

Prior authorization requirements for Texas CHIP

Effective October 1, 2025

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan Texas CHIP health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Chat:** You can also connect with us through chat 24/7 using our [Contact us](#) page
- **Fax:** 877-940-1972. The prior authorization request form is available at UHCprovider.com/TXcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Forms

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by a network care provider.

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Bariatric Surgery 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	11971			Oct. 1, 2022	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
(Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316	19318	Breast	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
		19325	19328	Reconstruction DX Codes		
		19330	19340			Prior authorization is required for all other DX codes
		19342	19350			
		19357	19361			
		19364	19367			
		19368	19369			
		19370	19371			
		19380	19396			
Cancer supportive Care	Colony Stimulating Factors	J1449			Oct. 1, 2023	
	Erythropoiesis Stimulating Agents	J0885				
	Antiemetic Drugs	J1456			July 1, 2023	
	Colony Stimulating Factors	Q5125		Oncology DX Codes	Jan. 1, 2023	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Colony Stimulating Factors	J1448	J2506		Jan. 1, 2022	
	Bone Modifying Agents	J0897			June 1, 2018	
	Colony Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2820			Oct. 1, 2017	
	Colony Stimulating Factors	Q5122		Oncology DX Codes	Jan. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
		Q5110			Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		0571T	0614T		Aug. 1, 2024	Prior authorization required for participating physicians for
		93319			June 1, 2022	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Cardiology (cont.)		33270		Oct. 1, 2016	outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054.
		33206	33207	Jan. 1, 2015	
		33208	33212		
		33213	33214		
		33221	33224		
		33225	33227		
		33228	33229		
		33230	33231		
		33240	33249		
		33262	33263		
		33264	93351		
		93350	93453		
		93452	93455		
		93454	93457		
		93456	93459		
		93458	93461		
		93460			
Cardiovascular		93580		April 1, 2022	Prior authorization required for members age 18 and older
Cerebral Seizure Monitoring – Inpatient Video EEG		95726		March 1, 2020	Prior authorization required for inpatient services.
		95720	95718	Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95724	95722		
Chemotherapy		J9073	J9074	July 1, 2024	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization For prior authorization, please call 866-604-3267.
		J9075	J9248		
		J9249	J9376		
		J9361			
		J9051	J9064	Jan. 1, 2024	
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324			
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Jan. 1, 2023	
		J9331	J9332	Oct. 1, 2022	
		J9071	J9273	July 1, 2022	
		J9359			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Chemotherapy (cont.)		J9247	J9318		Jan. 1, 2022
		J9319			
		J9348	J9353		Oct. 1, 2021
		Q5123			
		J9037	J9349		May 1, 2021
		J9118	J9144		Jan. 1, 2021
		J9223	J9281		
		J9316	J9317		
		J9227	J9304		Nov. 1, 2020
		Q5107	Q5117		Oct. 1, 2020
		J9177	J9198		July 1, 2020
		J9246	J9358		
		Q5119			
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119	J9204		Oct. 1, 2019
		J9210	J9269		
		J9313			
		J9030	J9036		Aug. 1, 2019
		J9153	J9057		Jan. 1, 2019
		J9229	J9173		
		J9312	J9311		
		J9022	J9023		April 1, 2018
		J9203	J9285		
		J0640	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		J9207	J9206		
		J9209	J9208		
		J9212	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
		J9266	J9264		
		J9268	J9267		
		J9280	J9271		
		J9295	J9293		
		J9301	J9299		
		J9303	J9302		
		J9306	J9305		
		J9308	J9307		
		J9320	J9315		
		J9330	J9328		
		J9351	J9340		
		J9354	J9352		
		J9357	J9355		
		J9370	J9360		
		J9390	J9395		
		J9400	J9600		
		J9999	Q2017		
		Q2050			
		C9399	J3590	Oncology DX Codes	Jan. 1, 2015
		J3490			
		J1950		Oncology DX Codes	July 1, 2021
		J9155	J9202		Jan. 1, 2017
		J9217	J9225		
		J9226			
					Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150	54160		Jan. 1, 2015
		54161	54162		
					Prior authorization required for members older than age 1

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Cochlear Implants and Other Auditory Implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69729	69730	March 1, 2023	
		69714	69930		
		L8614	L8619	Jan. 1, 2015	
		L8690	L8691		
		L8692			
Continuous Glucose Monitor		A4238	A4239	Feb. 1, 2023	
		E2102	E2103		
		A9276	A9277	Oct. 1, 2021	
		A9278			
Cosmetic & Reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		14020*	14021*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
		14041	14061*		
		11960	15821	Jan. 1, 2015	
		15820	15823		
		15822	15847		
		15830	17107		
		17106	17999		
		17108	21138		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable medical equipment (DME)		E2298		May 1, 2024	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.
		A9900 E0637	E0465	May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	
		E0766		April 1, 2017	
		E0466		Jan. 1, 2016	
		A9279	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	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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable medical equipment (DME) (cont.)		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		
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
			Gender Dysphoria Treatment DX Codes		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Genetic and Molecular Testing		81228	81229	July 1, 2025	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
		81277	81349		
		81412	81413		
		81414	81415		
		81416	81417		
		81431	81432		
		81435	81437		
		81439	81440		
		81441	81445		
		81448	81449		
		81450	81451		
		81455	81457		
		81458	81459		
		81460	81462		
		81463	81464		
		81465	81471		
		81518	81521		
		81522	81523		
		81541	81542		
		81546	81552		
		81595	81599		
		0018U	0022U		
		0023U	0037U		
		0047U	0048U		
		0050U	0094U		
		0101U	0102U		
		0103U	0114U		
		0118U	0211U		
		0212U	0213U		
		0233U	0239U		
		0242U	0244U		
		0245U	0250U		
		0258U	0265U		
		0268U	0269U		
		0270U	0271U		
		0272U	0273U		
		0274U	0276U		
		0277U	0278U		
		0282U	0285U		
		0286U	0288U		
		0289U	0290U		
		0291U	0292U		
		0293U	0294U		
		0306U	0307U		
		0318U	0319U		
		0320U	0326U		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		0334U	0355U		
		0364U	0378U		
		0379U	0388U		
		0389U	0391U		
		0395U	0398U		
		0409U	0417U		
		0425U	0426U		
		0437U	0444U		
		0449U	0465U		
		0471U	0473U		
		0474U	0475U		
		S3854	S3865		
		S3870			
		81425			
		81427			
	Genetic Testing			Feb. 1, 2025	
	Genetic Testing	81520		Dec. 1, 2022	
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	
		81162		Jan. 1, 2018	
	Genetic Testing	87505	87506	Nov. 1, 2020	
		87507			
		0111U	0129U	Nov. 1, 2019	
		81401	81400	Feb. 1, 2019	
		81403	81402		
		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,	
		99503	S9474	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications	Alhemo	J7173		Oct. 1, 2025	Prior authorization required through Optum SGP Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.
	Azmiro	J1072			
	Bkemv	Q5152			
	Encelto	J3403			
	Epysqli	Q5151			
	Imuldosa IV	Q5098			
	Jubbonti	Q5136			
	Lutrate Depot	J1954			
	Nulibry	J1809			
	Qfitlia	J7174			
	Hemlibra	J7170		July 1, 2025	
	Hympavzi	J7172			
	Niktimvo	J9038			
	Nypozi	Q5148			
	Steqeyma IV	Q5099			
	Yesintek IV	Q5100			
	Daxxify	J0589		Jun. 1, 2025	
	Otulfi IV	Q9999			
	Tofidence	Q5133			
	Kisunla	J0175		May 1, 2025	
	Pyzchiva IV	Q9997			
	Selarsdi	Q9998			
	Ocrevus Zunovo	J2351		Apr. 1, 2025	
	Pavblu	Q5147			
	PiaSky	J1307			
	Soliris	J1299			
	Tremfya IV	J1628		Feb. 1, 2025	
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzynma	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	OmvoH	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzed®	J0217			
	Rystiggo®	J9333			
	Vyvgart	J9334			
	Hytrulo®				
	Elevidys®	J1413		April 1, 2024	
	Eylea HD®	J0177			
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
	Cortrophin Gel® Injection	J0802 J0801		Feb. 1, 2024	
	Cortrophin Acthar Gel®				
	Qalsody®	J1304			

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	Hemgenix®	J1411		Dec. 1, 2023	
	Leqembi®	J0174			
	Briumvi®	J2329		Nov. 1, 2023	
	Panzyga®	J1576			
	Syfovre®	J2781			
	Tzield®	J9381			
	Cimerli™	Q5128		July 1, 2023	
	Rolvedon™	J1449			
	Spevigo®	J1747			
	Xenpozyme™	J0218			
	Eylea®	J0178	VEGF	May 1, 2023	
	Beovu®	J0179			
	Vabysmo®	J2777			
	Lucentis®	J2778			
	Susvimo™	J2779			
	Byooviz™	Q5124			
	Amvuttra®	J0225		April 1, 2023	
	Fynetra®	Q5130			
	Lanreotide®	J1932			
	Skyrizi®	J2327			
	Stimufend®	Q5127			
	Enjaymo®	J1302		Feb. 1, 2023	
	Vabysmo®	J2777			
	Therapeutic Radiopharmaceuticals	A9607		Jan. 1, 2023	
	Prolia®	J0897			
	Releuko®	Q5125		Oct. 1, 2022	
	Scenesse®	J7352			
	Tezspire®	J2356			
				Aug 1, 2022	
	Leqvio®	J1306			
	Vyvgart	J9332			
	Cutaquig®	J1551			
	Ryplazim™	J2998		July 1, 2022	
	Nexviazyme®	J0219		May 1, 2022	
	Saphnelo™	J0491			
	Aralast NP®	J0256		April 1, 2022	
	Prolastin-C®				
	Zemaira®				
	Glassia®	J0257			
	Nexviazyme®	J3490	J3590		
		C9085			
	Aldurazym®	J1931			
	Elaprase®	J1743			

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Injectable Medications (cont.)	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			
	Fensolvi®	J1951		Oct. 1, 2021	
	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155		July 1, 2021	
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121		April 1, 2021	
	Uplizna®	J1823			
	Vyepti™	J3032		Jan. 1, 2021	
	Tepezza®	J3241		Dec. 1, 2020	
	Cinryze®	J0598		Oct. 1, 2020	
	Ruconest®	J0596			
	Adakveo®	J0791		July 1, 2020	
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490		April 1, 2020	
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	Stelara IV®	J3358			
	Therapeutic Radio-pharmaceuticals	A9590		March 1, 2020	
	Sodium Hyaluronate	J7331	J7332	Nov. 1, 2019	
	Therapeutic Radio-pharmaceuticals	A9513			
	Evenity™	J3111		Oct. 1, 2019	
	Gamifant®	J9210			
	Onpattro™	J0222			
	Sodium Hyaluronate	J7320	J7321		
		J7322	J7324		
		J7325	J7326		
		J7327	J7329		
	Ultomiris™	J1303			
	White blood cell colony stimulating factors	J1442 Q5101	J1447 Q5110		
	Therapeutic Radio-pharmaceuticals	A9699		May 1, 2019	
	Actemra®	J3262		Jan. 1, 2019	
	Brineura™	J0567			
	Crysvita®	J0584			
	Entyvio®	J3380			
	Fasenra™	J0517			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	Luxturna™	J3398			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Parsabiv™	J0606		Nov. 1, 2018	
	Ilaris®	J0638		April 1, 2018	
	Exondys 51™	J1428		Jan. 1, 2018	
	IVIG	J1555			
	Ocrevus™	J2350			

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	IVIG	J1575			May 1, 2016	
					Jan. 1, 2015	
	Botulinum Toxin	J0585	J0586			
		J0587	J0588			
	IVIG	90284	J1459			
		J1556	J1557			
Injectable Medications – Unclassified		J1559	J1561			
		J1566	J1568			
		J1569	J1572			
		J1599				
	Synagis®*	90378				
	Xolair®	J2357				
	Rivfloza	C9399	J3490		July 1, 2024	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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Non-Emergent Air Ambulance Transport	A0430	A0431		Jan. 1, 2015	
	A0435	A0436			
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment	21121	21123		Jan. 1, 2015	
	21125	21127			
	21141	21142			
	21143	21145			
	21146	21147			
	21150	21151			
	21154	21155			
	21159	21160			
	21188	21193			
	21194	21195			
	21196	21198			
	21199	21206			
	21208	21209			
	21210	21215			
	21240	21242			
	21244	21245			
	21246	21247			
	21255	21296			
	21299				
Orthotics and prosthetics	L1832			May 1, 2019	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500
	L3763	L4631		April 1, 2019	
	L5647	L5649			
	L5673	L5683			
	L5700	L5705			
	L5845	L5962			
	L5986	L5999			
	L1812	L1820		Jan. 1, 2018	
	L1830				
	L1834			March 1, 2016	
	L0112	L0170		Jan. 1, 2015	
	L0456	L0462			
	L0464	L0480			
	L0482	L0484			
	L0486	L0624			
	L0629	L0631			
	L0632	L0634			
	L0636	L0637			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		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		
		L5530	L5535		
		L5540	L5560		
		L5570	L5580		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		L6696	L6697		
		L6704	L6707		
		L6708	L6709		
		L6711	L6712		
		L6713	L6714		
		L6715	L6880		
		L6881	L6882		
		L6883	L6884		
		L6885	L6895		
		L6900	L6905		
		L6910	L6915		
		L6920	L6925		
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
		L7405	L8040		
		L8042	L8043		
		L8044	L8045		
		L8046	L8047		
		L8499	L8610		
Outpatient Therapy	S9152			Dec. 1, 2022	Prior authorization is required for all re-evaluations and other therapy codes listed. Initial evaluations do not require prior authorization
	70371	97150		July 1, 2017	
	92626	97164			
	92627	97168			
	92630	97530			
	92633	97535			
	96105	97537			
	97024	97542*			
	97032	97750			
	97035	97760			
	97036	97761			
	97139				
	92507	97034		Jan. 1, 2015	
	92508	97039			
	92526	97110			
	97012	97112			
	97014	97113			
	97016	97116			
	97018	97124			
	97022	97140			
	97026	97799			
	97028	G0129			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	OR billed with these revenue codes:	419 421 423 429 431 433 439	420 422 424 430 432 434 977		
Potentially Unproven Services		33289	C2624	Apr. 1, 2023	
Private Duty Nursing		T1000 T1003	T1002	Jan. 1, 2015	
Prostate Procedures		37243 55874	53850	April 1, 2022	
Proton Beam Therapy		77520 77523	77522 77525	Jan. 1, 2015	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022
Radiology		75580		Jan. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 .
		0633T	0634T	Aug. 1, 2024	
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		
		78492			
		0697T 0710T 0712T	0698T 0711T 0713T	June 1, 2022	
		76391		March 1, 2020	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Radiology (cont.)		76390	78830	Jan. 1, 2020	For more details please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Jan. 1, 2015	
		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		

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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	57250 57520		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Site of Service (SOS) – outpatient hospital (cont.)		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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		29882 29893			
	Nervous System	64561	64640		
	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		22510 22512 22515 22514	22511 22513	April 1, 2022 July 1, 2020	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization
		22100 22102 22112 22206 22210	22101 22110 22114 22207 22212	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Spinal Surgery (cont.)		22214	22220		
		22224	22532		
		22533	22548		
		22551	22554		
		22556	22558		
		22586	22590		
		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	63001		
		22899	63005		
		63003	63012		
		63011	63016		
		63015	63020		
		63017	63040		
		63030	63045		
		63042	63047		
		63046	63055		
		63050	63064		
		63056	63077		
		63075	63085		
		63081	63090		
		63087	63102		
		63101	63172		
		63170	63185		
		63173	63191		
		63190	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	

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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	Unclassified Codes***	C9399***	J3490***		Oct. 1, 2025	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Aucatzyl, Carvykti™(ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Lyfgenia®, Ryoncil, Tecartus™ (brexucabtagene autoleucel), Tecelra and Yescarta™ (axicabtagene ciloleucel), Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		J3590***			July 1, 2025	
		J3402				
		J3391			Apr. 1, 2025	
		Q2058				
		Q2057			Jan. 1, 2025	
		J3392			July 1, 2024	
		Q2054				
		J3393			April 1, 2024	
		J3394				
		C9399**	J3490**		Feb. 1, 2023	
		J3590**				
	Unclassified codes* Car-T cell therapy	C9399	J3490		July 1, 2022	*Lantidra **Amtagvi ***Zevaskyn
		J3590			Feb. 1, 2022	
		Q2056			July 1, 2021	
		J9999			Jan. 1, 2019	
		Q2055			April 1, 2018	
		Q2053				
Q2042						
Q2041						

Category	Subcategory	Code		Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	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		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		33929			Jan. 1, 2015	
		33975	33976			
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Wound Vac		E2402		Jan. 1, 2015	