

Prior authorization requirements for Texas CHIP

Effective November 1, 2025

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
- **Fax:** 877-940-1972. The prior authorization request 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 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		43644	43645	Jan. 1, 2015	
Inpatient and outpatient bariatric surgery and obesity-related services		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services.
Bone Growth Stimulator		20975	20979	Jan. 1, 2015	
Electronic stimulation or ultrasound to heal fractures					
Breast Reconstruction		11971		Oct. 1, 2022	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19325	19328		
		19330	19340		Prior authorization is required for all other DX codes
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
		19380	19396		
Cancer supportive Care	Colony Stimulating Factors	J1449		Oct. 1, 2023	
	Erythropoiesis Stimulating Agents	J0885			
	Antiemetic Drugs	J1456		July 1, 2023	
	Colony Stimulating Factors	Q5125	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		0571T	0614T	Aug. 1, 2024	Prior authorization required for participating physicians for
		93319		June 1, 2022	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Cardiology (cont.)		33270		Oct. 1, 2016	outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		33206	33207	Jan. 1, 2015	
		33208	33212		
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization required for inpatient services.
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95724	95722		
Chemotherapy		J9073	J9074	July 1, 2024	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.
		J9075	J9248		
		J9249	J9376		
		J9361			
		J9051	J9064	Jan. 1, 2024	
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324			
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9196	J9294	July 1, 2023	
		J9296	J9297		
		Q5129			
		J9046	J9048	May 1, 2023	
		J9049	J9314		
		J9393	J9394		
		Q5126			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Chemotherapy (cont.)		J9274	J9298	Oncology DX Codes	Jan. 1, 2023
		J9331	J9332		Oct. 1, 2022
		J9071	J9273		July 1, 2022
		J9359			
		J1952	J9021		Apr. 1, 2022
		J9061	J9272		
		J9247	J9318		Jan. 1, 2022
		J9319			
		J9348	J9353		Oct. 1, 2021
		Q5123			
		J9037	J9349		May 1, 2021
		J9118	J9144		Jan. 1, 2021
		J9223	J9281		
		J9316	J9317		
		J9227	J9304		Nov. 1, 2020
		Q5107	Q5117		Oct. 1, 2020
		J9177	J9198		July 1, 2020
		J9246	J9358		
		Q5119			
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119	J9204		Oct. 1, 2019
		J9210	J9269		
		J9313			
		J9030	J9036		Aug. 1, 2019
		J9153	J9057		Jan. 1, 2019
		J9229	J9173		
		J9312	J9311		
		J9022	J9023		April 1, 2018
		J9203	J9285		
		J0640	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		
		J9207	J9206		
		J9209	J9208		
		J9212	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9315		
		J9330	J9328		
		J9351	J9340		
		J9354	J9352		
		J9357	J9355		
		J9370	J9360		
		J9390	J9395		
		J9400	J9600		
		J9999	Q2017		
		Q2050			
		C9399	J3590	Oncology DX Codes	Jan. 1, 2015
		J3490			
		J1950		Oncology DX Codes	July 1, 2021
		J9155	J9202		Jan. 1, 2017
		J9217	J9225		
		J9226			
					Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your

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Provider Portal dashboard. Or, call 888-397-8129

Circumcision	54150 54161	54160 54162		Jan. 1, 2015	Prior authorization required for members older than age 1
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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 69714 L8614 L8690 L8692	69730 69930 L8619 L8691		March 1, 2023 Jan. 1, 2015	
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Continuous Glucose Monitor	A4238 E2102 A9276 A9278	A4239 E2103		Feb. 1, 2023 Oct. 1, 2021	
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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 11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912	14021* 14061* 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67908 67911 67914 67916		July 1, 2021 Jan. 1, 2015	*will NOT require prior auth when billed with skin cancer diagnoses
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Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		67915 67917 67922 67924 67961 Q2026	67921 67923 67950 67966		
Durable medical equipment (DME)		E2298		May 1, 2024	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.
		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 E0745 E0764 E1002 E1004 E1006 E1008 E1010 E1161 E1231 E1233 E1235 E1237 E1239 E2100 E2228 E2325 E2329 E2373 E2511 E2626 E2628	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007 E1009 E1035 E1229 E1232 E1234 E1236 E1238 E1399 E2227 E2327 E2351 E2510 E2599 E2627 E2629	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable medical equipment (DME) (cont.)		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		B4034	B4035	May 1, 2019	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
		B9002	B9998	Jan. 1, 2015	
Experimental & Investigational (and or linked services)		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	Oct. 1, 2015	
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257	July 1, 2018	
		31259			
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Gender Dysphoria Treatment		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018 Prior authorization is only required for these codes with these DX codes

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		0334U	0355U		
		0364U	0378U		
		0379U	0388U		
		0389U	0391U		
		0395U	0398U		
		0409U	0417U		
		0425U	0426U		
		0437U	0444U		
		0449U	0465U		
		0471U	0473U		
		0474U	0475U		
		S3854	S3865		
		S3870			
	Genetic Testing	81425		Feb. 1, 2025	
		81427			
	Genetic Testing	81520		Dec. 1, 2022	
	Genetic Testing	0026U	0055U	Jun. 1, 2022	
		0060U	0087U		
		0088U	0154U		
		0170U	0171U		
		0172U	0179U		
		0209U	0214U		
		0215U	0216U		
		0217U	0218U		
		0237U	0238U		
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	
		81162		Jan. 1, 2018	
	Genetic Testing	87505	87506	Nov. 1, 2020	
		87507			
		0111U	0129U	Nov. 1, 2019	
		81401	81400	Feb. 1, 2019	
		81403	81402		

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		81405 81407 81410 81519	81404 81406 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	Alhemo	J7173		Oct. 1, 2025	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.
	Azmiro	J1072			
	Bkemv	Q5152			
	Encelto	J3403			
	Epysqli	Q5151			
	Imuldosa IV	Q5098			
	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesintek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	OmvoH	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzed®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Elevidys®	J1413		April 1, 2024	
	Eylea HD®	J0177			
	Izervay®	J2782			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Cortrophin Gel®	J0802		Feb. 1, 2024	
	Injection	J0801			
	Cortrophin				
	Acthar Gel®				
	Qalsody®	J1304			
	Hemgenix®	J1411		Dec. 1, 2023	
	Leqembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Tzield®	J9381			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		April 1, 2023	
	Fynetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Therapeutic Radiopharmaceuticals	A9607		Jan. 1, 2023	
	Prolia®	J0897			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
				Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart	J9332			
	Cutaquig®	J1551			
	Ryplazim™	J2998		July 1, 2022	
	Nexviazyme®	J0219		May 1, 2022	

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Injectable Medications (cont.)	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	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			
	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			

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Injectable Medications (cont.)	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	Therapeutic Radio-pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony stimulating factors	J1442 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			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	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			
Injectable Medications – Unclassified		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis®*	90378				
	Xolair®	J2357				
	Rivfloza	C9399 J3590	J3490		July 1, 2024	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Joint Replacement Joint, total hip and knee replacement procedures		23470	23472	Jan. 1, 2015	
		23473	23474		
		24360	24361		
		24362	24363		
		24370	24371		
		27120	27130		
		27125	27134		
		27132	27138		
		27137	27446		
		27412	27486		
		27447	29866		
		27487	29868		
		29867			
Non-Emergent Air Ambulance Transport		A0430	A0431	Jan. 1, 2015	
		A0435	A0436		
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
		21255	21296		
		21299			
Orthotics and prosthetics		L1832		May 1, 2019	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830			
		L1834		March 1, 2016	
		L0112	L0170	Jan. 1, 2015	
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1831		
		L1836	L1840		
		L1844	L1845		
		L1846	L1847		
		L1860	L1945		
		L1950	L1970		
		L2000	L2005		
		L2010	L2020		
		L2030	L2034		
		L2036	L2037		
		L2038	L2060		
		L2106	L2108		
		L2126	L2136		
		L2350	L2510		
		L2526	L2627		
		L2628	L3230		
		L3265	L3649		
		L3671	L3674		
		L3720	L3730		
		L3740	L3764		
		L3900	L3901		
		L3904	L3905		
		L3961	L3971		
		L3975	L3976		
		L3977	L3999		
		L4000	L4010		
		L4020	L5010		
		L5020	L5050		
		L5060	L5100		
		L5105	L5150		
		L5160	L5200		
		L5210	L5220		
		L5230	L5250		
		L5270	L5280		
		L5301	L5312		
		L5321	L5331		
		L5341	L5400		
		L5420	L5460		
		L5500	L5505		
		L5510	L5520		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		L5530	L5535		
		L5540	L5560		
		L5570	L5580		
		L5585	L5590		
		L5595	L5600		
		L5610	L5613		
		L5614	L5616		
		L5639	L5640		
		L5642	L5643		
		L5644	L5646		
		L5648	L5651		
		L5653	L5661		
		L5682	L5702		
		L5703	L5706		
		L5716	L5718		
		L5722	L5724		
		L5726	L5728		
		L5780	L5790		
		L5795	L5811		
		L5812	L5814		
		L5816	L5818		
		L5822	L5824		
		L5826	L5828		
		L5830	L5848		
		L5857	L5858		
		L5930	L5950		
		L5960	L5961		
		L5964	L5966		
		L5968	L5973		
		L5976	L5979		
		L5980	L5981		
		L5982	L5984		
		L5987	L5988		
		L5990	L6000		
		L6010	L6020		
		L6050	L6055		
		L6100	L6110		
		L6120	L6130		
		L6200	L6205		
		L6250	L6300		
		L6310	L6320		
		L6350	L6360		
		L6370	L6380		
		L6382	L6384		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
		L6590	L6621		
		L6623	L6624		
		L6646	L6648		
		L6686	L6687		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		L6689	L6690		
		L6692	L6693		
		L6694	L6695		
		L6696	L6697		
		L6704	L6707		
		L6708	L6709		
		L6711	L6712		
		L6713	L6714		
		L6715	L6880		
		L6881	L6882		
		L6883	L6884		
		L6885	L6895		
		L6900	L6905		
		L6910	L6915		
		L6920	L6925		
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
		L7405	L8040		
		L8042	L8043		
		L8044	L8045		
		L8046	L8047		
		L8499	L8610		
Outpatient Therapy	S9152			Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization
	70371	97150		July 1, 2017	
	92626	97164			
	92627	97168			
	92630	97530			
	92633	97535			
	96105	97537			
	97024	97542*			
	97032	97750			
	97035	97760			
	97036	97761			
	97139				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		92507	97034	Jan. 1, 2015	* Prior authorization not required for DME providers
		92508	97039		
		92526	97110		
		97012	97112		
		97014	97113		
		97016	97116		
		97018	97124		
		97022	97140		
		97026	97799		
		97028	G0129		
	OR billed with these revenue codes:	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002	Jan. 1, 2015	
Prostate Procedures		37243 55874	53850	April 1, 2022	
Proton Beam Therapy		77520 77523	77522 77525	Jan. 1, 2015	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
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		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0633T	0634T	Aug. 1, 2024	
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430 78432	78431 78433		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Radiology (cont.)		78459 78492	78491		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.
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	
		76391		March 1, 2020	
		76390 78831	78830 78832	Jan. 1, 2020	For more details please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
		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 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218	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	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78226	78199		
		78264	78227		
		78266	78265		
		78300	78299		
		78306	78305		
		78399	78315		
		78452	78451		
		78454	78453		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78608	78609		
		78699	78707		
		78708	78709		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		78815 78999 G0252 S8037	78816 G0235 S8092		
Rhinoplasty and septoplasty		30400 30420 30435 30460 30465	30410 30430 30450 30462	Jan. 1, 2015	
Treatment of nasal functional impairment and septal deviation					
Sinuplasty		31298 31295 31297	31296	July 1, 2018 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		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520	30140 69436		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Site of Service (SOS) – outpatient hospital (cont.)		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
	Liver Biopsy	19120	19125		
	Male Genital System	47000			
		54840			
	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
		28041	28090		
		28080	28110		
		28104	28119		
		28118	28285		
		28124	28292		
		28289	28297		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		28296	28299		
		28298	29807		
		29806	29822		
		29819	29824		
		29823	29826		
		29825	29828		
		29827	29840		
		29835	29846		
		29845	29861		
		29848	29876		
		29875	29879		
		29877	29881		
		29880	29888		
		29882			
		29893			
	Nervous System	64561	64640		
	Ophthalmologic	65426	65730		
		65855	66170		
		66761	67028		
		67036	67040		
		67228	67311		
		67312			
	Respiratory System	30802	30930		
		31525	31535		
		31536	31541		
		31624			
	Tonsillectomy & Adenoidectomy	42820	42821		
		42825	42826		
		42830			
	Upper Gastrointestinal Endoscopy	43235	43239		
		43249			
	Urinary System	52276	52287		
		52320	52344		
	Urologic Procedures	50590	52000		
		52005	52204		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
		52352	52353		
		52356	55040		
		55700	57288		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Sleep Apnea Procedures & Surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	21685	41599	Jan. 1, 2015	
		42145			
Spinal Surgery		22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22512	22513		
		22515			
		22514		July 1, 2020	
		22100	22101	Jan. 1, 2015	
		22102	22110		
		22112	22114		
		22206	22207		
		22210	22212		
		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Spinal Surgery (cont.)		63173	63191			
		63190	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
		63308				
Stimulators Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
		L8686	L8687			
		L8688				
Transplants	Unclassified Codes***	C9399***	J3490***		Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Aucatzyl, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia®, Ryoncil, Tecartus™ (brexucabtagene autoleucel), Tecelra and Yescarta™ (axicabtagene ciloleucel), 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.
		J3590***				
		J3402				
		J3391			July 1, 2025	
		Q2058				
	Unclassified codes* Car-T cell therapy	Q2057			Apr. 1, 2025	
		J3392			Jan. 1, 2025	
		Q2054				
		J3393			July 1, 2024	
		J3394				
		C9399**	J3490**			
		J3590**				
		C9399	J3490		April 1, 2024	
		J3590				
		Q2056			Feb. 1, 2023	
		J9999			July 1, 2022	
		Q2055			Feb. 1, 2022	
		Q2053			July 1, 2021	
		Q2042			Jan. 1, 2019	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		Q2041		April 1, 2018	
	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		37765 36473 36475 37700 37722	37766	July 1, 2021 April 1, 2017 Jan. 1, 2015	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the					
Ventricular Assist Device (VAD)		33927 33929	33928	Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.
A mechanical pump that takes over the function of the damaged ventricle of the					

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
heart and restores normal blood flow		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	