

Prior Authorization Requirements for Texas CHIP

Effective Feb. 1, 2021

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan Texas CHIP for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972;** 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 providers 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	
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		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	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
Cancer Supportive Care	Bone Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX
	Colony Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	

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Cancer Supportive Care (continued)		J2505	J2820		Oct. 1, 2017	Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129
	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.
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	For Oncology DX please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129
Cardiology		33270			Oct. 1, 2016	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p>
		33206	33207		Jan. 1, 2015	
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
93456	93457					
93458	93459					
93460	93461					
Cardiovascular	Vascular	75710	75716	Lower Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization required for lower extremities angiogram only
		95726			March 1, 2020	

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Cerebral Seizure Monitoring – Inpatient Video EEG		95700	95711		Jan. 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95712	95713			
		95714	95715			
		95716	95718			
		95720	95722			
Chemotherapy		J9118	J9144	Oncology DX Codes	Jan. 1, 2021	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 Prior authorization required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9223	J9281		Nov. 1, 2020	
		J9316	J9317		Oct. 1, 2020	
		J9227	J9304		July 1, 2020	
		Q5107	Q5117		March 1, 2020	
		J9177	J9198		Feb. 1, 2020	
		J9246	J9358		Oct. 1, 2019	
		Q5119			Aug. 1, 2019	
		J0642			Jan. 1, 2019	
		J9309			April 1, 2018	
		J9119	J9204		Jan. 1, 2017	
		J9210	J9269			
		J9313				
		J9030	J9036			
		J9044	J9057			
		J9153	J9173			
		J9229	J9311			
		J9312				
		J9022	J9023			
		J9203	J9285			
		J0640	J0641			
		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				
	J9155	J9160				
	J9165	J9171				
	J9175	J9176				
	J9178	J9179				
	J9181	J9185				
	J9190	J9200				
	J9201	J9202				
	J9205	J9206				
	J9207	J9208				
	J9209	J9211				
	J9212	J9213				
	J9214	J9215				
Chemotherapy (continued)						

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		J9216 J9218 J9226 J9230 J9250 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2050	J9217 J9225 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9315 J9328 J9340 J9352 J9355 J9360 J9371 J9395 J9600 Q2017			
		C9399 J3490	J3590	Oncology DX Codes	Jan. 1, 2015	
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		69714 69718 L8614 L8690 L8692	69715 69930 L8619 L8691		Jan. 1, 2015	
Cosmetic & Reconstructive 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 Cosmetic & Reconstructive (continued)		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966			
Durable medical equipment (DME)		K0553	K0554		Feb. 1, 2021	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.
		E0787			May 1, 2020	
		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	

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Durable medical equipment (DME) (continued)		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0460	E0483		
		E0638	E0641		
		E0642	E0669		
		E0700	E0710		
		E0745	E0762		
		E0764	E0784		
		E1002	E1003		
		E1004	E1005		
		E1006	E1007		
		E1008	E1009		
		E1010	E1035		
		E1161	E1229		
		E1231	E1232		
		E1233	E1234		
		E1235	E1236		
		E1237	E1238		
		E1239	E1399		
		E2100	E2227		
		E2228	E2300		
		E2325	E2327		
		E2329	E2351		
		E2373	E2510		
		E2511	E2599		
		E2626	E2627		
		E2628	E2629		
		E2630	E8001		
		K0005	K0008		
		K0013	K0108		
		K0848	K0849		
		K0850	K0851		
		K0852	K0853		
		K0854	K0855		
		K0856	K0857		
		K0858	K0859		
		K0860	K0861		
		K0862	K0863		
		K0864	K0868		
		K0869	K0870		
		K0871	K0877		
		K0878	K0879		
		K0880	K0884		
		K0885	K0886		
		K0890	K0891		
		S1040	T1999		
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	May 1, 2019	
		B4036	B4100		
Enteral Services (continued)		B4103	B4104	Jan. 1, 2015	
		B4149	B4150		
		B4152	B4153		
		B4155	B4158		
		B4159	B4160		
		B4161			
		B9002	B9998		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Experimental & Investigational (and or linked services)		33477			May 2, 2016		
		36514	55866		Jan. 1, 2015		
		64722	66180				
		A9274	E1831				
Femoroacetabular Impingement Syndrome		29914 29916	29915		Oct. 1, 2015		
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	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is only required for these codes with these DX codes	
Genetic and Molecular Testing	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	Prior authorization required for genetic and molecular testing performed in an outpatient setting	
		81165	81166				
		81162			Jan. 1, 2018		
			81212	81215		Jan. 1, 2015	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.
			81216	81217			
	Genetic Testing	0068U	0097U		Nov. 1, 2020		
		87481	87482				
		87505	87506				
		87507	87510				
		87511	87512				
		87623	87797				
		87798	87799				
	87800	87801					
			0111U	0129U		Nov. 1, 2019	
			0136U	0137U			
			81167	81233		April 1, 2019	Notification/prior authorization required for BRCA testing before DNA sequencing is performed.
			81237				The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
Genetic and Molecular Testing (continued)		81105	81106		Feb. 1, 2019		
		81107	81108				
		81109	81110				
		81111	81120				
		81121	81161				
		81170	81200				
		81201	81202				
		81203	81205				
		81206	81207				
		81208	81209				
		81210	81218				
		81219	81220				
		81221	81222				
		81223	81224				
81225	81226						
81227	81235						
81240	81241						
81242	81243						
81244	81245						
81246	81250						

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		81251	81252			
		81253	81254			
		81255	81256			
		81257	81260			
		81261	81262			
		81263	81264			
		81265	81266			
		81267	81268			
		81270	81272			
		81273	81275			
		81276	81287			
		81288	81290			
		81291	81292			
		81293	81294			
		81295	81296			
		81297	81298			
		81299	81300			
		81301	81302			
		81303	81304			
		81310	81313			
		81314	81315			
		81316	81317			
		81318	81319			
		81321	81322			
		81323	81324			
		81325	81326			
		81327	81330			
		81331	81332			
		81340	81341			
		81342	81350			
		81355	81370			
		81371	81372			
		81373	81374			
		81375	81376			
		81377	81378			
		81379	81380			
		81381	81382			
		81383	81400			
		81401	81402			
		81403	81404			
		81405	81406			
		81407	81408			
		81410	81411			
		81420	81507			
		81519	0018U			
		0040U				
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	IVIG	C9072			Feb. 1, 2021	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
	Spravato®	S0013				
	Vyepti™	J3032			Jan. 1, 2021	
Tepezza®	J3241			Dec. 1, 2020		
Injectable Medications (continued)	Cinryze®	J0598			Oct. 1, 2020	
	Ruconest®	J0596				
	Adakveo®	J0791			July 1, 2020	
	Givlaari®	J0223				
	Reblozyl®	J0896				

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Injectable Medications (continued)	Ruxience®	Q5119			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 . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 . ***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490			
	Cimzia®	J0717			
	IV Iron Therapy	J1439	Q0138		
	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 J7322 J7325 J7327	J7321 J7324 J7326 J7329		
	Ultomiris™	J1303			
	White blood cell colony stimulating factors***	J1442 Q5101	J1447 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				

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	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606		Nov. 1, 2018		
	Sublocade™	Q9991	Q9992			July 1, 2018
	Ilaris®	J0638				April 1, 2018
	Exondys 51™	J1428				Jan. 1, 2018
	IVIG	J1555				
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202				Oct. 1, 2017
	Soliris®	J1300				
	Cinqair®	J2786				April 1, 2017
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIG	J1575				May 1, 2016
	Acthar®	J0800				Jan. 1, 2015
	Botulinum Toxin	J0585	J0586			
J0587		J0588				
IVIG	90284	J1459				
	J1556	J1557				
	J1559	J1561				
	J1566	J1568				
	J1569	J1572				
J1599						
Makena®	J2675					
Synagis®*	90378					
Xolair®	J2357					
Injectable Medications – Unclassified	Cutaquig®	C9399 J3590	J3490	Jan. 1, 2015* *Reflects the effective date for the unlisted codes not the specific drug names listed.	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.	

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Joint Replacement Joint, total hip and knee replacement procedures		23470	23472		Jan. 1, 2015	
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27122			
		27125	27130			
		27132	27134			
		27137	27138			
		27412	27446			
		27447	27486			
		27487	29866			
		29867	29868			
		Non-Emergent Air Ambulance Transport				
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					

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Orthotics and prosthetics (continued)		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			
		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				

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		L7045 L7180 L7185 L7190 L7405 L8042 L8044 L8046 L8499	L7170 L7181 L7186 L7191 L8040 L8043 L8045 L8047 L8610			
Outpatient Therapy		92521 92522 92523 92524 92610 97161	97162 97163 97165 97166 97167		Nov. 1, 2019	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)
Outpatient Therapy (continued)		70371 92626 92627 92630 92633 96105 97024 97032 97035 97036 97139	97150 97164 97168 97530 97535 97537 97542* 97750 97760 97761 S9152		July 1, 2017	<p>Prior Authorization should be submitted online through the Optum Physical Health portal www.myoptumhealthphysicalhealth.com</p> <p>All Prior authorization requests will require:</p> <ul style="list-style-type: none"> •Optum Physical Health Patient Summary Form (PSF-750) •Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only) <p>For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575.</p> <p>* Prior authorization not required for DME providers</p>
		92507 92508 92526 97012 97014 97016 97018 97022 97026 97028 97033	97034 97039 97110 97112 97113 97116 97124 97140 97799 G0129 S8990		Jan. 1, 2015	
	OR billed with these revenue codes:	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
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	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
Radiology		76391			March 1, 2020	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details please visit UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>
		76390 78831	78830 78832		Jan. 1, 2020	
		77046 77048 0501T 0503T	77047 77049 0502T 0504T		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 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218 73220 73222 73225	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198 73201 73206 73219 73221 73223 73700		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
	78454	78456				
	78457	78458				
	78466	78468				
	78469	78472				
	78473	78481				
	78483	78494				
	78496	78499				
	78579	78580				
	78582	78597				
	78598	78599				
	78600	78601				
	78605	78606				
	78608	78609				
	78610	78630				
	78635	78645				
	78650	78660				
	78699	78700				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410	Jan. 1, 2015	
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
Site of Service (SOS) – outpatient hospital	Auditory System	69205		July 1, 2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	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	22514			
		22902	22903			
23071		23075				
24071		27327				
27337		27632				
28035		28039				
28041		28060				
28080		28090				
28104		28110				
28118		28119				
28124		28285				
28289		28292				
28296		28297				
28298		28299				
29806		29807				
29819		29822				
29823		29824				
29825		29826				
29827		29828				
29835	29840					
29845	29846					
29848	29861					
29875	29876					
29877	29879					
29880	29881					
29882	29888					
29893						
Nervous System	64561	64640				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	Ophthalmologic	65426 65855 66761 67036 67228 67312	65730 66170 67028 67040 67311			
	Respiratory System	30802 31525 31536 31624	30930 31535 31541			
	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
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 Spinal Surgery (continued)		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		22800	22802			
		22804	22808			
		22810	22812			
		22818	22819			
		22830	22849			
		22850	22852			
		22855	22865			
		22899	63001			
		63003	63005			
		63011	63012			
		63015	63016			
		63017	63020			
		63030	63040			
		63042	63045			
		63046	63047			
		63050	63055			
		63056	63064			
		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63194	63195			
		63196	63198			
		63199	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	C9073	J3490		Feb. 1, 2021	Prior authorization is only required for Tecartus™
		J3590	J9999			
Transplants (continued)		0537T	0538T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel)
		0539T	0540T			Tecartus™ (brexucabtagene autoleucel) and Yescarta™
		Q2042				
		Q2041			April 1, 2018	

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 50380 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	(axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.
		38232		<u>OncologyDX Codes</u>	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 extremities		36473 36475 37700 37722	36478 37718 37780		April 1, 2017 Jan. 1, 2015	
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33929 33975 33979 33982 Q0507 Q0509	33928 33976 33981 33983 Q0508		Jan. 1, 2018 Jan. 1, 2015	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.
Wound Vac		E2402			Jan. 1, 2015	