

Prior Authorization Requirements for Texas CHIP

Effective July 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan Texas CHIP for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972;** 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 providers 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 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
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		19316 19325 19330 19342 19357 19364 19368 19370 19380	19318 19328 19340 19350 19361 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
Cancer Supportive Care	Colony Stimulating Factors	J1448	J2506	Oncology DX Codes	Jan. 1, 2022	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX
	Bone Modifying Agents	J0897			June 1, 2018	

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Cancer Supportive Care (continued)	Colony Stimulating Factors	Q5120			July 1, 2020	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129	
		Q5108	Q5111		Jan. 1, 2019		
		J2820			Oct. 1, 2017		
	Colony Stimulating Factors	Q5122			Oncology DX Codes	Jan. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below.
		Q5110				Jan. 1, 2019	
			J1442 J1447	Q5101		Oct. 1, 2017	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
Cardiology		93319			June 1, 2022	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants, and stress echoes prior to performance For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard Or, call 866-889-8054 .	
		33270			Oct. 1, 2016		
		33206	33207				Jan. 1, 2015
		33208	33212				
		33213	33214				
		33221	33224				
		33225	33227				
		33228	33229				
		33230	33231				
		33240	33249				
		33262	33263				
		33264	93303				
		93304	93306				
		93307	93308				
		93350	93351				
		93452	93453				
		93454	93455				
		93456	93457				
	93458	93459					
	93460	93461					
Cardiovascular		93580			April 1, 2022	Prior authorization required for members age 18 and older	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95720	95718		Jan. 1, 2020		
		95724	95722				
Chemotherapy		J9071	J9273	Oncology DX Codes	July 1, 2022	Prior authorization required for injectable chemotherapy drugs administered in an outpatient	
		J9359					
		J9247	J9318		Jan. 1, 2022		

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (continued)		J9319			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.
		J9348 Q5123	J9353	Oct. 1, 2021	
		J9037 J9118 J9223 J9316	J9349 J9144 J9281 J9317	May 1, 2021 Jan. 1, 2021	
		J9227	J9304	Nov. 1, 2020	
		Q5107	Q5117	Oct. 1, 2020	
		J9177 J9246 Q5119	J9198 J9358	July 1, 2020	
		J0642		March 1, 2020	
		J9309		Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269	Oct. 1, 2019	
		J9030	J9036	Aug. 1, 2019	
		J9044 J9153 J9229 J9312	J9057 J9173 J9311	Jan. 1, 2019	
		J9022 J9203	J9023 J9285	April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212 J9214 J9216 J9218 J9230	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9206 J9208 J9211 J9213 J9215 J9228 J9245 J9260	Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Chemotherapy (continued)		J9250	J9262		
		J9261	J9264		
		J9263	J9267		
		J9266	J9271		
		J9268	J9293		
		J9280	J9299		
		J9295	J9302		
		J9301	J9305		
		J9303	J9307		
		J9306	J9315		
	J9308	J9328			
	J9320	J9340			
	J9330	J9352			
	J9351	J9355			
	J9354	J9360			
	J9357	J9371			
	J9370	J9395			
	J9390	J9600			
	J9400	Q2017			
	J9999				
	Q2050				
	C9399	J3590	Oncology DX Codes	Jan. 1, 2015	
	J3490				
	J1950		Oncology DX Codes	July 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	J9155	J9202		Jan. 1, 2017	
	J9217	J9225			
	J9226				
Circumcision		54150	54160		Jan. 1, 2015
		54161	54162		
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		69714	69930		Jan. 1, 2015
		L8614	L8619		
		L8690	L8691		
		L8692			
Continuous Glucose Monitor		A9276	A9277		Oct. 1, 2021
		A9278			
		K0554			July 1, 2021
Cosmetic & Reconstructive		14020	14021		July 1, 2021
		14041	14061		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
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 Cosmetic & Reconstructive (continued)		11960	11971		Jan. 1, 2015	
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
		67906	67908			
		67909	67911			
		67912	67914			
		67915	67916			
		67917	67921			
		67922	67923			
	67924	67950				
	67961	67966				
	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	

Durable medical equipment (DME) (continued)		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			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization	
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034 B4036 B4103 B4149 B4152 B4155 B4159 B4161	B4035 B4104 B4150 B4153 B4158 B4160		May 1, 2019		
		B9002	B9998		Jan. 1, 2015		
Experimental & Investigational (and or linked services)		33477			May 2, 2016		
		36514 64722 A9274	66180 E1831		Jan. 1, 2015		
Femoroacetabular Impingement Syndrome (FAI)		29914 29916	29915		Oct. 1, 2015		
Functional Endoscopic Sinus Surgery (FESS)		31253 31259	31257		July 1, 2018		
		31240 31255 31267 31287	31254 31256 31276 31288		May 2, 2016		
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX	
		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018	Prior authorization is only required for these codes with these DX codes	
Genetic and Molecular Testing	Genetic Testing	81238 81248 81258 81269 81334 81352 81361	81247 81249 81259 81278 81351 81353 81364		June 1, 2022	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.	
		BRCA Genetic Testing	81163 81165	81164 81166		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.
			81162			Jan. 1, 2018	
			81212 81216			Jan. 1, 2015	
	Genetic Testing	0068U 87481 87505 87507 87511 87623 87800	0097U 87482 87506 87510 87512 87797 87799 87801			Nov. 1, 2020	
		0111U 0136U	0129U 0137U			Nov. 1, 2019	
		81167	81233			April 1, 2019	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Genetic and Molecular Testing (continued)		81237			
		81105	81106		Feb. 1, 2019
		81107	81108		
		81109	81110		
		81111	81120		
		81121	81161		
		81170	81200		
		81201	81205		
		81203	81209		
		81208	81218		
		81223	81220		
		81225	81222		
		81227	81224		
		81240	81226		
		81242	81241		
		81244	81243		
		81246	81245		
		81251	81250		
		81253	81252		
		81255	81254		
		81257	81256		
		81261	81260		
		81263	81262		
		81265	81264		
		81267	81266		
		81273	81268		
		81276	81272		
		81288	81287		
		81291	81290		
		81295	81292		
		81297	81294		
		81303	81298		
		81310	81300		
		81314	81302		
		81316	81304		
		81318	81313		
		81321	81315		
		81323	81317		
		81325	81319		
		81327	81322		
		81331	81324		
		81340	81326		
		81342	81330		
		81355	81332		
		81371	81341		
		81373	81350		
	81375	81370			
	81377	81372			
	81379	81376			
	81381	81378			
	81383	81380			
	81401	81382			
	81403	81400			
	81405	81402			
	81407	81404			
	81410	81406			
	81420	81408			
	81519	81411			
	0040U	81507			
		0018U			
Home Health Care		G0162		Jan. 1, 2018	

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		G0299	G0300		March 1, 2016	Prior authorization required only in outpatient settings, to include member's home
		99503	S9474		Jan. 1, 2015	
Injectable Medications	Ryplazim™	J2998			July 1, 2022	<p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>**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 888-397-8129.</p> <p>***Codes J1442, J1447, Q5101, and Q5110; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX please see Cancer supportive care section above.</p> <p>For non-oncology DX submit online at UHCProvider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> <p>**** J1950, J9155, J9202, J9217, J9225 and J9226, prior authorization is required for both oncology and non-oncology DX.</p>
	Susvimo™	C9093			May 1, 2022	
	Nexviazyme®	J0219				
	Saphnelo™	J0491				
	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				
	Vantas™****	J9225				
	Viltepso™	J1427				
	Zoladex®****	J9202				
	Avsola®	Q5121				
	Uplizna®	J1823				
	Spravato®	S0013				
	Vyepti™	J3032				
Tepezza®	J3241					
Cinryze®	J0598					
Ruconest®	J0596					
Adakveo®	J0791			July 1, 2020		
Givlaari®	J0223					
Reblozyl®	J0896					
Ruxience®	Q5119					
Vyondys 53®	J1429					
Xembify®	J1558					
Zolgensma®	J3399					
Benlysta	J0490					
Cimzia®	J0717					
Rituxan®	J9312					
				April 1, 2020		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Injectable Medications (continued)	Rituxan Hycela®	J9311				For oncology DX please see Chemotherapy section above. For non-oncology DX submit online at UHCProvider.com >link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210
	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 J7322 J7325 J7327	J7321 J7324 J7326 J7329			
	Ultomiris™	J1303				
	White blood cell colony stimulating factors***	J1442 Q5101	J1447 Q5110			
	Therapeutic Radio-pharmaceuticals**	A9699				
	Actemra®	J3262				
	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		

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Injectable Medications (continued)	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 J0587	J0586 J0588		
	IVIg	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572		
	Makena®	J2675			
	Synagis®*	90378			
	Xolair®	J2357			
	Aralast NP® Prolastin-C® Zemaira®	J0256			April 1, 2022
	Glassia®	J0257			
	Nexvazyme®	J3490 C9085	J3590		
	Aldurazym®	J1931			
	Elaprase®	J1743			
	Fabrazyme®	J0180			
	Kanuma®	J2840			
	Lumizyme®	J0221			
	Mepsevii®	J3397			
	Naglazyme®	J1458			
	Revcovi®	J3590			
	Vimizim®	J1322			

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Injectable Medications – Unclassified	Cutaquig® Lupaneta Pack™	C9399			Jan. 1, 2015*	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
Joint Replacement Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
Non-Emergent Air Ambulance Transport		A0430 A0435	A0431 A0436		Jan. 1, 2015	
Orthognathic Surgery Treatment of maxillofacial/jaw functional impairment		21121 21125 21141 21143 21146 21150 21154 21159 21188 21194 21196 21199 21208 21210 21240 21244 21246 21255 21299	21123 21127 21142 21145 21147 21151 21155 21160 21193 21195 21198 21206 21209 21215 21242 21245 21247 21296		Jan. 1, 2015	
Orthotics and prosthetics		L1832 L3763 L5647 L5673 L5700 L5845 L5986	L4631 L5649 L5683 L5705 L5962 L5999		May 1, 2019 April 1, 2019	Prior authorization required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500

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Orthotics and prosthetics (continued)		L1812	L1820		Jan. 1, 2018	
		L1830				
		L1834			March 1, 2016	
		L0112	L0170		Jan. 1, 2015	
		L0456	L0462			
		L0464	L0480			
		L0482	L0484			
		L0486	L0624			
		L0629	L0631			
		L0632	L0634			
		L0636	L0637			
		L0638	L0640			
		L0700	L0710			
		L0810	L0820			
		L0830	L0859			
		L1000	L1005			
		L1200	L1300			
		L1310	L1499			
		L1680	L1685			
		L1700	L1710			
		L1720	L1730			
		L1755	L1831			
		L1836	L1840			
		L1844	L1845			
		L1846	L1847			
		L1860	L1945			
		L1950	L1970			
		L2000	L2005			
		L2010	L2020			
		L2030	L2034			
		L2036	L2037			
		L2038	L2060			
		L2106	L2108			
		L2126	L2136			
		L2350	L2510			
		L2526	L2627			
		L2628	L3230			
		L3265	L3649			
		L3671	L3674			
		L3720	L3730			
		L3740	L3764			
		L3900	L3901			
		L3904	L3905			
		L3961	L3971			
		L3975	L3976			
		L3977	L3999			
		L4000	L4010			
		L4020	L5010			
		L5020	L5050			
		L5060	L5100			
L5105	L5150					
L5160	L5200					
L5210	L5220					
L5230	L5250					
L5270	L5280					
L5301	L5312					
L5321	L5331					
L5341	L5400					
L5420	L5460					
L5500	L5505					
L5510	L5520					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		L5530	L5535			
		L5540	L5560			
		L5570	L5580			
		L5585	L5590			
		L5595	L5600			
		L5610	L5613			
		L5614	L5616			
		L5639	L5640			
		L5642	L5643			
		L5644	L5646			
		L5648	L5651			
		L5653	L5661			
		L5682	L5702			
		L5703	L5706			
		L5716	L5718			
		L5722	L5724			
		L5726	L5728			
		L5780	L5790			
		L5795	L5811			
		L5812	L5814			
		L5816	L5818			
		L5822	L5824			
		L5826	L5828			
		L5830	L5848			
		L5857	L5858			
		L5930	L5950			
		L5960	L5961			
		L5964	L5966			
		L5968	L5973			
		L5976	L5979			
		L5980	L5981			
		L5982	L5984			
		L5987	L5988			
		L5990	L6000			
		L6010	L6020			
		L6050	L6055			
		L6100	L6110			
		L6120	L6130			
		L6200	L6205			
		L6250	L6300			
		L6310	L6320			
		L6350	L6360			
		L6370	L6380			
		L6382	L6384			
		L6400	L6450			
		L6500	L6550			
		L6570	L6580			
		L6582	L6584			
		L6586	L6588			
		L6590	L6621			
	L6623	L6624				
	L6646	L6648				
	L6686	L6687				
	L6689	L6690				
	L6692	L6693				
	L6694	L6695				
	L6696	L6697				
	L6704	L6707				
	L6708	L6709				
	L6711	L6712				
	L6713	L6714				
	L6715	L6880				

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Orthotics and prosthetics (continued)		L6881	L6882		
		L6883	L6884		
		L6885	L6895		
		L6900	L6905		
		L6910	L6915		
		L6920	L6925		
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
		L7180	L7181		
		L7185	L7186		
		L7190	L7191		
	L7405	L8040			
	L8042	L8043			
	L8044	L8045			
	L8046	L8047			
	L8499	L8610			
Outpatient Therapy		70371	97150		July 1, 2017 Prior Authorization is required for all ST/OT and PT services (Re-evaluations and Therapy visits) 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
		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				
Private Duty Nursing		T1000	T1002		Jan. 1, 2015
		T1003			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Prostate Procedures		37243 55874	53850		April 1, 2022	
		55866			Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
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		0697T 0710T 0712T	0698T 0711T 0713T		June 1, 2022	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>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.</p> <p>For more details please visit UHCprovider.com/TXcommunityplan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>
		76391			March 1, 2020	
		76390 78831	78830 78832		Jan. 1, 2020	
		77046 77048 0501T 0503T	77047 77049 0502T 0504T		Jan. 1, 2019	
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		72193	72194			
		72195	72196			
		72197	72198			
		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
		73222	73223			
		73225	73700			
		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Radiology (continued)		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999	C8900			
		C8901	C8902			
		C8903	C8905			
		C8906	C8908			
		C8909	C8910			
		C8911	C8912			
		C8913	C8914			
		C8918	C8919			
		C8920	C8931			
	C8932	C8933				
	C8934	C8935				
	C8936	G0235				
	G0252	S8042				
	S8037	S8092				
	S8085					
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
Sinuplasty		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
Site of Service (SOS) – outpatient hospital	Auditory System	69205			July 1, 2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)
	Cardiovascular System	36590	36832			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378 45384	45380 45385		
	Cosmetic & Reconstructive	13101 14040 14301 21931	13132 14060 21552		
	Digestive System	42415 43200 43237 43242 43246 43248 43254 43259 44361 45334 45381 45990 46040 46200 46221 46255 46270 46288 46750 46946	42440 43236 43238 43245 43247 43251 43255 44360 45171 45335 45390 46020 46050 46220 46250 46261 46275 46505 46910		
	ENT Procedures	21320 30520 69631	30140 69436		
	Eye and Ocular Adnexa	65710 66250 66711 66986 67041 67105 67113 68110 68320 68815	65820 66710 66825 67010 67042 67108 67840 68115 68720		
	Female Genital System	57240 57461 58561	57250 57520 58562		
	Gynecologic Procedures	57522 58558 58565	58353 58563		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	Hemic and Lymphatic Systems	38500 38525	38510			
	Hernia Repair	49505 49587 49651 49653 49655	49585 49650 49652 49654			
	Integumentary System	10121 11450 11770 15100 15240 19120	11440 11624 13121 15120 19020 19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Site of Service (SOS) – outpatient hospital (continued)	Urologic Procedures	50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
		52352	52353			
		52356 55700	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	22511 22513		April 1, 2022	
		22514			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 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Spinal Surgery (continued)		63075	63077			
		63081	63085			
		63087	63090			
		63101	63102			
		63170	63172			
		63173	63185			
		63190	63191			
		63250	63200			
		63252	63251			
		63267	63265			
		63270	63268			
		63272	63271			
		63300	63286			
		63302	63301			
		63304	63303			
	63306	63305				
	63308	63307				
Stimulators	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
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	Car-T cell therapy	C9098		
Q2055					Feb. 1, 2022	
Q2053					July 1, 2021	
0537T	0538T				Jan. 1, 2019	
0539T	0540T					
Q2042						
Q2041			April 1, 2018			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Transplants (cont.)	Transplant services	32850	32851		Jan. 1, 2015	Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
		38242	44132			
		44133	44135			
		44136	44137			
		44715	44720			
		44721	47133			
		47135	47140			
		47141	47142			
		47143	47144			
		47145	47146			
		47147	48551			
		48552	48554			
		50300	50320			
		50323	50325			
		50340	50360			
		50365	50370			
		50380	50547			
		S2060	S2061			
		S2152				
		38232		Oncology DX Codes	Jan. 1, 2015	Code 38232 will only require prior authorization for an oncology diagnosis
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37765	37766		July 1, 2021	
		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to obtain Prior Authorization
Ventricular Assist Device (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33929	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.
		33975 33979 33982 Q0507 Q0509	33976 33981 33983 Q0508		Jan. 1, 2015	
Wound Vac		E2402			Jan. 1, 2015	