

Prior Authorization Requirements for Texas CHIP

Effective Oct. 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal 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 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	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 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
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 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.</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				
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	<p>Prior authorization required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>
		95720	95718		Jan. 1, 2020	
		95724	95722			
Chemotherapy		J9348	J9353	Oncology DX Codes	Oct. 1, 2021	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis
		Q5123			May 1, 2021	
		J9037	J9349		Jan. 1, 2021	
		J9118	J9144			
		J9223	J9281			
	J9316	J9317				

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Chemotherapy (continued)		J9227	J9304	Nov. 1, 2020	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.
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212 J9214 J9216 J9218 J9230 J9250 J9261 J9263 J9266 J9268 J9280 J9295 J9301	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305	Jan. 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (continued)		J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2050	J9307 J9315 J9328 J9340 J9352 J9355 J9360 J9371 J9395 J9600 Q2017			
		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		69714 69718 L8614 L8690 L8692	69715 69930 L8619 L8691		Jan. 1, 2015	
Continuous Glucose Monitor		A9276 A9278	A9277		Oct. 1, 2021	
		K0553	K0554		July 1, 2021	
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		14020 14041	14021 14061		July 1, 2021	
		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181		Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Cosmetic & Reconstructive (continued)		21182	21183		
		21184	21230		
		21235	21256		
		21275	21280		
		21282	21295		
		21740	21742		
		21743	28344		
		30620	67900		
		67901	67902		
		67903	67904		
		67906	67908		
		67909	67911		
		67912	67914		
		67915	67916		
		67917	67921		
		67922	67923		
		67924	67950		
	67961	67966			
	Q2026				
Durable medical equipment (DME)		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 E0460 E0638 E0642 E0700 E0745 E0764 E1002 E1004	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005		Jan. 1, 2015



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Durable medical equipment (DME) (continued)		E1006	E1007		Jan. 1, 2015	
		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			

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Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159 B4161	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019		
		B9002	B9998		Jan. 1, 2015		
Experimental & Investigational (and or linked services)		33477			May 2, 2016		
		36514 64722 A9274	55866 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	
Genetic and Molecular Testing	BRCA Genetic Testing	81163 81165	81164 81166		Jan. 1, 2019	Prior authorization required for genetic and molecular testing performed in an outpatient setting	
		81162			Jan. 1, 2018		
		81212 81216			Jan. 1, 2015		
	Genetic Testing	0068U 87481 87505 87507 87511 87623 87800	0097U 87482 87506 87510 87512 87797 87799 87801			Nov. 1, 2020	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.
		0111U 0136U	0129U 0137U			Nov. 1, 2019	
		81167 81237	81233			April 1, 2019	
		81105 81107 81109 81111 81121 81170 81201	81106 81108 81110 81120 81161 81200 81205			Feb. 1, 2019	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Genetic and Molecular Testing (continued)		81203	81209			
		81208	81218			
		81223	81220			
		81225	81222			
		81227	81224			
		81240	81226			
		81242	81241			
		81244	81243			
		81246	81245			
		81251	81250			
		81253	81252			
		81255	81254			
		81257	81256			
		81261	81260			
		81263	81262			
		81265	81264			
		81267	81266			
		81273	81268			
		81276	81272			
		81288	81287			
		81291	81290			
		81295	81292			
		81297	81294			
		81303	81298			
		81310	81300			
		81314	81302			
		81316	81304			
		81318	81313			
		81321	81315			
		81323	81317			
		81325	81319			
		81327	81322			
		81331	81324			
		81340	81326			
		81342	81330			
		81355	81332			
		81371	81341			
		81373	81350			
		81375	81370			
		81377	81372			
		81379	81376			
		81381	81378			
		81383	81380			
		81401	81382			
		81403	81400			
		81405	81402			
	81407	81404				
	81410	81406				
	81420	81408				
	81519	81411				
	0040U	81507				
		0018U				
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	Fensolvi®	J1951			Oct. 1, 2021	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly
	Amondys 45	C9075	J3490		Sept. 1, 2021	
	Krystexxa®	J2507			Aug. 1, 2021	
	Nplate®	J2796				

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Injectable Medications (continued)	Octreotide Acetate	J2354			<p>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>**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 888-397-8129.</p> <p>***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.</p> <p>For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> <p>**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p>	
	Sandostatin® LAR	J2353				
	Signifor® LAR	J2502				
	Somatuline® Depot	J1930				
	Firmagon®****	J9155				July 1, 2021
	IVIG	J1554				
	Lupron Depot®****	J1950				
	Lupron Depot, Eligard®****	J9217				
	Supprelin® LA****	J9226				
	Trelstar®	J3315				
	Triptodur®	J3316				
	Truxima®	Q5115				
	Vantas™****	J9225				
	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
	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					

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Injectable Medications (continued)	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				
	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		

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Injectable Medications (continued)	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
	Synagis®*	90378				
	Xolair®	J2357				
Injectable Medications – Unclassified	Cutaquig® Lupaneta Pack™	C9399 J3590	J3490		Jan. 1, 2015*	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	

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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					
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					
L2038	L2060					
L2106	L2108					
L2126	L2136					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		L2350	L2510			
		L2526	L2627			
		L2628	L3230			
		L3265	L3649			
		L3671	L3674			
		L3720	L3730			
		L3740	L3764			
		L3900	L3901			
		L3904	L3905			
		L3961	L3971			
		L3975	L3976			
		L3977	L3999			
		L4000	L4010			
		L4020	L5010			
		L5020	L5050			
		L5060	L5100			
		L5105	L5150			
		L5160	L5200			
		L5210	L5220			
		L5230	L5250			
		L5270	L5280			
		L5301	L5312			
		L5321	L5331			
		L5341	L5400			
		L5420	L5460			
		L5500	L5505			
		L5510	L5520			
		L5530	L5535			
		L5540	L5560			
		L5570	L5580			
		L5585	L5590			
		L5595	L5600			
		L5610	L5613			
		L5614	L5616			
		L5639	L5640			
		L5642	L5643			
		L5644	L5646			
		L5648	L5651			
		L5653	L5661			
		L5682	L5702			
		L5703	L5706			
		L5716	L5718			
		L5722	L5724			
		L5726	L5728			
		L5780	L5790			
		L5795	L5811			
		L5812	L5814			
		L5816	L5818			
		L5822	L5824			
		L5826	L5828			
	L5830	L5848				
	L5857	L5858				
	L5930	L5950				
	L5960	L5961				
	L5964	L5966				
	L5968	L5973				
	L5976	L5979				
	L5980	L5981				
	L5982	L5984				
	L5987	L5988				
	L5990	L6000				
	L6010	L6020				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		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		92521	97162		Nov. 1, 2019	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)
		92522	97163			
		92523	97165			
		92524	97166			
		92610	97167			
		97161				

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
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 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.</p> <p>For more details please visit UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>
		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	74712			
	74713	75557			
	75559	75561			
	75563	75571			

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		C8918 C8920 C8932 C8934 C8936 G0252 S8037 S8085	C8919 C8931 C8933 C8935 G0235 S8042 S8092			
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)
	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		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
Spinal Surgery (continued)		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	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
Implantation of a device that sends electrical impulses	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	Q2053			July 1, 2021	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please
		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 (continued)	Transplant services	32850	32851		Jan. 1, 2015	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.
		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					
50380	50547					
S2060	S2061					
		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 extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
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	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.
		33929			Jan. 1, 2015	
		33975	33976			
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402			Jan. 1, 2015	