

Prior Authorization Requirements for Texas CHIP

Effective May 1, 2024

This list contains prior authorization requirements for health care professionals who participate with UnitedHealthcare Community Plan Texas CHIP for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your provider portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 877-940-1972.** The 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 requests must be made by an In-Network provider 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	43645	Jan. 1, 2015	
		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 Electronic stimulation or ultrasound to heal fractures		20975	20979	Jan. 1, 2015	
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		11971		Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
		19316	19318	Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
	19370	19371			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		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		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	
	Colony Stimulating Factors	Q5108	Q5111	Jan. 1, 2019	
			J2820		Oct. 1, 2017
	Colony Stimulating Factors	Q5122		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	Q5101	Oct. 1, 2017		
		J1447			
Cardiology		93319		June 1, 2022	Prior authorization required for participating physicians for
		33270		Oct. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		33206	33207	Jan. 1, 2015	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 .
		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		J9051	J9064	Jan. 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
		J9345	J9052		
		J9072	J9172		
		J9255	J9258		
		J9286	J9321		
		J9324			
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Jan. 1, 2023	Oncology DX Codes
		J9331	J9332	Oct. 1, 2022	
		J9071	J9273	July 1, 2022	
		J9359			
		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	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (cont.)		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		
		J9070	J9098		
		J9100	J9120		
		J9130	J9145		
		J9150	J9151		
		J9165	J9160		
		J9175	J9171		
		J9178	J9176		
		J9181	J9179		
		J9190	J9185		
		J9201	J9200		
		J9205	J9206		
		J9207	J9208		
		J9209	J9211		
		J9212	J9213		
		J9214	J9215		
	J9216	J9228			
	J9218	J9245			
	J9230	J9260			
	J9250	J9262			
	J9261	J9264			
	J9263	J9267			
	J9266	J9271			
	J9268	J9293			
	J9280	J9299			
	J9295	J9302			
	J9301	J9305			
	J9303	J9307			
	J9306	J9315			
	J9308	J9328			
	J9320	J9340			
	J9330	J9352			

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		J9351	J9355		
		J9354	J9360		
		J9357	J9371		
		J9370	J9395		
		J9390	J9600		
		J9400	Q2017		
		J9999			
		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 Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150	54160		Jan. 1, 2015
		54161	54162		
Cochlear Implants and Other		69729	69730		March 1, 2023
Auditory Implants		69714	69930		Jan. 1, 2015
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619		
		L8690	L8691		
		L8692			
Continuous Glucose Monitor		A4238	A4239		Feb. 1, 2023
		E2102	E2103		
		A9276	A9277		Oct. 1, 2021
		A9278			
Cosmetic & Reconstructive		14020*	14021*		July 1, 2021
		14041	14061*		
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960	15821		Jan. 1, 2015
		15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21137	21172		
		21139	21179		
		21175	21181		
		21180	21183		
		21182	21230		
		21184	21256		
		21235	21280		
		21275	21295		

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		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
		67903	67908		
		67906	67911		
		67909	67914		
		67912	67916		
		67915	67921		
		67917	67923		
		67922	67950		
		67924	67966		
		67961			
		Q2026			
Durable medical equipment (DME)		A9900	E0465	May 1, 2019	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.
		E0637			
		E0277	E0328	April 1, 2019	
		E0329	E0470		
		E0471	E0652		
		E1130	E1825		
		E2310	E2311		
		E2512			
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	E0194	Jan. 1, 2015	
		E0265	E0300		
		E0445	E0457		
		E0638	E0483		
		E0642	E0641		
		E0700	E0669		
		E0745	E0710		
		E0764	E0762		
		E1002	E0784		
		E1004	E1003		
		E1006	E1005		
		E1008	E1007		
		E1010	E1009		
		E1161	E1035		
		E1231	E1229		
		E1233	E1232		
		E1235	E1234		
		E1237	E1236		
		E1239	E1238		
		E2100	E1399		
		E2228	E2227		
		E2325	E2300		
		E2329	E2327		
	E2373	E2351			
	E2511	E2510			
	E2626	E2599			
	E2628	E2627			
	E2630	E2629			
	K0005	E8001			
	K0013	K0008			
	K0848	K0108			
	K0850	K0849			

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Durable medical equipment (DME) (cont.)		K0852	K0851		
		K0854	K0853		
		K0856	K0855		
		K0858	K0857		
		K0860	K0859		
		K0862	K0861		
		K0864	K0863		
		K0869	K0868		
		K0871	K0870		
		K0878	K0877		
		K0880	K0879		
		K0885	K0884		
		K0890	K0886		
		S1040	K0891		
		T1999			
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	May 1, 2019	
		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		
Gender Dysphoria Treatment		55970	55980	July 1, 2018	Prior authorization is required for these codes with any DX
		56805	57335	July 1, 2018	Prior authorization is only required for these codes with these DX codes
Genetic and Molecular Testing	Genetic Testing	81520		Dec. 1, 2022	Prior authorization required for genetic and molecular testing performed in an outpatient setting
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the

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Genetic and Molecular Testing (cont.)		81162		Jan. 1, 2018	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.	
	Genetic Testing	87505	87506	Nov. 1, 2020		
		87507				
		0111U	0129U	Nov. 1, 2019		
		81401	81400	Feb. 1, 2019		
		81403	81402			
		81405	81404			
		81407	81406			
81410	81408					
81519	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, 2016		
		99503	S9474	Jan. 1, 2015		
Injectable Medications	Elevidys®	J1413		April 1, 2024	<p>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.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCprovider.com and follow this pathway: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program):</p>	
	Eylea HD®	J0177				
	Izervay®	J2782				
	Pombiliti®	J1203				
	Roctavian®	J1412				
	Vyjuvek®	J3401				
	Cortrophin Gel® Injection	J0802		Feb. 1, 2024		
	Cortrophin Acthar Gel®	J0801				
	Elfabrio®	J2508				
	Lamzedo™	J0217				
	Qalsody®	J1304				
	Rystiggo®	J9333		Jan. 1, 2024		
	Vyvgart Hytrulo®	J9334				
	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
Fylnetra®	Q5130					
Lanreotide®	J1932					
Skyrizi®	J2327					
Stimufend®	Q5127					
Enjaymo®	J1302			Feb. 1, 2023		

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Injectable Medications (cont.)	Vabysmo®	J2777			1-888-397-8129
	Therapeutic Radiopharmaceuticals	A9607		Jan. 1, 2023	
	Prolia®	J0897			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
	Apretude™	J0739		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart	J9332			
	Cutaquig®	J1551			
	Ryplazim™	J2998		July 1, 2022	
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490 C9085	J3590		
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Aduhelm®	J0172		Feb. 1, 2022	
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Nplate®	J2796			
	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				
Viltepsa™	J1427				
Zoladex®	J9202				
Avsola®	Q5121		April 1, 2021		
Uplizna®	J1823				

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Injectable Medications (cont.)	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
	Stelara IV®	J3358			
	Therapeutic Radio-pharmaceuticals**	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceuticals**	A9513			
	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	J1447			
	Q5101	Q5110			
Therapeutic Radio-pharmaceuticals**	A9699		May 1, 2019		
Actemra®	J3262		Jan. 1, 2019		
Brineura™	J0567				
Crysvita®	J0584				

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Injectable Medications (cont.)	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	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
	IVIIG	J1555			
	Makena®	J1726	J1729		
	Ocrevus™	J2350			
	Spinraza™	J2326			
	Lemtrada®	J0202			Oct. 1, 2017
	Soliris®	J1300			
	Cinqair®	J2786			April 1, 2017
	Nucala®	J2182			
	IVIIG	J1575			May 1, 2016
					Jan. 1, 2015
	Botulinum Toxin	J0585 J0587	J0586 J0588		
	IVIIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572		
	Makena®	J2675			
Synagis®*	90378				
Xolair®	J2357				

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Injectable Medications – Unclassified	Adzyna®	C9167 J3590	J3490	April 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.
	Cosentyx IV®	C9166 J3590	J3490		
	Omvo®	C9168 J3590	J3490		
	Qalsody®	C9157		Oct. 1, 2023	
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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)	L1812	L1820		Jan. 1, 2018	
	L1830				
	L1834			March 1, 2016	
	L0112	L0170		Jan. 1, 2015	
	L0456	L0462			
	L0464	L0480			
	L0482	L0484			
	L0486	L0624			
	L0629	L0631			
	L0632	L0634			
	L0636	L0637			
	L0638	L0640			
	L0700	L0710			
	L0810	L0820			
	L0830	L0859			
	L1000	L1005			
	L1200	L1300			
	L1310	L1499			
	L1680	L1685			
	L1700	L1710			
	L1720	L1730			
	L1755	L1831			
	L1836	L1840			
	L1844	L1845			
	L1846	L1847			
	L1860	L1945			
	L1950	L1970			
	L2000	L2005			
	L2010	L2020			
	L2030	L2034			
	L2036	L2037			
	L2038	L2060			
	L2106	L2108			
	L2126	L2136			
	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			
	L6689	L6690			
	L6692	L6693			
	L6694	L6695			
	L6696	L6697			
	L6704	L6707			
	L6708	L6709			
	L6711	L6712			
	L6713	L6714			
	L6715	L6880			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		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			
		92507	97034	Jan. 1, 2015	
		92508	97039		
		92526	97110		
		97012	97112		
		97014	97113		
		97016	97116		
		97018	97124		
		97022	97140		
		97026	97799		
		97028	G0129		
		97033	S8990		
	OR billed with these revenue codes:	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Private Duty Nursing	T1000	T1002		Jan. 1, 2015	
	T1003				
Prostate Procedures	37243	53850		April 1, 2022	
	55874				
Proton Beam Therapy	77520	77522		Jan. 1, 2015	
	77523	77525			
Psychological Testing	96116	96121		Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
	96130	96131			
	96132	96133			
	96136	96137			
Radiology	75580			Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
	0697T	0698T		June 1, 2022	
	0710T	0711T			
	0712T	0713T			
	76391			March 1, 2020	
	76390	78830		Jan. 1, 2020	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 .
	78831	78832			
	77046	77047		Jan. 1, 2019	
	77048	77049			
	70336	70450		Jan. 1, 2015	For more details please visit Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program">UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
	70460	70470			
	70480	70481			
	70482	70486			
	70487	70488			
	70490	70491			
	70492	70496			
	70498	70540			
	70542	70543			
	70544	70545			
	70546	70547			
70548	70549				
70551	70552				
70553	70554				
70555	71250				
71260	71270				
71275	71550				
71551	71552				
71555	72125				
72126	72127				
72128	72129				
72130	72131				
72132	72133				
72141	72142				
72146	72147				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
		74183	74185		
		74261	74262		
		74263	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		78813	78814		
		78815	78816		
		78999	G0235		
		G0252	S8092		
		S8037			
Rhinoplasty and septoplasty		30400	30410	Jan. 1, 2015	
		30420	30430		
Treatment of nasal functional impairment and septal deviation		30435	30450		
		30460	30462		
		30465			
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
Site of Service (SOS) – outpatient hospital	Auditory System	69205		July 1, 2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821	66982		
		66984			
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301	21552		
		21931			
	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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Site of Service (SOS) – outpatient hospital (cont.)		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		
		19120	19125			
	Liver Biopsy		47000			
	Male Genital System		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		
			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					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
	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		
Sleep Apnea Procedures & Surgeries		21685	41599	Jan. 1, 2015	
		42145			
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Spinal Surgery (cont.)		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			
		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	April 1, 2024	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicluceul), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and	
	Car-T cell therapy	J3590				
		Q2056		Feb. 1, 2023		
		J9999		July 1, 2022		
		Q2055		Feb. 1, 2022		
		Q2053		July 1, 2021		
		0537T	0538T	Jan. 1, 2019		
0539T	0540T					
	Q2042					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Transplants (cont.)		Q2041		April 1, 2018	State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. *Casgevy, Lantidra, Lyfgenia	
	Transplant services	32850	32851			Jan. 1, 2015
		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			
S2060	50547					
S2152	S2061					
	38232		Oncology DX Codes	Jan. 1, 2015	Code 38232 will only require prior authorization for an oncology diagnosis	
Vein Procedures		37765	37766	July 1, 2021		
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)		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.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929		Jan. 1, 2015		
		33975	33976			
		33979	33981			
		33982	33983			
		Q0507	Q0508			
	Q0509					
Wound Vac		E2402		Jan. 1, 2015		