

Prior authorization requirements for Texas CHIP

Effective March 1, 2025

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

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

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

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Bariatric Surgery	Inpatient and outpatient bariatric surgery and obesity-related services	43644	43645	Jan. 1, 2015	
		43659	43770		
		43775	43842		
		43845	43846		
		43847	43848		
		43860			
Behavioral Health Services					Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call 888-887-9003 when referring for mental health and substance use services.
Bone Growth Stimulator		20975	20979	Jan. 1, 2015	
	Electronic stimulation or ultrasound to heal fractures				
Breast Reconstruction (Non-Mastectomy)	Reconstruction of the breast other than following mastectomy	11971		Oct. 1, 2022	Prior authorization is not required for these codes with Breast Reconstruction DX codes. Prior authorization is required for all other DX codes
		19316	19318	Jan. 1, 2015	
		19325	19328		
		19330	19340		
		19342	19350		
		19357	19361		
		19364	19367		
		19368	19369		
		19370	19371		
	19380	19396			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
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		Jan. 1, 2021	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
	Q5110		Jan. 1, 2019		
	J1442	Q5101	Oct. 1, 2017		
	J1447				
Cardiology		0571T	0614T	Aug. 1, 2024	Prior authorization required for participating physicians for outpatient and office-based
		93319		June 1, 2022	
		33270		Oct. 1, 2016	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Cardiology (cont.)		33206	33207	Jan. 1, 2015	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		J9073	J9074	July 1, 2024	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for Oncology diagnosis
		J9075	J9248		
		J9249	J9376		
		J9361		Jan. 1, 2024	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.
		J9051	J9064		
		J9345	J9052		
		J9072	J9172		
		J9255	J9321		
		J9286			
		J9324			
		J9029	J9056	Oct. 1, 2023	
		J9058	J9059		
		J9063	J9259		
		J9322	J9323		
		J9347	J9350		
		J9380			
		J9274	J9298	Oncology DX Codes	Jan. 1, 2023
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Chemotherapy (cont.)		J9227	J9304		Nov. 1, 2020
		Q5107	Q5117		Oct. 1, 2020
		J9177	J9198		July 1, 2020
		J9246	J9358		
		Q5119			
		J0642			March 1, 2020
		J9309			Feb. 1, 2020
		J9119	J9204		Oct. 1, 2019
		J9210	J9269		
		J9313			
		J9030	J9036		Aug. 1, 2019
		J9153	J9057		Jan. 1, 2019
		J9229	J9173		
		J9312	J9311		
		J9022	J9023		April 1, 2018
		J9203	J9285		
		J0640	J0641		Jan. 1, 2017
		J9000	J9015		
		J9017	J9019		
		J9020	J9025		
		J9027	J9032		
		J9033	J9034		
		J9035	J9039		
		J9040	J9041		
		J9042	J9043		
		J9045	J9047		
		J9050	J9055		
		J9060	J9065		
		J9100	J9098		
		J9130	J9120		
		J9150	J9145		
		J9165	J9151		
		J9175	J9160		
		J9178	J9171		
		J9181	J9176		
		J9190	J9179		
		J9201	J9185		
		J9205	J9200		
		J9207	J9206		
		J9209	J9208		
		J9212	J9211		
		J9214	J9213		
		J9216	J9215		
		J9218	J9228		
		J9230	J9245		
		J9261	J9260		
		J9263	J9262		
	J9266	J9264			
	J9268	J9267			
	J9280	J9271			
	J9295	J9293			
	J9301	J9299			
	J9303	J9302			
	J9306	J9305			
	J9308	J9307			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		J9320	J9315		
		J9330	J9328		
		J9351	J9340		
		J9354	J9352		
		J9357	J9355		
		J9370	J9360		
		J9390	J9395		
		J9400	J9600		
		J9999	Q2017		
		Q2050			
		C9399	J3590	Oncology DX Codes	Jan. 1, 2015
		J3490			
		J1950		Oncology DX Codes	July 1, 2021
		J9155	J9202		Jan. 1, 2017
		J9217	J9225		
		J9226			
					Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129
Circumcision		54150	54160		Jan. 1, 2015
		54161	54162		
Cochlear Implants and Other Auditory Implants		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	69930		Jan. 1, 2015
		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		



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		21235	21280		
		21275	21295		
		21282	21742		
		21740	28344		
		21743	67900		
		30620	67902		
		67901	67904		
		67903	67908		
		67906	67911		
		67909	67914		
		67912	67916		
		67915	67921		
		67917	67923		
		67922	67950		
		67924	67966		
		67961			
		Q2026			
Durable medical equipment (DME)		E2298		May 1, 2024	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.
	A9900	E0465		May 1, 2019	
	E0637				
	E0277	E0328		April 1, 2019	
	E0329	E0470			
	E0471	E0652			
	E1130	E1825			
	E2310	E2311			
	E2512				
	E0766			April 1, 2017	
	E0466			Jan. 1, 2016	
	A9279	E0194		Jan. 1, 2015	
	E0265	E0300			
	E0445	E0457			
	E0638	E0483			
	E0642	E0641			
	E0700	E0669			
	E0745	E0710			
	E0764	E0762			
	E1002	E0784			
	E1004	E1003			
	E1006	E1005			
	E1008	E1007			
	E1010	E1009			
	E1161	E1035			
	E1231	E1229			
	E1233	E1232			
	E1235	E1234			
	E1237	E1236			
	E1239	E1238			
	E2100	E1399			
	E2228	E2227			
	E2325	E2327			
	E2329	E2351			
	E2373	E2510			
	E2511	E2599			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Durable medical equipment (DME) (cont.)		E2626	E2627		
		E2628	E2629		
		E2630	E8001		
		K0005	K0008		
		K0013	K0108		
		K0848	K0849		
		K0850	K0851		
		K0852	K0853		
		K0854	K0855		
		K0856	K0857		
		K0858	K0859		
		K0860	K0861		
		K0862	K0863		
		K0864	K0868		
		K0869	K0870		
		K0871	K0877		
		K0878	K0879		
	K0880	K0884			
	K0885	K0886			
	K0890	K0891			
	S1040	T1999			
Enteral Services In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019
		B4036	B4104		
		B4103	B4150		
		B4149	B4153		
		B4152	B4158		
		B4155	B4160		
		B4159			
		B4161			
	B9002	B9998		Jan. 1, 2015	
Experimental & Investigational (and or linked services)		33477			May 2, 2016
		36514	66180		Jan. 1, 2015
		64722	E1831		
		A9274			
Femoroacetabular Impingement Syndrome (FAI)		29914	29915		Oct. 1, 2015
		29916			
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018
		31259			
		31240	31254		May 2, 2016
		31255	31256		
		31267	31276		
		31287	31288		
Gender Dysphoria Treatment		55970	55980		July 1, 2018
		56805	57335	Gender Dysphoria Treatment DX Codes	July 1, 2018
					Prior authorization is required for these codes with any DX
					Prior authorization is only required for these codes with these DX codes

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Genetic and Molecular Testing	Genetic Testing	81425	81426	Feb. 1, 2025	<p>Prior authorization required for genetic and molecular testing performed in an outpatient setting</p> <p>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.</p> <p>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.</p>
		81427	81443		
	Genetic Testing	81520		Dec. 1, 2022	
		BRCA Genetic Testing	81163	81164	
	81162			Jan. 1, 2018	
	Genetic Testing	87505	87506	Nov. 1, 2020	
		87507			
		0111U	0129U	Nov. 1, 2019	
		81401	81400	Feb. 1, 2019	
		81403	81402		
	81405	81404			
	81407	81406			
	81410	81408			
	81519	81411			
		0018U			
Home Health Care		G0162		Jan. 1, 2018	Prior authorization required only in outpatient settings, to include member's home
		G0299	G0300	March 1, 2016	
		99503	S9474	Jan. 1, 2015	
Injectable Medications	Tremfya IV	J1628		Feb. 1, 2025	<p>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.</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p>
	Alyglo	J1552		Jan. 1, 2025	
	Nplate	J2802			
	Tyenne	Q5135		Oct. 1, 2024	
	Adzyna	J7171		July 1, 2024	
	Cosentyx IV	J3247			
	Omvoh	J2267			
	Elfabrio®	J2508		June 1, 2024	
	Lamzede®	J0217			
	Rystiggo®	J9333			
	Vyvgart Hytrulo®	J9334			
	Elevidys®	J1413		April 1, 2024	
	Eylea HD®	J0177			
	Izervay®	J2782			
	Pombiliti®	J1203			
	Roctavian®	J1412			
	Vyjuvek®	J3401			
Cortrophin Gel® Injection	J0802	J0801	Feb. 1, 2024		
Cortrophin Acthar Gel®					
Qalsody®	J1304				

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
Injectable Medications (cont.)	Hemgenix®	J1411		Dec. 1, 2023		
	Leqembi®	J0174				
	Briumvi®	J2329		Nov. 1, 2023		
	Panzyga®	J1576				
	Syfovre®	J2781				
	Tzield®	J9381				
	Cimerli™	Q5128			July 1, 2023	
	Rolvedon™	J1449				
	Spevigo®	J1747				
	Xenpozyme™	J0218				
	Eylea®	J0178		VEGF	May 1, 2023	
	Beovu®	J0179				
	Vabysmo®	J2777				
	Lucentis®	J2778				
	Susvimo™	J2779				
	Byooviz™	Q5124				
	Amvuttra®	J0225			April 1, 2023	
	Fylnetra®	Q5130				
	Lanreotide®	J1932				
	Skyrizi®	J2327				
	Stimufend®	Q5127				
	Enjaymo®	J1302			Feb. 1, 2023	
	Vabysmo®	J2777				
	Therapeutic Radiopharmaceuticals	A9607			Jan. 1, 2023	
	Prolia®	J0897				
	Releuko®	Q5125			Oct. 1, 2022	
	Scenesse®	J7352				
	Tezspire®	J2356				
	Leqvio®	J1306			Aug 1, 2022	
	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 C9085	J3590				
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		

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	Amondys 45	C9075		Sept. 1, 2021	
	Krystexxa®	J2507		Aug. 1, 2021	
	Octreotide Acetate	J2354			
	Sandostatin® LAR	J2353			
	Signifor® LAR	J2502			
	Somatuline® Depot	J1930			
	Firmagon®	J9155			July 1, 2021
	IVIG	J1554			
	Lupron Depot®	J1950			
	Lupron Depot, Eligard®	J9217			
	Supprelin® LA	J9226			
	Trelstar®	J3315			
	Triptodur®	J3316			
	Truxima®	Q5115			
	Viltepso™	J1427			
	Zoladex®	J9202			
	Avsola®	Q5121			April 1, 2021
	Uplizna®	J1823			
	Vyepti™	J3032			Jan. 1, 2021
	Tepezza®	J3241			Dec. 1, 2020
	Cinryze®	J0598			Oct. 1, 2020
	Ruconest®	J0596			
	Adakveo®	J0791			July 1, 2020
	Givlaari®	J0223			
	Reblozyl®	J0896			
	Ruxience®	Q5119			
	Vyondys 53®	J1429			
	Xembify®	J1558			
	Zolgensma®	J3399			
	Benlysta	J0490			April 1, 2020
	Cimzia®	J0717			
	Rituxan®	J9312			
	Rituxan Hycela®	J9311			
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	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Injectable Medications (cont.)	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			
	Orencia®	J0129			
	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria	J1602			
Parsabiv™	J0606			Nov. 1, 2018	
Ilaris®	J0638			April 1, 2018	
Exondys 51™	J1428			Jan. 1, 2018	
IVIG	J1555				
Ocrevus™	J2350				
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	J0586			
	J0587	J0588			

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	IVIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572		
	Synagis®* Xolair®	90378 J2357			
Injectable Medications – Unclassified	PiaSky	C9399 J3590	J3490	Aug. 9, 2024	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
	Rivfloza	C9399 J3590	J3490	July 1, 2024	
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	

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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			March 1, 2016	
	L1834				
	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			
	L6050	L6055			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Orthotics and prosthetics (cont.)		L6100	L6110		
		L6120	L6130		
		L6200	L6205		
		L6250	L6300		
		L6310	L6320		
		L6350	L6360		
		L6370	L6380		
		L6382	L6384		
		L6400	L6450		
		L6500	L6550		
		L6570	L6580		
		L6582	L6584		
		L6586	L6588		
		L6590	L6621		
		L6623	L6624		
		L6646	L6648		
		L6686	L6687		
		L6689	L6690		
		L6692	L6693		
		L6694	L6695		
		L6696	L6697		
		L6704	L6707		
		L6708	L6709		
		L6711	L6712		
		L6713	L6714		
		L6715	L6880		
		L6881	L6882		
		L6883	L6884		
		L6885	L6895		
		L6900	L6905		
		L6910	L6915		
		L6920	L6925		
		L6930	L6935		
		L6940	L6945		
		L6950	L6955		
		L6960	L6965		
		L6970	L6975		
		L7007	L7008		
		L7009	L7040		
		L7045	L7170		
	L7180	L7181			
	L7185	L7186			
	L7190	L7191			
	L7405	L8040			
	L8042	L8043			
	L8044	L8045			
	L8046	L8047			
	L8499	L8610			
Outpatient Therapy		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		
		70371	97150	July 1, 2017	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		
		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 T1003	T1002	Jan. 1, 2015			
Prostate Procedures		37243 55874	53850	April 1, 2022			
Proton Beam Therapy		77520 77523	77522 77525	Jan. 1, 2015			
		Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137	Oct. 1, 2019	Prior authorization will not be required for dates of service on or after March 1, 2022		
Radiology		75580		Jan. 1, 2024			



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Radiology (cont.)		0633T	0634T	Aug. 1, 2024	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
		0635T	0636T		
		0637T	0638T		
		71271	78429		
		78430	78431		
		78432	78433		
		78459	78491		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 .
		0697T	0698T	June 1, 2022	
		0710T	0711T		
		0712T	0713T		
		76391		March 1, 2020	
		76390	78830	Jan. 1, 2020	For more details please visit UHCprovider.com/TXcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program
		78831	78832		
		77046	77047	Jan. 1, 2019	
		77048	77049		
		70336	70450	Jan. 1, 2015	
		70460	70470		
		70480	70481		
		70482	70486		
		70487	70488		
		70490	70491		
		70492	70496		
		70498	70540		
		70542	70543		
		70544	70545		
		70546	70547		
		70548	70549		
		70551	70552		
		70553	70554		
		70555	71250		
		71260	71270		
		71275	71550		
		71551	71552		
		71555	72125		
		72126	72127		
		72128	72129		
	72130	72131			
	72132	72133			
	72141	72142			
	72146	72147			
	72148	72149			
	72156	72157			
	72158	72159			
	72191	72192			
	72193	72194			
	72195	72196			
	72197	72198			
	73200	73201			
	73202	73206			
	73218	73219			
	73220	73221			
	73222	73223			
	73225	73700			



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
		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	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	
Treatment of nasal functional impairment and septal deviation		30420	30430		
		30435	30450		
		30460	30462		
		30465			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Sinuplasty		31298		July 1, 2018	
		31295	31296	Aug. 3, 2015	
		31297			
Site of Service (SOS) – outpatient hospital	Auditory System	69205		July 1, 2020	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)
	Cardiovascular System	36590	36832		
	Carpal Tunnel Surgery	64721			
	Cataract Surgery	66821 66984	66982		
	Colonoscopy	45378	45380		
		45384	45385		
	Cosmetic & Reconstructive	13101	13132		
		14040	14060		
		14301 21931	21552		
	Digestive System	42415	42440		
		43200	43236		
		43237	43238		
		43242	43245		
		43246	43247		
		43248	43251		
		43254	43255		
		43259	44360		
		44361	45171		
		45334	45335		
		45381	45390		
		45990	46020		
		46040	46050		
		46200	46220		
		46221	46250		
		46255	46261		
		46270	46275		
	46288	46505			
	46750	46910			
	46946				
	ENT Procedures	21320	30140		
		30520	69436		
		69631			
	Eye and Ocular Adnexa	65710	65820		
		66250	66710		
		66711	66825		
		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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
Site of Service (SOS) – outpatient hospital (cont.)		49587	49650		
		49651	49652		
		49653	49654		
		49655			
	Integumentary System	10121	11440		
		11450	11624		
		11770	13121		
		15100	15120		
		15240	19020		
		19120	19125		
	Liver Biopsy	47000			
	Male Genital System	54840			
	Miscellaneous	20680			
	Musculoskeletal System	20552	20553		
		21012	21013		
		21336	21554		
		21555	21556		
		21930	22903		
		22902	23075		
		23071	27327		
		24071	27632		
		27337	28039		
		28035	28060		
		28041	28090		
		28080	28110		
		28104	28119		
		28118	28285		
		28124	28292		
		28289	28297		
		28296	28299		
		28298	29807		
		29806	29822		
		29819	29824		
		29823	29826		
		29825	29828		
		29827	29840		
		29835	29846		
		29845	29861		
		29848	29876		
		29875	29879		
		29877	29881		
		29880	29888		
			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			

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	Upper Gastrointestinal Endoscopy	43235 43249	43239		
	Urinary System	52276 52320	52287 52344		
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288		
Sleep Apnea Procedures & Surgeries		21685 42145	41599	Jan. 1, 2015	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				
Spinal Surgery		22510 22512 22515 22514	22511 22513	April 1, 2022	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	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 63001 63005 63012 63016 63020 63040 63045 63047 63055	Jan. 1, 2015	

Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization	
Spinal Surgery (cont.)		63050	63064			
		63056	63077			
		63075	63085			
		63081	63090			
		63087	63102			
		63101	63172			
		63170	63185			
		63173	63191			
		63190	63200			
		63250	63251			
		63252	63265			
		63267	63268			
		63270	63271			
		63272	63286			
		63300	63301			
		63302	63303			
		63304	63305			
		63306	63307			
	63308					
Stimulators	Bone Growth Stimulator	E0760		Dec. 7, 2015		
		E0747	E0748	Jan. 1, 2015		
	Implantation of a device that sends electrical impulses	Neurostimulator	43648	43881	Jan. 1, 2015	
			43882	61863		
			61864	61867		
			61868	61885		
			61886	63650		
			63655	63685		
			64553	64555		
			64568	64570		
			64590	L8680		
			L8682	L8685		
L8686	L8687					
L8688						
Transplants	Unclassified codes*	J3392		Jan. 1, 2025	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia®, Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
		Q2054				
		C9399***	J3490***			
	Car-T cell therapy	Car-T cell therapy	J3590***			
			J3393			July 1, 2024
			J3394			
			C9399**	J3490**		
			J3590**			
			C9399	J3490		April 1, 2024
			J3590			
	Car-T cell therapy	Car-T cell therapy	Q2056			Feb. 1, 2023
			J9999			July 1, 2022
Q2055				Feb. 1, 2022		
Q2053				July 1, 2021		
Car-T cell therapy	Car-T cell therapy	Q2042		Jan. 1, 2019		
		Q2041		April 1, 2018		



Category	Subcategory	Code	Diagnosis code	Prior authorization effective date	Additional information/how to obtain prior authorization
	Transplant services	32850	32851	Jan. 1, 2015	**Amtagvi, Lenmeldy ***Tecelra
		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			
		33975	33976	Jan. 1, 2015	
		33979	33981		
		33982	33983		
		Q0507	Q0508		
		Q0509			
Wound Vac		E2402		Jan. 1, 2015	

