

Prior Authorization Requirements for Texas CHIP

Effective March 1, 2020

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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call 888-887-9003 when referring for mental health and substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent(s) administered in an outpatient setting for a cancer diagnosis <i>* Codes J1442, J1447, Q5101 and Q5110 also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<u>Injectable colony-stimulating factor drugs that require prior authorization –</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®)			

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Cancer supportive care (cont'd)		<p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®)</p> <p>J0897</p> <p>Prior authorization requests:</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 888-397-8129.</p>																																																																																																
Cardiology	<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> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program</p>																																																																																																
Cardiovascular	Prior authorization required for lower extremities angiogram only	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339	I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349	I70.35	I70.361	I70.362	I70.363	I70.369	I70.391	I70.392	I70.393
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code 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 <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 888-397-8129.</p> <p>Prior authorization required for the following codes regardless of cancer diagnosis.</p> <p>For prior authorization, please call 866-604-3267.</p>			
		C9399	J3490	J3590	
Circumcision	Prior authorization required for members older than age 1	54150	54160	54161	54162
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	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9900	E0194
E0277			E0300	E0328	E0329
E0445			E0457	E0460	E0465
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		E0466	E0470	E0471	E0483
		E0637	E0638	E0641	E0642
Some home health care services may qualify under the DME requirement but are not subject to the \$500 threshold – see <i>Home health care</i> .		E0652	E0669	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1035	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1825	E2100	E2227	E2228
		E2300	E2310	E2311	E2325
E2327		E2329	E2351	E2373	
E2510		E2511	E2512	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	Prior authorization required	B4034	B4035	B4036	B4100
		B4103	B4104	B4149	B4150
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9002
		B9998			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180	A9274	E1831	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980	56805*	57335*

* These **surgical codes** with the following **DX codes**:

F64.0	F64.1	F64.2	F64.8
F64.9	Z87.890		

Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108			
		81109	81110	81111	81120			
		81121	81161	81162	81163			
	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.		81164	81165	81166	81167		
			81170	81200	81201	81202		
			81203	81205	81206	81207		
			81208	81209	81210	81212		
			81215	81216	81217	81218		
			81219	81220	81221	81222		
			81223	81224	81225	81226		
			81227	81233	81235	81237		
			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.		81240	81241	81242	81243
					81244	81245	81246	81250
	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	81450					
81455	81507	81519	0011M					
0012M	0013M	0036U	0037U					
0040U	0111U	0113U	0118U					
0129U	0130U	0131U	0132U					
0133U	0134U	0135U	0136U					
0137U	0138U							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503 S9474	G0162	G0299	G0300
Injectable medications	Prior authorization required	Actemra® J3262			
		Acthar® J0800			
		Botulinum toxins J0585	J0586	J0587	J0588
		Brineura™ J0567			
		Cinqair® J2786			
		Crysvita® J0584			
		Entyvio® J3380			
		Evenity™ J3111			
		Exondys 51™ J1428			
		Fasenra™ J0517			
		Gamifant® J9210			
		Ilaris® J0638			
		Ilumya™ J3245			
		Inflectra® Q5103			
		IVIG 90284	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Lemtrada® J0202			
		Luxturna™ J3398			
		Makena® J1726	J1729	J2675	
		Nucala® J2182			
		Ocrevus™ J2350			
		Onpattro™ J0222			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (cont'd)	Orencia®	J0129				
	Parsabiv™	J0606				
	Probuphine®	J0570				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria®	J1602				
	Sodium Hyaluronate					
		J7320	J7321	J7322	J7324	
		J7325	J7326	J7327	J7329	
		J7331	J7332			
	Soliris®	J1300				
	Spinraza™	J2326				
	Sublocade™					
		Q9991		Q9992		
	Synagis®	90378				
	Therapeutic Radiopharmaceuticals**					
		A9513	A9590	A9699		
	Trogarzo™	J1746				
	Ultomiris™	J1303				
	Unclassified codes*					
		C9399	J3490	J3590		
	White blood cell colony stimulating factors****					
		J1442	J1447	Q5101	Q5110	
	Xolair®*	J2357				
	For dates of service on or after Apr. 1, 2020 the following codes will also require prior authorization:					
	Benlysta					
	J0490					
	Cimzia					
	J0717					
	Feraheme®					
	Q0138					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Injectafer®			
		J1439			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Stelara®			
		J3358			
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> 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 unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™, Xembify® and Zolgensma® For dates of service Apr.1, 2020 or after, Reblozyl® and Ruxience® will also require prior authorization</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 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. For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</p>					
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
			A0430	A0431	A0435
Non-emergent air ambulance transport	Prior authorization required				
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthognathic surgery (cont'd)		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	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	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			L1812	L1820	L1830	
L1831			L1832	L1834	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	
L3763			L3764	L3900	L3901	
L3904			L3905	L3961	L3971	
L3975			L3976	L3977	L3999	
L4000			L4010	L4020	L4631	
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	L5647	
L5648			L5649	L5651	L5653	
L5661			L5673	L5682	L5683	
L5700			L5702	L5703	L5705	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (cont'd)		L5706	L5716	L5718	L5722	
		L5724	L5726	L5728	L5780	
		L5790	L5795	L5811	L5812	
		L5814	L5816	L5818	L5822	
		L5824	L5826	L5828	L5830	
		L5845	L5848	L5857	L5858	
		L5930	L5950	L5960	L5961	
		L5962	L5964	L5966	L5968	
		L5973	L5976	L5979	L5980	
		L5981	L5982	L5984	L5986	
		L5987	L5988	L5990	L5999	
		L6000	L6010	L6020	L6050	
		L6055	L6100	L6110	L6120	
		L6130	L6200	L6205	L6250	
		L6300	L6310	L6320	L6350	
		L6360	L6370	L6380	L6382	
		L6384	L6400	L6450	L6500	
		L6550	L6570	L6580	L6582	
		L6584	L6586	L6588	L6590	
		L6621	L6623	L6624	L6646	
		L6648	L6686	L6687	L6689	
		L6690	L6692	L6693	L6694	
		L6695	L6696	L6697	L6704	
		L6707	L6708	L6709	L6711	
		L6712	L6713	L6714	L6715	
		L6880	L6881	L6882	L6883	
		L6884	L6885	L6895	L6900	
		L6905	L6910	L6915	L6920	
		L6925	L6930	L6935	L6940	
		L6945	L6950	L6955	L6960	
		L6965	L6970	L6975	L7007	
		L7008	L7009	L7040	L7045	
		L7170	L7180	L7181	L7185	
		L7186	L7190	L7191	L7405	
		L8040	L8042	L8043	L8044	
		L8045	L8046	L8047	L8499	
		L8610				
	Outpatient therapy	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)	70371	92507	92508	92521
			92522	92523	92524	92526
			92610	92626	92627	92630
		Prior Authorization should be submitted online through the Optum Physical Health portal www.myoptumphysicalhealth.com	92633	96105	97012	97014
			97016	97018	97022	97024
			97026	97028	97032	97033
		All Prior authorization requests will require: •Optum Physical Health Patient Summary Form(PSF-750)	97034	97035	97036	97039
			97110	97112	97113	97116
			97124	97139	97140	97150
			97161	97162	97163	97164

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	<ul style="list-style-type: none"> Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only) For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575. 	97165	97166	97167	97168
		97530	97535	97537	97542*
		97750	97760	97761	97799
		G0129	S8990	S9152	
		OR billed with these revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
* Prior authorization not required for DME providers					
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Psychological Testing	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the 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 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100	22101	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal surgery (cont'd)		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	63180	63182	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	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590	L8680	L8682
		L8685	L8686	L8687	L8688

Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	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	S2152		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		CAR-T Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			