

Prior Authorization Requirements for Texas CHIP

Effective April 1, 2021

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972;** fax form is available at UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Prior Authorization Forms.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20975	20979		Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
Cancer Supportive Care	Bone Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX
	Colony Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	

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Cancer Supportive Care (continued)		J2505	J2820		Oct. 1, 2017	Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129
	Colony Stimulating Factors	Q5122		Oncology DX Codes	Jan. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	For Oncology DX please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129
Cardiology		33270			Oct. 1, 2016	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p>
		33206	33207		Jan. 1, 2015	
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
		93456	93457			
93458	93459					
93460	93461					
Cardiovascular	Vascular	75710	75716	Lower Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization required for lower extremities angiogram only

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Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95700	95711	Jan. 1, 2020		
		95712	95713			
		95714	95715			
		95716	95718			
		95720	95722			
Chemotherapy		J9118	J9144	Oncology DX Codes	Jan. 1, 2021	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization Prior authorization required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9223	J9281		Nov. 1, 2020	
		J9316	J9317		Oct. 1, 2020	
		J9227	J9304		July 1, 2020	
		Q5107	Q5117		March 1, 2020	
		J9177	J9198		Feb. 1, 2020	
		J9246	J9358		Oct. 1, 2019	
		Q5119			Aug. 1, 2019	
		J0642			Jan. 1, 2019	
		J9309			April 1, 2018	
		J9119	J9204		Jan. 1, 2017	
		J9210	J9269			
		J9313				
		J9030	J9036			
		J9044	J9057			
		J9153	J9173			
		J9229	J9311			
		J9312				
		J9022	J9023			
		J9203	J9285			
		J0640	J0641			
		J9000	J9015			
		J9017	J9019			
		J9020	J9025			
		J9027	J9032			
		J9033	J9034			
		J9035	J9039			
		J9040	J9041			
		J9042	J9043			
		J9045	J9047			
		J9050	J9055			
		J9060	J9065			
	J9070	J9098				
	J9100	J9120				
	J9130	J9145				
	J9150	J9151				
	J9155	J9160				
	J9165	J9171				
	J9175	J9176				
	J9178	J9179				
	J9181	J9185				
	J9190	J9200				
	J9201	J9202				
	J9205	J9206				
	J9207	J9208				
	J9209	J9211				
	J9212	J9213				

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Chemotherapy (continued)		J9214 J9216 J9218 J9226 J9230 J9250 J9261 J9263 J9266 J9268 J9280 J9295 J9301 J9303 J9306 J9308 J9320 J9330 J9351 J9354 J9357 J9370 J9390 J9400 J9999 Q2050	J9215 J9217 J9225 J9228 J9245 J9260 J9262 J9264 J9267 J9271 J9293 J9299 J9302 J9305 J9307 J9315 J9328 J9340 J9352 J9355 J9360 J9371 J9395 J9600 Q2017			
		C9399 J3490	J3590	Oncology DX Codes	Jan. 1, 2015	
Circumcision		54150 54161	54160 54162		Jan. 1, 2015	Prior authorization required for members older than age 1
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 69718 L8614 L8690 L8692	69715 69930 L8619 L8691		Jan. 1, 2015	
Cosmetic & Reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11960 15820 15822 15830 17106 17108 21137 21139 21175 21180 21182 21184 21235 21275 21282 21740	11971 15821 15823 15847 17107 17999 21138 21172 21179 21181 21183 21230 21256 21280 21295 21742		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Cosmetic & Reconstructive (continued)		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)		K0553	K0554	
E0787					May 1, 2020	
A9900 E0637	E0465				May 1, 2019	
E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311				April 1, 2019	
E0766					April 1, 2017	
E0466					Jan. 1, 2016	

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Experimental & Investigational (and or linked services)		33477			May 2, 2016	
		36514	55866		Jan. 1, 2015	
		64722	66180			
		A9274	E1831			
Femoroacetabular Impingement Syndrome		29914 29916	29915		Oct. 1, 2015	
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018	
		31259				
		31240	31254		May 2, 2016	
		31255	31256			
		31267	31276			
31287	31288					
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX
		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is only required for these codes with these DX codes
Genetic and Molecular Testing	BRCA Genetic Testing	81163	81164		Jan. 1, 2019	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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.
		81165	81166			
		81162			Jan. 1, 2018	
	81212	81215		Jan. 1, 2015		
	81216	81217				
	Genetic Testing	0068U	0097U		Nov. 1, 2020	
		87481	87482			
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87798	87799			
		87800	87801			
	0111U	0129U		Nov. 1, 2019		
	0136U	0137U				
81167	81233		April 1, 2019			
81237						
81105	81106		Feb. 1, 2019			
81107	81108					
81109	81110					
81111	81120					
81121	81161					
81170	81200					
81201	81202					
81203	81205					
81206	81207					
81208	81209					
81210	81218					
81219	81220					
81221	81222					
81223	81224					
81225	81226					
81227	81235					
81240	81241					
81242	81243					
81244	81245					
81246	81250					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Genetic and Molecular Testing (continued)		81251	81252			
		81253	81254			
		81255	81256			
		81257	81260			
		81261	81262			
		81263	81264			
		81265	81266			
		81267	81268			
		81270	81272			
		81273	81275			
		81276	81287			
		81288	81290			
		81291	81292			
		81293	81294			
		81295	81296			
		81297	81298			
		81299	81300			
		81301	81302			
		81303	81304			
		81310	81313			
		81314	81315			
		81316	81317			
		81318	81319			
		81321	81322			
		81323	81324			
		81325	81326			
		81327	81330			
		81331	81332			
		81340	81341			
		81342	81350			
		81355	81370			
		81371	81372			
		81373	81374			
		81375	81376			
		81377	81378			
		81379	81380			
		81381	81382			
		81383	81400			
		81401	81402			
		81403	81404			
	81405	81406				
	81407	81408				
	81410	81411				
	81420	81507				
	81519	0018U				
		0040U				
Home Health Care		G0162			Jan. 1, 2018	Prior authorization required only in outpatient settings, to include member's home
		G0299	G0300		March 1, 2016	
		99503	S9474		Jan. 1, 2015	
Injectable Medications	Avsola®	Q5121			April 1, 2021	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market
	Uplizna®	J1823				
	Viltepso™	C9071				
	IVIG	C9072			Feb. 1, 2021	
	Spravato®	S0013				
	Vyepti™	J3032			Jan. 1, 2021	
	Tepezza®	J3241			Dec. 1, 2020	
	Cinryze®	J0598			Oct. 1, 2020	
Ruconest®	J0596					

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Injectable Medications (continued)	Adakveo®	J0791		July 1, 2020	Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
	Vyondys 53®	J1429				
	Xembify®	J1558				
	Zolgensma®	J3399				
	Benlysta	J0490		April 1, 2020	*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .	
	Cimzia®	J0717				
	IV Iron Therapy	J1439	Q0138			
	Rituxan®	J9312				
	Rituxan Hycela®	J9311				
	Stelara IV®	J3358				
	Therapeutic Radio-pharmaceuticals**	A9590			March 1, 2020	
	Sodium Hyaluronate	J7331	J7332		Nov. 1, 2019	***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.
	Therapeutic Radio-pharmaceuticals**	A9513				
	Evenity™	J3111			Oct. 1, 2019	For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.
	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				
	Actemra®	J3262				
	Brineura™	J0567			Jan. 1, 2019	
	Crysvita®	J0584				
	Entyvio®	J3380				
Fasenra™	J0517					
Ilumya™	J3245					
Inflectra®	Q5103					

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Injectable Medications (continued)	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	
	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®	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.

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Joint Replacement Joint, total hip and knee replacement procedures		23470	23472		Jan. 1, 2015	
		23473	23474			
		24360	24361			
		24362	24363			
		24370	24371			
		27120	27122			
		27125	27130			
		27132	27134			
		27137	27138			
		27412	27446			
		27447	27486			
		27487	29866			
		29867	29868			
		Non-Emergent Air Ambulance Transport				
A0435	A0436					
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123		Jan. 1, 2015	
		21125	21127			
		21141	21142			
		21143	21145			
		21146	21147			
		21150	21151			
		21154	21155			
		21159	21160			
		21188	21193			
		21194	21195			
		21196	21198			
		21199	21206			
		21208	21209			
		21210	21215			
		21240	21242			
		21244	21245			
		21246	21247			
		21255	21296			
		21299				
		Orthotics and prosthetics				
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					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1831			
		L1836	L1840			
		L1844	L1845			
		L1846	L1847			
		L1860	L1945			
		L1950	L1970			
		L2000	L2005			
		L2010	L2020			
		L2030	L2034			
		L2036	L2037			
		L2038	L2060			
		L2106	L2108			
		L2126	L2136			
		L2350	L2510			
		L2526	L2627			
		L2628	L3230			
		L3265	L3649			
		L3671	L3674			
		L3720	L3730			
		L3740	L3764			
		L3900	L3901			
		L3904	L3905			
		L3961	L3971			
		L3975	L3976			
		L3977	L3999			
		L4000	L4010			
		L4020	L5010			
		L5020	L5050			
		L5060	L5100			
		L5105	L5150			
		L5160	L5200			
		L5210	L5220			
		L5230	L5250			
		L5270	L5280			
		L5301	L5312			
		L5321	L5331			
		L5341	L5400			
		L5420	L5460			
		L5500	L5505			
		L5510	L5520			
		L5530	L5535			
		L5540	L5560			
		L5570	L5580			
		L5585	L5590			
		L5595	L5600			
		L5610	L5613			
		L5614	L5616			
	L5639	L5640				
	L5642	L5643				
	L5644	L5646				
	L5648	L5651				
	L5653	L5661				
	L5682	L5702				

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Orthotics and prosthetics (continued)		L5703	L5706			
		L5716	L5718			
		L5722	L5724			
		L5726	L5728			
		L5780	L5790			
		L5795	L5811			
		L5812	L5814			
		L5816	L5818			
		L5822	L5824			
		L5826	L5828			
		L5830	L5848			
		L5857	L5858			
		L5930	L5950			
		L5960	L5961			
		L5964	L5966			
		L5968	L5973			
		L5976	L5979			
		L5980	L5981			
		L5982	L5984			
		L5987	L5988			
		L5990	L6000			
		L6010	L6020			
		L6050	L6055			
		L6100	L6110			
		L6120	L6130			
		L6200	L6205			
		L6250	L6300			
		L6310	L6320			
		L6350	L6360			
		L6370	L6380			
		L6382	L6384			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			
		L6590	L6621			
		L6623	L6624			
		L6646	L6648			
		L6686	L6687			
		L6689	L6690			
		L6692	L6693			
		L6694	L6695			
		L6696	L6697			
		L6704	L6707			
		L6708	L6709			
		L6711	L6712			
		L6713	L6714			
		L6715	L6880			
		L6881	L6882			
	L6883	L6884				
	L6885	L6895				
	L6900	L6905				
	L6910	L6915				
	L6920	L6925				
	L6930	L6935				
	L6940	L6945				
	L6950	L6955				
	L6960	L6965				
	L6970	L6975				
	L7007	L7008				
	L7009	L7040				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		L7045 L7180 L7185 L7190 L7405 L8042 L8044 L8046 L8499	L7170 L7181 L7186 L7191 L8040 L8043 L8045 L8047 L8610			
Outpatient Therapy		92521 92522 92523 92524 92610 97161	97162 97163 97165 97166 97167		Nov. 1, 2019	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)
		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 through the Optum Physical Health portal www.myoptumhealthphysicalhealth.com All Prior authorization requests will require: •Optum Physical Health Patient Summary Form (PSF-750) •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. * 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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
Radiology		76391			March 1, 2020	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details please visit UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>
		76390 78831	78830 78832		Jan. 1, 2020	
		77046 77048 0501T 0503T	77047 77049 0502T 0504T		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197 73200 73202 73218 73220 73222 73225	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198 73201 73206 73219 73221 73223 73700		Jan. 1, 2015	

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
		78999	C8900		
		C8901	C8902		
		C8903	C8905		
		C8906	C8908		
		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015
		30420	30430		
		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298			July 1, 2018
		31295	31296		Aug. 3, 2015
		31297			
Site of Service (SOS) – outpatient hospital	Auditory System	69205			July 1, 2020
	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	C9073	J3490		Feb. 1, 2021	Prior authorization is only required for Tecartus™
		J3590	J9999			
		0537T	0538T		Jan. 1, 2019	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel)
		0539T	0540T			Tecartus™ (brexucabtagene autoleucel) and Yescarta™
		Q2042				
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Transplants (continued)	Transplant services	32850	32851		Jan. 1, 2015	(acicabtagene 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.
		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		<u>OncologyDX Codes</u>	Jan. 1, 2015	Code 38232 will only require prior authorization for an oncology diagnosis
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473			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				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
Wound Vac		E2402			Jan. 1, 2015	