 J9381		Nov. 1, 2023	
	Cimerli™ Rolvedon™ Spevigo® Xenpozyme™	Q5128 J1449 J1747 J0218		July 1, 2023	
	Eylea® Beovu® Vabysmo® Lucentis® Susvimo™ Byooviz™	J0178 J0179 J2777 J2778 J2779 Q5124	VEGF	May 1, 2023	
	Amvuttra® Fylnetra® Lanreotide® Skyrizi® Stimufend®	J0225 Q5130 J1932 J2327 Q5127		April 1, 2023	

United Healthcare Community Plan

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Injectable Medications (cont.)	Enjaymo® Vabysmo®	J1302 J2777		Feb. 1, 2023	
	Therapeutic Radiopharmaceuticals	A9607		Jan. 1, 2023	
	Prolia®	J0897			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Leqvio®	J1306		Aug 1, 2022	
	Vyvgart	J9332			
	Cutaquig®	J1551			
	Ryplazim™	J2998		July 1, 2022	
	Nexviazyme® Saphnelo™	J0219 J0491		May 1, 2022	
	Aralast NP® Prolastin-C® Zemaira®	J0256		April 1, 2022	
	Glassia®	J0257			
	Nexviazyme®	J3490 C9085	J3590		
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			

United Healthcare® Community Plan

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Injectable Medications (cont.)	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	Viltepso™	J1427				
	Zoladex®	J9202				
	Avsola®	Q5121			April 1, 2021	
	Uplizna®	J1823				
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	
	Ruconest®	J0596				
	Adakveo®	J0791			July 1, 2020	
	Givlaari®	J0223				
	Reblozyl ®	J0896				
	Ruxience ®	Q5119				
	Vyondys 53 ®	J1429				
	Xembify ®	J1558				
	Zolgensma ®	J3399				
	Benlysta	J0490			April 1, 2020	
	Cimzia®	J0717				
	Rituxan®	J9312				
	Rituxan Hycela®	J9311				
	Stelara IV®	J3358				
	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 J7325 J7327	J7324 J7326 J7329			
	Ultomiris™	J1303				
	White blood cell colony stimulating factors	J1442 Q5101	J1447 Q5110			

United Healthcare Community Plan

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	Therapeutic Radio-pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Parsabiv™	J0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIG	J1555			
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202		Oct. 1, 2017	
	Cinqair®	J2786		April 1, 2017	
	Nucala®	J2182			
	IVIG	J1575		May 1, 2016	
				Jan. 1, 2015	
	Botulinum Toxin	J0585 J0586 J0587 J0588			
	IVIG	90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599			
	Synagis®*	90378			
	Xolair®	J2357			

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications – Unclassified	Kebilidi	C9399 J3590	J3490		Jan. 1, 2026	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.
	Rivfloza	C9399 J3590	J3490		July 1, 2024	
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Jan. 1, 2015	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics		L6034 L1832			Sept. 1, 2026 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 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999		April 1, 2019	
		L1812 L1830	L1820		Jan. 1, 2018	
		L1834			March 1, 2016	
		L0112 L0456 L0464 L0482 L0486 L0629 L0632 L0636 L0638 L0700 L0810 L0830 L1000 L1200 L1310 L1680 L1700 L1720 L1755 L1836 L1844 L1846 L1860 L1950 L2000 L2010 L2030 L2036 L2038 L2106 L2126 L2350 L2526 L2628 L3265 L3671 L3720 L3740 L3900 L3904 L3961	L0170 L0462 L0480 L0484 L0624 L0631 L0634 L0637 L0640 L0710 L0820 L0859 L1005 L1300 L1499 L1685 L1710 L1730 L1831 L1840 L1845 L1847 L1945 L1970 L2005 L2020 L2034 L2037 L2060 L2108 L2136 L2510 L2627 L3230 L3649 L3674 L3730 L3764 L3901 L3905 L3971		Jan. 1, 2015	

United Healthcare Community Plan

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

United Healthcare Community Plan

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		L6250 L6310 L6350 L6370 L6382 L6400 L6500 L6570 L6582 L6586 L6590 L6623 L6646 L6686 L6689 L6692 L6694 L6696 L6704 L6708 L6711 L6713 L6715 L6881 L6883 L6885 L6900 L6910 L6920 L6930 L6940 L6950 L6960 L6970 L7007 L7009 L7045 L7180 L7185 L7190 L7405 L8042 L8044 L8046 L8499 L6320 L6360 L6380 L6384 L6450 L6550 L6580 L6584 L6588 L6621 L6624 L6648 L6687 L6690 L6693 L6695 L6697 L6707 L6709 L6712 L6714 L6880 L6882 L6884 L6895 L6905 L6915 L6925 L6935 L6945 L6955 L6965 L6975 L7008 L7040 L7170 L7181 L7186 L7191 L8040 L8043 L8045 L8047 L8610			
Orthopedic Surgery		27458	27713	Nov. 1, 2026	
Outpatient Therapy		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		70371 92626 92627 92630 92633 96105 97024 97032 97035 97036 97139	97150 97164 97168 97530 97535 97537 97542* 97750 97760 97761		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
		92507 92508 92526 97012 97014 97016 97018 97022 97026 97028	97034 97039 97110 97112 97113 97116 97124 97140 97799 G0129		Jan. 1, 2015	
	OR billed with these revenue codes:	419 421 423 429 431 433 439	420 422 424 430 432 434 977			
Potentially Unproven Services		33289	C2624		Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Prostate Procedures		55707 55709 55711 55713 55715	55708 55710 55712 55714		Nov. 1, 2026	
		37243 55874	53850		April 1, 2022	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	

United Healthcare® Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		70471	75577		Sept. 1, 2026	Health care professionals 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 Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program
		75580			Jan. 1, 2024	
		0633T 0635T 0637T 71271 78430 78432 78459 78492	0634T 0636T 0638T 78429 78431 78433 78491		Aug. 1, 2024	
		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	
		76391			March 1, 2020	
		76390	78830		Jan. 1, 2020	
		77046 77048	77047 77049		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133		Jan. 1, 2015	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Radiology (cont.)		72141	72142			
		72146	72147			
		72148	72149			
		72156	72157			
		72158	72159			
		72191	72192			
		72193	72194			
		72195	72196			
		72197	72198			
		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
		73222	73223			
		73225	73700			
		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78451			
		78452	78453			
		78454	78468			
		78466	78472			
		78469	78481			
		78473	78494			
		78483	78499			
		78608	78609			
		78811	78812			
		78813	78814			
		78815	78816			
		G0252	G0235			
		S8037	S8092			

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation		30400 30420 30435 30460 30465	30410 30430 30450 30462		Jan. 1, 2015	
Sinuplasty		31298			July 1, 2018	
		31295 31297	31296		Aug. 3, 2015	
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)
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Cosmetic & Reconstructive	13101 14040 14301	13132 14060			
	Digestive System	46221 46255 46270 46946	42440 46220 46250 46261 46505			
	ENT Procedures	30520	30140			
	Eye and Ocular Adnexa	65710 66711 67041 68110 68815	66710 67010 67042 67840 68115 68720			
	Female Genital System	57461 58561				
	Gynecologic Procedures	58565				
	Hernia Repair	49587 49653 49655	49585 49652 49654			
	Integumentary System	11440				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	21012 24071 28035 28041 28104 28118	21013 27327 27632 28060 28090 28110			

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Site of Service (SOS) – outpatient hospital (cont.)		28124 28289 28296 28298 29806 29819 29823 29825 29827 29845 29848 29875 29877 29880 29882 29893	28119 28285 28292 28297 28299 29807 29822 29824 29826 29828 29846 29861 29876 29879 29881 29888			
	Nervous System	64561	64640			
	Ophthalmologic	65426 65855 66761 67036	65730 66170 67040			
	Respiratory System	30802 31536	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Urinary System	52276	52287			
	Urologic Procedures	52005 52235 52281 52332 52352 52356	52000 52204 52234 52260 52310 55040			
Sleep Apnea Procedures & Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
Spinal Surgery		63032			Nov. 1, 2026	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		0656T	0657T		Sept. 1, 2026	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Spinal Surgery (cont.)		22510 22512 22515	22511 22513		April 1, 2022	
		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056 63075 63081 63087 63101 63170 63173 63190 63250 63252 63267 63270 63272 63300 63302 63304 63306 63308	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064 63077 63085 63090 63102 63172 63185 63191 63200 63251 63265 63268 63271 63286 63301 63303 63305 63307		Jan. 1, 2015	
Stimulators	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	

United Healthcare Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Implantation of a device that sends electrical impulses	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Jan. 1, 2015	
Surgery		64728			Nov. 1, 2026	
Transplants		J3406			Nov. 1, 2026	For transplant and CAR T-Cell therapy services including Abecma® Aucatzyl®, Carvykti™, Kymriah™ Lenmeldy®, Lyfgenia®, Omisirge®, Ryoncil®, Tecartus™, Tecelra® and Yescarta™, Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. *Amtagvi, Kresladi, Lantidra
	Unclassified codes*	C9399* J3590*	J3490*		Oct. 1, 2026	
		J1289 J3386			July 1, 2026	
		J3387 J3389			Feb. 2, 2026	
		J3402			Oct. 1, 2025	
		J3391 Q2058			July 1, 2025	
		Q2057			Apr. 1, 2025	
		J3392 Q2054			Jan. 1, 2025	
	Unclassified codes*	J3393 J3394 C9399* J3590*	J3490*		July 1, 2024	
	Unclassified codes*	C9399* J3590*	J3490*		April 1, 2024	
	Car-T cell therapy	Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		Q2042			Jan. 1, 2019	
		Q2041			April 1, 2018	

United Healthcare® Community Plan

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	Transplant services	32850 32852 32854 32856 33933 33940 33945 38209 38212 38214 38240 38242 44133 44136 44715 44721 47135 47141 47143 47145 47147 48552 50300 50323 50340 50365 S2060 S2152	32851 32853 32855 33930 33935 33944 38208 38210 38213 38215 38241 44132 44135 44137 44720 47133 47140 47142 47144 47146 48551 48554 50320 50325 50360 50370 50547 S2061		Jan. 1, 2015	
		38232		Oncology DX Codes	Jan. 1, 2015	Code 38232 will only require prior authorization for an oncology diagnosis
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475 37700 37722	36478 37718 37780		Jan. 1, 2015	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and		33927 33929	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card.

United Healthcare Community Plan

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restores normal blood flow		33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509		Jan. 1, 2015	
Wound Vac		E2402		Jan. 1, 2015	

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