

Prior Authorization Requirements for Texas CHIP

Effective October 1, 2022

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: 866-604-3267**
- **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 physicians, facilities and other health care professionals 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	43645	Jan. 1, 2015		
		43659	43770			
		43775	43842			
		43845	43846			
		43847	43848			
	43860					
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			
		19380	19396			
Cancer Supportive Care	Colony Stimulating Factors	J1448	J2506		Oncology DX Codes	Jan. 1, 2022
	Bone Modifying Agents	J0897			June 1, 2018	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Cancer Supportive Care (cont.)	Colony Stimulating Factors	Q5120		July 1, 2020	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	
		Q5108	Q5111	Jan. 1, 2019		
		J2820		Oct. 1, 2017		
	Colony Stimulating Factors	Q5122		Oncology DX Codes		Jan. 1, 2021
		Q5110				Jan. 1, 2019
			J1442 J1447	Q5101		Oct. 1, 2017
Cardiology		93319		June 1, 2022	Prior authorization required for participating physicians for 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 .	
		33270		Oct. 1, 2016		
		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		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. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95720	95718	Jan. 1, 2020		
		95724	95722			
Chemotherapy		J9331	J9332	Oncology DX Codes	Oct. 1, 2022	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis
		J9071 J9359	J9273		July 1, 2022	
		J9247	J9318		Jan. 1, 2022	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Chemotherapy (cont.)		J9319			Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization For prior authorization, please call 866-604-3267.	
		J9348	J9353	Oct. 1, 2021		
		Q5123				
		J9037	J9349			May 1, 2021
		J9118	J9144			Jan. 1, 2021
		J9223	J9281			
		J9316	J9317			
		J9227	J9304			Nov. 1, 2020
		Q5107	Q5117			Oct. 1, 2020
		J9177	J9198			July 1, 2020
		J9246	J9358			
		Q5119				
		J0642				March 1, 2020
		J9309				Feb. 1, 2020
		J9119	J9204			Oct. 1, 2019
		J9210	J9269			
		J9313				
		J9030	J9036			Aug. 1, 2019
		J9044	J9057			Jan. 1, 2019
		J9153	J9173			
		J9229	J9311			
		J9312				
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (cont.)		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		
		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	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202		Jan. 1, 2017	
	J9217	J9225			
	J9226				
Circumcision		54150	54160	Jan. 1, 2015	Prior authorization required for members older than age 1
		54161	54162		
Cochlear Implants and Other 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		A9276	A9277	Oct. 1, 2021	
		A9278			
		K0554		July 1, 2021	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Cosmetic & Reconstructive		14020	14021			
		14041	14061		July 1, 2021	
	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			
		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	
		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			
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Durable medical equipment (DME) (cont.)		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	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
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	81238	81247	June 1, 2022	Prior authorization required for genetic and molecular testing performed in an outpatient setting	
		81248	81249			
		81258	81259			
		81269	81278			
		81334	81351			
		81352	81353			
		81361	81364			
	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 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.	
		81165	81166			
		81162		Jan. 1, 2018		
		81212		Jan. 1, 2015		
		81216				
	Genetic Testing	0068U	0097U	Nov. 1, 2020	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.	
		87481	87482			
		87505	87506			
		87507	87510			
		87511	87512			
		87623	87797			
		87800	87799			
			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	81205		
			81203	81209		
		81208	81218			
		81223	81220			
		81225	81222			
		81227	81224			
		81240	81226			
		81242	81241			
		81244	81243			
	81246	81245				
	81251	81250				
	81253	81252				
	81255	81254				
	81257	81256				
	81261	81260				
	81263	81262				
	81265	81264				
	81267	81266				
	81273	81268				
	81276	81272				
	81288	81287				
	81291	81290				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Genetic and Molecular Testing (cont.)		81295	81292		
		81297	81294		
		81303	81298		
		81310	81300		
		81314	81302		
		81316	81304		
		81318	81313		
		81321	81315		
		81323	81317		
		81325	81319		
		81327	81322		
		81331	81324		
		81340	81326		
		81342	81330		
		81355	81332		
		81371	81341		
		81373	81350		
		81375	81370		
		81377	81372		
		81379	81376		
		81381	81378		
		81383	81380		
		81401	81382		
		81403	81400		
		81405	81402		
		81407	81404		
		81410	81406		
	81420	81408			
	81519	81411			
	0040U	81507			
		0018U			
Home Health Care		G0162		Jan. 1, 2018	Prior authorization required only in outpatient settings, to include member's home
		G0299	G0300	March 1, 2016	
		99503	S9474	Jan. 1, 2015	
Injectable Medications	Releuko®	Q5125		Oct. 1, 2022	Prior authorization required through Optum SGP Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826. ** Do Not Start Case – Direct Provider using the information below:
	Scenesse®	J7352			
	Apretude™	J0739		Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart	J9332			
	Cutaquig®	J1551			
	Ryplazim™	J2998		July 1, 2022	
	Susvimo™	C9093		May 1, 2022	
	Nexviazyme®	J0219			
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
Elaprased®	J1743				
Fabrazyme®	J0180				
Kanuma®	J2840				
Lumizyme®	J0221				
Naglazyme®	J1458				
Revcovi®	J3590				
Vimizim®	J1322				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	Aduhelm®	J0172		Feb. 1, 2022	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): 1-888-397-8129
	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			
	Vantas™	J9225			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Spravato®	S0013		Feb. 1, 2021	
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
Xembify®	J1558				
Zolgensma®	J3399				
Benlysta	J0490		April 1, 2020		
Cimzia®	J0717				
Rituxan®	J9312				
Rituxan Hycela®	J9311				
Stelara IV®	J3358				
Therapeutic Radio-pharmaceuticals**	A9590		March 1, 2020		
Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Injectable Medications (cont.)	Therapeutic Radio-pharmaceuticals**	A9513				
	Evenity™	J3111		Oct. 1, 2019		
	Gamifant®	J9210				
	Onpattro™	J0222				
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329			
	Ultomiris™	J1303				
	White blood cell colony stimulating factors	J1442 Q5101	J1447 Q5110			
	Therapeutic Radio-pharmaceuticals**	A9699			May 1, 2019	
	Actemra®	J3262			Jan. 1, 2019	
	Brineura™	J0567				
	Crysvita®	J0584				
	Entyvio®	J3380				
	Fasenra™	J0517				
	Ilumya™	J3245				
	Inflectra®	Q5103				
	Luxturna™	J3398				
	Orencia®	J0129				
	Radicava®	J1301				
	Remicade®	J1745				
	Renflexis®	Q5104				
	Simponi Aria	J1602				
	Trogarzo™	J1746				
	Parsabiv™	J0606			Nov. 1, 2018	
	Sublocade™	Q9991	Q9992		July 1, 2018	
	Ilaris®	J0638			April 1, 2018	
	Exondys 51™	J1428			Jan. 1, 2018	
	IVIG	J1555				
	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Soliris®	J1300				
	Cinqair®	J2786			April 1, 2017	
Nucala®	J2182					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Injectable Medications (cont.)	Probuphine®	J0570				
	IVIG	J1575		May 1, 2016		
	Acthar®	J0800		Jan. 1, 2015		
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Makena®	J2675				
Synagis®*	90378					
Xolair®	J2357					
Injectable Medications – Unclassified	Fynetra®	C9399	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.	
	Lupaneta Pack™	J3590				
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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121	21123	Jan. 1, 2015	
		21125	21127		
		21141	21142		
		21143	21145		
		21146	21147		
		21150	21151		
		21154	21155		
		21159	21160		
		21188	21193		
		21194	21195		
		21196	21198		
		21199	21206		
		21208	21209		
		21210	21215		
		21240	21242		
		21244	21245		
		21246	21247		
	21255	21296			
	21299				
Orthotics and prosthetics		L1832		May 1, 2019	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830			
		L1834		March 1, 2016	
		L0112	L0170	Jan. 1, 2015	
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1831		
		L1836	L1840		
		L1844	L1845		
		L1846	L1847		
		L1860	L1945		
		L1950	L1970		
		L2000	L2005		
		L2010	L2020		
		L2030	L2034		
	L2036	L2037			
	L2038	L2060			
	L2106	L2108			
	L2126	L2136			

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

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (cont.)		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		70371	97150	July 1, 2017	Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits)
		92626	97164		
		92627	97168		
		92630	97530		
		92633	97535		
		96105	97537		
		97024	97542*		
		97032	97750		
		97035	97760		
		97036	97761		
	97139				



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Outpatient Therapy (cont.)		92507	97034	Jan. 1, 2015	* Prior authorization not required for DME providers
		92508	97039		
		92526	97110		
		97012	97112		
		97014	97113		
		97016	97116		
		97018	97124		
		97022	97140		
		97026	97799		
		97028	G0129		
	97033	S8990			
	OR billed with these revenue codes:	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
Private Duty Nursing		T1000	T1002	Jan. 1, 2015	
		T1003			
Prostate Procedures		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
Proton Beam Therapy		77520	77522	Jan. 1, 2015	
		77523	77525		
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
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		0697T	0698T	June 1, 2022	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		
		77046	77047	Jan. 1, 2019	For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare
		77048	77049		
		0501T	0502T		
		0503T	0504T		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		70336	70450	Jan. 1, 2015	<p>Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.</p> <p>For more details please visit UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
		72130	72131		
		72132	72133		
		72141	72142		
		72146	72147		
		72148	72149		
		72156	72157		
		72158	72159		
		72191	72192		
		72193	72194		
		72195	72196		
		72197	72198		
		73200	73201		
		73202	73206		
		73218	73219		
		73220	73221		
		73222	73223		
		73225	73700		
		73701	73702		
		73706	73718		
		73719	73720		
		73721	73722		
		73723	73725		
		74150	74160		
		74170	74174		
		74175	74176		
		74177	74178		
		74181	74182		
	74183	74185			
	74261	74262			
	74263	74712			
	74713	75557			
	75559	75561			
	75563	75571			
	75572	75573			
	75574	75635			
	76376	76377			
	76380	76497			
	76498	77021			
	77084	78012			
	78013	78014			
	78015	78016			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
		78650	78660		
		78699	78700		
		78701	78707		
		78708	78709		
		78740	78761		
		78799	78800		
		78801	78802		
		78803	78804		
		78811	78812		
		78813	78814		
		78815	78816		
	78999	C8900			
	C8901	C8902			
	C8903	C8905			
	C8906	C8908			
	C8909	C8910			
	C8911	C8912			
	C8913	C8914			
	C8918	C8919			
	C8920	C8931			
	C8932	C8933			
	C8934	C8935			
	C8936	G0235			
	G0252	S8042			
	S8037	S8092			
	S8085				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
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 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520 69631	30140 69436		
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720		
	Female Genital System	57240 57461 58561	57250 57520 58562		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (cont.)	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
	Liver Biopsy	47000			
		54840			
	Male Genital System				
	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					
Nervous System	64561	64640			
Ophthalmologic	65426	65730			
	65855	66170			
	66761	67028			
	67036	67040			
	67228	67311			
	67312				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Site of Service (SOS) – outpatient hospital (cont.)	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					
Spinal Surgery	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	22510	22511	April 1, 2022	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization	
		22512	22513			
		22515				
		22514		July 1, 2020		
			22100	22101	Jan. 1, 2015	
			22102	22110		
			22112	22114		
			22206	22207		
			22210	22212		
			22214	22220		
22224			22532			
22533			22548			
22551			22554			
22556			22558			
22586			22590			
22595			22600			
22610			22612			
22630			22633			
22800			22802			
22804			22808			
22810	22812					
22818	22819					
22830	22849					
22850	22852					
22855	22865					
22899	63001					

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Spinal Surgery (cont.)		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		
		63250	63200		
		63252	63251		
		63267	63265		
		63270	63268		
		63272	63271		
		63300	63286		
		63302	63301		
	63304	63303			
	63306	63305			
	63308	63307			
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	Car-T cell therapy	C9098	J9999	July 1, 2022	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
		0539T	0540T		
		Q2042			
	Q2041		April 1, 2018		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Transplants (cont.)	Transplant services	32850	32851	Jan. 1, 2015	Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		32852	32853		
		32854	32855		
		32856	33930		
		33933	33935		
		33940	33944		
		33945	38208		
		38209	38210		
		38212	38213		
		38214	38215		
		38240	38241		
		38242	44132		
		44133	44135		
		44136	44137		
		44715	44720		
		44721	47133		
		47135	47140		
		47141	47142		
		47143	47144		
		47145	47146		
		47147	48551		
		48552	48554		
		50300	50320		
		50323	50325		
		50340	50360		
50365	50370				
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
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	