

Prior Authorization Requirements for Texas CHIP

Effective February 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 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 | | | | |
| 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 | 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 |
| | | 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 | J9333 | | |
| | | J9334 | | | |
| | | J9029 | J9056 | Oct. 1, 2023 | |
| | | J9058 | J9059 | | |
| | | J9063 | J9259 | | |
| | | J9322 | J9323 | | |
| | | J9347 | J9350 | | |
| | | J9380 | | | |
| | | J9274 | J9298 | Oncology DX Codes Jan. 1, 2023 | For prior authorization, please call 866-604-3267. |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-------------|--------|----------------|------------------------------------|--|
| | | 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 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 | | |



| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|--|
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|----------------------|-------|----------------|------------------------------------|---|
| 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 |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization | |
|---------------------------------------|-----------------|-------|----------------|------------------------------------|---|---------------|
| 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. 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. | |
| | 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 | Qalsody® | J1304 | | Feb. 1, 2024 | 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: 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): | |
| | Syfovre® | J2781 | | | | |
| | Hemgenix® | J1411 | | Dec. 1, 2023 | | |
| | Leqembi® | J0174 | | | | |
| | Briumvi® | J2329 | | Nov. 1, 2023 | | |
| | Panzyga® | J1576 | | | | |
| | Sunlenca® | J1961 | | | | |
| | Tzield® | J9381 | | | | |
| | Acthar® | J0801 | | Oct. 1, 2023 | | |
| | Cortrophin Gel® | J0802 | | | | |
| | Cimerli™ | Q5128 | | July 1, 2023 | | |
| | Rolvedon™ | J1449 | | | | |
| | Spevigo® | J1747 | | | | |
| | Sunlenca® | J1961 | | | | |
| | Xenpozyme™ | J0218 | | | | |
| | Eylea® | J0178 | | VEGF | | May 1, 2023 |
| | Beovu® | J0179 | | | | |
| | Vabysmo® | J2777 | | | | |
| | Lucentis® | J2778 | | | | |
| | Susvimo™ | J2779 | | | | |
| | Byooviz™ | Q5124 | | | | |
| | Amvuttra® | J0225 | | | | April 1, 2023 |
| | Flynetra® | 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 | | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--------------------------------|--------------------|-------|----------------|------------------------------------|--|
| Injectable Medications (cont.) | Tezspire® | J2356 | | | 1-888-397-8129 |
| | 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 | J3590 | | |
| | | C9085 | | | |
| | Aldurazym® | J1931 | | | |
| | Elaprased® | 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 | | | | |
| 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 | | | | |

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|---|-------------------------------------|-------|----------------|------------------------------------|--|
| Injectable Medications (cont.) | 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 | | | | |
| Entyvio® | J3380 | | | | |
| Fasenra™ | J0517 | | | | |
| Ilumya™ | J3245 | | | | |
| Inflectra® | Q5103 | | | | |
| Luxturna™ | J3398 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-----------------|--|---|------------------------------------|---|
| Injectable Medications (cont.) | Orencia® | J0129 | | | |
| | Radicava® | J1301 | | | |
| | Remicade® | J1745 | | | |
| | Renflexis® | Q5104 | | | |
| | Simponi Aria | J1602 | | | |
| | Trogarzo™ | J1746 | | | |
| | Parsabiv™ | J0606 | | | Nov. 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 | | | |
| | IVIG | J1575 | | | May 1, 2016 Jan. 1, 2015 |
| | Botulinum Toxin | J0585 J0587 | J0586 J0588 | | |
| | IVIG | 90284 J1556 J1559 J1566 J1569 J1599 | J1459 J1557 J1561 J1568 J1572 | | |
| Makena® | J2675 | | | | |
| Synagis®* | 90378 | | | | |
| Xolair® | J2357 | | | | |
| Injectable Medications – Unclassified | Elfabrio® | C9399 | J3490 | Oct. 1, 2023 | 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. |
| | Lamzede™ | J3590 | | | |
| | Qalsody® | C9157 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|-------------|-------|----------------|------------------------------------|---|
| 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 | | | |
| | 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|-----------------------------------|-------------|-------|----------------|------------------------------------|--|
| Orthotics and prosthetics (cont.) | | L1310 | L1499 | | |
| | | L1680 | L1685 | | |
| | | L1700 | L1710 | | |
| | | L1720 | L1730 | | |
| | | L1755 | L1831 | | |
| | | L1836 | L1840 | | |
| | | L1844 | L1845 | | |
| | | L1846 | L1847 | | |
| | | L1860 | L1945 | | |
| | | L1950 | L1970 | | |
| | | L2000 | L2005 | | |
| | | L2010 | L2020 | | |
| | | L2030 | L2034 | | |
| | | L2036 | L2037 | | |
| | | L2038 | L2060 | | |
| | | L2106 | L2108 | | |
| | | L2126 | L2136 | | |
| | | L2350 | L2510 | | |
| | | L2526 | L2627 | | |
| | | L2628 | L3230 | | |
| | | L3265 | L3649 | | |
| | | L3671 | L3674 | | |
| | | L3720 | L3730 | | |
| | | L3740 | L3764 | | |
| | | L3900 | L3901 | | |
| | | L3904 | L3905 | | |
| | | L3961 | L3971 | | |
| | | L3975 | L3976 | | |
| | | L3977 | L3999 | | |
| | | L4000 | L4010 | | |
| | | L4020 | L5010 | | |
| | | L5020 | L5050 | | |
| | | L5060 | L5100 | | |
| | | L5105 | L5150 | | |
| | | L5160 | L5200 | | |
| | | L5210 | L5220 | | |
| | | L5230 | L5250 | | |
| | | L5270 | L5280 | | |
| | | L5301 | L5312 | | |
| | | L5321 | L5331 | | |
| | | L5341 | L5400 | | |
| | | L5420 | L5460 | | |
| | | L5500 | L5505 | | |
| | | L5510 | L5520 | | |
| | | L5530 | L5535 | | |
| | | L5540 | L5560 | | |
| | | L5570 | L5580 | | |
| | | L5585 | L5590 | | |
| | | L5595 | L5600 | | |
| | | L5610 | L5613 | | |
| | | L5614 | L5616 | | |
| | | L5639 | L5640 | | |
| | | L5642 | L5643 | | |
| | | L5644 | L5646 | | |
| | | L5648 | L5651 | | |
| | | L5653 | L5661 | | |
| | | L5682 | L5702 | | |
| | L5703 | L5706 | | | |
| | L5716 | L5718 | | | |
| | L5722 | L5724 | | | |
| | L5726 | L5728 | | | |
| | L5780 | L5790 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|-----------------------------------|-------------|-------|----------------|------------------------------------|--|
| Orthotics and prosthetics (cont.) | | L5795 | L5811 | | |
| | | L5812 | L5814 | | |
| | | L5816 | L5818 | | |
| | | L5822 | L5824 | | |
| | | L5826 | L5828 | | |
| | | L5830 | L5848 | | |
| | | L5857 | L5858 | | |
| | | L5930 | L5950 | | |
| | | L5960 | L5961 | | |
| | | L5964 | L5966 | | |
| | | L5968 | L5973 | | |
| | | L5976 | L5979 | | |
| | | L5980 | L5981 | | |
| | | L5982 | L5984 | | |
| | | L5987 | L5988 | | |
| | | L5990 | L6000 | | |
| | | L6010 | L6020 | | |
| | | L6050 | L6055 | | |
| | | L6100 | L6110 | | |
| | | L6120 | L6130 | | |
| | | L6200 | L6205 | | |
| | | L6250 | L6300 | | |
| | | L6310 | L6320 | | |
| | | L6350 | L6360 | | |
| | | L6370 | L6380 | | |
| | | L6382 | L6384 | | |
| | | L6400 | L6450 | | |
| | | L6500 | L6550 | | |
| | | L6570 | L6580 | | |
| | | L6582 | L6584 | | |
| | | L6586 | L6588 | | |
| | | L6590 | L6621 | | |
| | | L6623 | L6624 | | |
| | | L6646 | L6648 | | |
| | | L6686 | L6687 | | |
| | | L6689 | L6690 | | |
| | | L6692 | L6693 | | |
| | | L6694 | L6695 | | |
| | | L6696 | L6697 | | |
| | | L6704 | L6707 | | |
| | | L6708 | L6709 | | |
| | | L6711 | L6712 | | |
| | | L6713 | L6714 | | |
| | | L6715 | L6880 | | |
| | | L6881 | L6882 | | |
| | | L6883 | L6884 | | |
| | | L6885 | L6895 | | |
| | | L6900 | L6905 | | |
| | | L6910 | L6915 | | |
| | | L6920 | L6925 | | |
| | L6930 | L6935 | | | |
| | L6940 | L6945 | | | |
| | L6950 | L6955 | | | |
| | L6960 | L6965 | | | |
| | L6970 | L6975 | | | |
| | L7007 | L7008 | | | |
| | L7009 | L7040 | | | |
| | L7045 | L7170 | | | |
| | L7180 | L7181 | | | |
| | L7185 | L7186 | | | |
| | L7190 | L7191 | | | |
| | L7405 | L8040 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--------------------------------------|---|-------|----------------|------------------------------------|--|
| | | 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 Prior authorization should be submitted online using the Prior Authorization and Notification tool at UHCprovider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * Prior authorization not required for DME providers |
| | | 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 | |
| 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 | | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|-----------------------|-------------|-------|----------------|------------------------------------|--|
| 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 | March 1, 2020 | |
| | | 0712T | 0713T | | |
| | | 76391 | | | Jan. 1, 2020 |
| | | 76390 | 78830 | 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 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 | | |
| | | 77048 | 77049 | Jan. 1, 2015 | For more details please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program |
| | | 0501T | 0502T | | |
| | | 0503T | 0504T | | |
| | | 70336 | 70450 | | |
| | | 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 | | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|------------------------------------|---|-------|----------------|------------------------------------|---|
| Radiology (cont.) | | 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 | | | |
| | 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) – | Auditory System | 69205 | | July 1, 2020 | Prior authorization only required when requesting service in an outpatient hospital setting |
| | Cardiovascular System | 36590 | 36832 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---------------------|-----------------------------|--|---|------------------------------------|--|
| outpatient hospital | Carpal Tunnel Surgery | 64721 | | | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) |
| | 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 | | |
| | Gynecologic Procedures | 57522 58558 58565 | 58353 58563 | | |
| | Hemic and Lymphatic Systems | 38500 38525 | 38510 | | |
| | Hernia Repair | 49505 49587 49651 49653 49655 | 49585 49650 49652 49654 | | |
| | Integumentary System | 10121 11450 11770 | 11440 11624 13121 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|--|----------------------------------|-------|----------------|------------------------------------|--|
| Site of Service (SOS) – outpatient hospital (cont.) | | 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 | | | |
| | 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization |
|---|-------------|-------|----------------|------------------------------------|---|
| | | 52224 | 52234 | | |
| | | 52235 | 52260 | | |
| | | 52281 | 52310 | | |
| | | 52332 | 52351 | | |
| | | 52352 | 52353 | | |
| | | 52356 | 55040 | | |
| | | 55700 | 57288 | | |
| Sleep Apnea Procedures & Surgeries | | 21685 | 41599 | Jan. 1, 2015 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | 42145 | | | |
| 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 | | |
| | | 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 | | |

| Category | Subcategory | Code | Diagnosis Code | Prior Authorization Effective Date | Additional Information/How to obtain Prior Authorization | |
|---|------------------------|---------------|----------------|------------------------------------|---|--|
| Spinal Surgery (cont.) | | 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 | Car-T cell therapy | Q2056 | | Feb. 1, 2023 | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and | |
| | | J9999 | | July 1, 2022 | | |
| | | 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 | 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 | 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 | |