

# Prior Authorization Requirements for Texas CHIP

Effective May 1, 2023

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](https://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](https://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
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
	43860				
<b>Behavioral Health Services</b>					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call <b>888-887-9003</b> when referring for mental health and substance use services.
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy	11971		Breast Reconstruction DX Codes	Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes.
	19316	19318		Jan. 1, 2015	
	19325	19328			Prior authorization is required for all other DX codes
	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		
<b>Cancer supportive care</b>	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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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	
	Colony Stimulating Factors	J2820		Oct. 1, 2017	
	Colony Stimulating Factors	Q5122		Jan. 1, 2021	
	Colony Stimulating Factors	Q5110		Jan. 1, 2019	
	Colony Stimulating Factors	J1442	Q5101	Oct. 1, 2017	
	Colony Stimulating Factors	J1447			
<b>Cardiology</b>		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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> .
		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		
<b>Cardiovascular</b>		93580		April 1, 2022	Prior authorization required for members age 18 and older
		95726		March 1, 2020	

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<b>Cerebral Seizure Monitoring – Inpatient Video EEG</b>		95720	95718	Jan. 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.
		95724	95722		
<b>Chemotherapy</b>		J9274	J9298	Jan. 1, 2023	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.
		J9331	J9332		
		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	
		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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (cont.)		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		
		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 <a href="https://UHCprovider.com">UHCprovider.com</a> 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		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Cochlear Implants and Other Auditory Implants</b>		69729	69730	March 1, 2023	
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714 L8614 L8690 L8692	69930 L8619 L8691	Jan. 1, 2015	
<b>Continuous Glucose Monitor</b>		A4238 E2102 A9276 A9278	A4239 E2103 A9277	Feb. 1, 2023 Oct. 1, 2021	
<b>Cosmetic &amp; Reconstructive</b>		14020* 14041	14021* 14061*	July 1, 2021	*will NOT require prior auth when billed with skin cancer diagnoses
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		11960 15820 15822 15830 17106 17108	15821 15823 15847 17107 17999 21138	Jan. 1, 2015	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21137 21139 21175 21180 21182 21184 21235 21275 21282 21740 21743 30620 67901 67903 67906 67909 67912 67915 67917 67922 67924 67961 Q2026	21172 21179 21181 21183 21230 21256 21280 21295 21742 28344 67900 67902 67904 67908 67911 67914 67916 67921 67923 67950 67966		
<b>Durable medical equipment (DME)</b>		A9900 E0637	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
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311	April 1, 2019	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.

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Durable medical equipment (DME) (cont.)</b>		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		
		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			
<b>Enteral Services</b>		B4034	B4035	May 1, 2019	
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
		B9002	B9998	Jan. 1, 2015	
<b>Experimental &amp; Investigational (and or linked services)</b>		33477		May 2, 2016	
		36514	66180	Jan. 1, 2015	
		64722	E1831		
		A9274			
<b>Femoroacetabular Impingement Syndrome (FAI)</b>		29914 29916	29915	Oct. 1, 2015	
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253 31259	31257	July 1, 2018	
		31240	31254	May 2, 2016	
		31255	31256		
		31267	31276		
		31287	31288		
<b>Gender Dysphoria Treatment</b>		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
<b>Genetic and Molecular Testing</b>	Genetic Testing	81177	81178	Dec. 1, 2022	Prior authorization required for genetic and molecular testing performed in an outpatient setting
		81179	81180		
		81181	81184		
		81185	81186		
		81336	81337		
	Genetic Testing	81238	81247	June 1, 2022	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.
		81248	81249		
		81258	81259		
		81269	81278		
		81334	81351		
		81352	81353		
	BRCA Genetic Testing	81163	81164	Jan. 1, 2019	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
		81165	81166	Jan. 1, 2018	
		81162		Jan. 1, 2015	
	Genetic Testing	0068U	0097U	Nov. 1, 2020	
		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				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Genetic and Molecular Testing (cont.)</b>		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	
			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		
<b>Home Health Care</b>		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	



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Injectable Medications	Eylea®	J0178	VEGF	May 1, 2023	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 <a href="https://uhcprovider.com">UHCprovider.com</a> > 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 <b>800-310-6826</b> . ** 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 <a href="https://uhcprovider.com">UHCprovider.com</a> 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): <b>1-888-397-8129</b>		
	Beovu®	J0179					
	Vabysmo®	J2777					
	Lucentis®	J2778					
	Susvimo™	J2779					
	Byooviz™	Q5124					
	Cimerli™	J3490				J3590	
		C9399					
	Amvuttra®	J0225					April 1, 2023
	Hemgenix®	J1411					
	Fylnetra®	Q5130					
	Lanreotide®	J1932					
	Skyrizi®	J2327					
	Stimufend®	Q5127					
	Tzield™	C9149					
	Enjaymo®	J1302					Feb. 1, 2023
	Vabysmo®	J2777					
	Therapeutic Radiopharmaceuticals	A9607					Jan. 1, 2023
	Prolia®	J0897					
	Releuko®	Q5125					Oct. 1, 2022
	Scenesse®	J7352					
	Tezspire®	J2356					
	Apretude™	J0739					Aug 1, 2022
	Leqvio®	J1306					
	Vyvgart	J9332					
	Cutaquig®	J1551					
	Ryplazim™	J2998					July 1, 2022
	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						
Elaprase®	J1743						
Fabrazyme®	J0180						
Kanuma®	J2840						
Lumizyme®	J0221						
Naglazyme®	J1458						
Revcovi®	J3590						
Vimizim®	J1322						
Aduhelm®	J0172		Feb. 1, 2022				
Fensolvi®	J1951		Oct. 1, 2021				
Amondys 45	C9075		Sept. 1, 2021				
Krystexxa®	J2507		Aug. 1, 2021				
Nplate®	J2796						
Octreotide Acetate	J2354						
Sandostatin® LAR	J2353						
Signifor® LAR	J2502						

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	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			
	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				

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Injectable Medications (cont.)	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			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
	Trogarzo™	J1746			
	Parsabiv™	J0606			Nov. 1, 2018
Sublocade™	Q9991	Q9992		July 1, 2018	
Ilaris®	J0638			April 1, 2018	
Exondys 51™	J1428			Jan. 1, 2018	
IVIG	J1555				
Makena®	J1726	J1729			
Ocrevus™	J2350				
Spinraza™	J2326				
Lemtrada®	J0202			Oct. 1, 2017	
Soliris®	J1300				
Cinqair®	J2786			April 1, 2017	
Nucala®	J2182				
Probuphine®	J0570				
IVIG	J1575			May 1, 2016	
Acthar®	J0800			Jan. 1, 2015	
Botulinum Toxin	J0585	J0586			
	J0587	J0588			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (cont.)	IVIG	90284	J1459		
		J1556	J1557		
		J1559	J1561		
		J1566	J1568		
		J1569	J1572		
	J1599				
	Makena®	J2675			
Synagis®*	90378				
Xolair®	J2357				
Injectable Medications – Unclassified		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 <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
		J3590		*Reflects the effective date for the unlisted codes not the specific drug names listed.	
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
<b>Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment</b>		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				
<b>Orthotics and prosthetics</b>	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
<b>Orthotics and prosthetics (cont.)</b>		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			
<b>Outpatient Therapy</b>		S9152		Dec. 1, 2022	Prior authorization is required for all re-evaluations and other

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Outpatient Therapy (cont.)</b>		70371	97150	July 1, 2017	therapy codes listed. Initial evaluations do not require prior authorization
		92626	97164		
		92627	97168		
		92630	97530		
		92633	97535		
		96105	97537		
		97024	97542*		
		97032	97750		
		97035	97760		
		97036	97761		
		97139			
		92507	97034	Jan. 1, 2015	Prior authorization should be submitted online using the Prior Authorization and Notification tool at <a href="https://UHCprovider.com">UHCprovider.com</a> > UnitedHealthcare Provider Portal > Prior Authorization and Notification. * 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			
	<b>OR billed with these revenue codes:</b>	419	420		
		421	422		
		423	424		
		429	430		
		431	432		
		433	434		
		439	977		
		978			
<b>Potentially Unproven Services</b>		33289	C2624	Apr. 1, 2023	
<b>Private Duty Nursing</b>		T1000	T1002	Jan. 1, 2015	
		T1003			
<b>Prostate Procedures</b>		37243	53850	April 1, 2022	
		55874			
		55866		Jan. 1, 2015	
<b>Proton Beam Therapy</b>		77520	77522	Jan. 1, 2015	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge
		77523	77525		
<b>Psychological Testing</b>		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		
<b>Radiology</b>		0697T	0698T	June 1, 2022	



Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		0710T	0711T		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	
		78831	78832		For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> .
		77046	77047	Jan. 1, 2019	
		77048	77049		
		0501T	0502T		
		0503T	0504T		For more details please visit <a href="https://UHCprovider.com/TXcommunityplan">UHCprovider.com/TXcommunityplan</a> >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
		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			
	74181	74182			
	74183	74185			
	74261	74262			
	74263	74712			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (cont.)		74713	75557		
		75559	75561		
		75563	75571		
		75572	75573		
		75574	75635		
		76376	76377		
		76380	76497		
		76498	77021		
		77084	78012		
		78013	78014		
		78015	78016		
		78018	78070		
		78071	78072		
		78075	78099		
		78102	78103		
		78104	78185		
		78195	78199		
		78201	78202		
		78215	78216		
		78226	78227		
		78230	78231		
		78232	78258		
		78261	78262		
		78264	78265		
		78266	78278		
		78282	78290		
		78291	78299		
		78300	78305		
		78306	78315		
		78399	78428		
		78445	78451		
		78452	78453		
		78454	78456		
		78457	78458		
		78466	78468		
		78469	78472		
		78473	78481		
		78483	78494		
		78496	78499		
		78579	78580		
		78582	78597		
		78598	78599		
		78600	78601		
		78605	78606		
		78608	78609		
		78610	78630		
		78635	78645		
	78650	78660			
	78699	78700			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Radiology (cont.)</b>		C8909	C8910		
		C8911	C8912		
		C8913	C8914		
		C8918	C8919		
		C8920	C8931		
		C8932	C8933		
		C8934	C8935		
		C8936	G0235		
		G0252	S8042		
		S8037	S8092		
		S8085			
<b>Rhinoplasty and septoplasty</b>		30400	30410	Jan. 1, 2015	
		30420	30430		
	Treatment of nasal functional impairment and septal deviation	30435	30450		
		30460	30462		
<b>Sinuplasty</b>		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
<b>Site of Service (SOS) – outpatient hospital</b>	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	65820 66710 66825		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (cont.)		66986	67010		
		67041	67042		
		67105	67108		
		67113	67840		
		68110	68115		
		68320	68720		
		68815			
	Female Genital System	57240	57250		
		57461	57520		
		58561	58562		
	Gynecologic Procedures	57522	58353		
		58558	58563		
		58565			
	Hemic and Lymphatic Systems	38500	38510		
		38525			
	Hernia Repair	49505	49585		
		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Site of Service (SOS) – outpatient hospital (cont.)</b>		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		
		52224	52234		
		52235	52260		
		52281	52310		
		52332	52351		
52352		52353			
52356		55040			
55700		57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b>	21685	41599		Jan. 1, 2015	
	42145				
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
<b>Spinal Surgery</b>	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			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
<b>Spinal Surgery (cont.)</b>		22595	22600		
		22610	22612		
		22630	22633		
		22800	22802		
		22804	22808		
		22810	22812		
		22818	22819		
		22830	22849		
		22850	22852		
		22855	22865		
		22899	63001		
		63003	63005		
		63011	63012		
		63015	63016		
		63017	63020		
		63030	63040		
		63042	63045		
		63046	63047		
		63050	63055		
		63056	63064		
		63075	63077		
		63081	63085		
		63087	63090		
		63101	63102		
		63170	63172		
		63173	63185		
		63190	63191		
		63250	63200		
		63252	63251		
		63267	63265		
		63270	63268		
		63272	63271		
		63300	63286		
	63302	63301			
	63304	63303			
	63306	63305			
	63308	63307			
<b>Stimulators</b>	Bone Growth Stimulator	E0760		Dec. 7, 2015	
Implantation of a device that sends electrical impulses	Stimulator	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				
<b>Transplants</b>	Car-T cell therapy	Q2056		Feb. 1, 2023	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Carvykti™ (cilicaptagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene)
		J9999		July 1, 2022	
		Q2055		Feb. 1, 2022	
		Q2053		July 1, 2021	
		0537T	0538T	Jan. 1, 2019	
		0539T	0540T		
		Q2042			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
<b>Transplants (cont.)</b>		Q2041		April 1, 2018	ciloleucel), 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.	
	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	
<b>Vein Procedures</b>		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			
	<b>Ventricular Assist Device (VAD)</b>		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					
<b>Wound Vac</b>		E2402		Jan. 1, 2015		