

All requests for Prior Authorization Must Be Faxed to the Referral Department at 210-736-7077	Health Texas Medical Group
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Any question regarding Authorizations: 210-226-7663

Acute Rehabilitation Facility (ARU)	All Admitting Diagnoses		
Bariatric Surgery for the treatment of Morbid Obesity	43770-43775 and 43842-43848		
Bioengineered Skin Substitute/Amniotic and Placental Derived products	15271-15278 Q4101-Q4440 A2001-A4100		
Biomarkers for Oncology	81200-81383, 81400-81408 81410-81471 81445 81449 81450 81455 0001U-0392U		
Blepharoplasty, Blepharoptosis and Brow Lift	15820-15823		
Bone Growth/Osteogenesis Stimulator	E0747 E0748 E0749 E0760		
BRCA1 and BRCA2 Genetic Testing	81162, 81163, 81165, 81164, 86167, 81215,		
Breast Procedures	19000-19499 L8020, L8030, L8031, L8035		
Breast Reconstruction with and without mastectomy	19340 19342 19357 11970 19361-19369 19350 19316 19318 19325		
Cardiac Rehabilitation	G0422 G0423 93797 93798		
Cardiovascular Procedures (Implantable Loop Recorder, Cardiac Catheter Ablation, Percutaneous Revascularization of the Lower Extremity)	33285 93653 93656 37254* 37256* 37258* 37260* 37263* 37265* 37267* 37269* 37271* 37273* 37275* 37277* 37280* 37282* 37284* 37286* 37288* 37290*		
Cartilage Implants (Osteochondral Allograft, Mosaicplasty)	27415 27416		
Cochlear and Osseointegrated Implants	69714 69930 L8614 L8619 L8690 L8691 L8692		

Cosmetic and reconstructive procedures	11960 11971 15820 15821 15822 15823 15830 15847 15877 15878 15879 17106 17107 17108 17999 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21248 21249 21255 21256 21260 21261 21263 21267 21268 21275 21299 28344 30540 30545 30560 30620 31295 31296 31297 31298 31299 67900 67901 67902 67903 67904 67906 67908 67909 67912 67950 67961 67966 Q2026		
Diagnostic Abdominal Aortography and Renal Angiography	75625 75630 75605 75600 36200 75625		
DME	E0466 E0766 E1230 E1239 E2510 K0801 K0806 K0808 K0831 K0835 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0877 K0884 K0890 K0891 K0898 K0899	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000: E0170 E0194 E0277 E0300 E0302 E0304 E0316 E0328 E0329 E0373 E0483 E0616 E0618 E0635 E0636 E0639 E0640 E0692 E0693 E0694 E0740 E0761 E0764 E0770 E0784 E0984 E0986 E0988 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1017 E1035 E1036 E1161 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1399 K0108 K0455 K0730	Power mobility devices/access devices and lymphedema pumps require notification or prior authorization regardless of cost
Endovenous Stenting	37238 37239		
Enhanced External Counter Pulsation (EECP)	G0166 92971		
Epidural Steroid Injections for pain management	62321 62323 64479 +64480 64483 +64484		

External infusion Pump	E0784 (insulin), E0781 (electric/battery), E0779/E0780 (mechanical), K0455 (parenteral), and E0791 A4222 (cassette/bag), K0552 (cartridge), A4238/A4239 (insulin with CGM), and A4221 (catheter maintenance) 96416 (prolonged chemotherapy) and 96521 (pump maintenance) Medications use specific J-codes, such as J1811-J1817 for insulin, or J3490/J7799 for others		
Eye Prosthesis	V2623 V2627 V2628 V2629 V2624 V2625 V2626		
Facet Joint Interventions for Pain management	64490 64491 64492 64493 64494 64495		
Gender Dysphoria Treament	96372 55970 55980		
Genetic Testing , Molecular Diagnostics, and counseling	81200-81383 81400-81408 81410-81471 81415 81425 81479 96041		
Home Health for PT/ST/OT/Skilled Nursing Care	G0299 G0300 G0493 G0162 G0156 G0151 G0152 G0153 G0157 / G0158 99500-99602		
Hyperbaric Oxygen	99183 G0277		
Hysterectomy/Sterilization	58661 58670 58600 58565 55250 58150 58152 58180 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573 58260 58262 58263 58267 58270 58290 58291 58292 58294		
Continuous Glucose Monitor	0446T 044700 0448T A4238 A4239 E2102 E2103		
Implantable Pain Pump	62350 62361 62362 62365 62367 62368 62369 62370		
Long Term Acute Care Hospital (LTACH)	99221 - 99223 99252 - 99255		

Magnetic Resonance Angiography (MRA)	70544-70549 73725 C8912-C8914 72198 74185 C8900 C890 C8902 C8918 C8919 C8920 71555 C8909 C8910 C8911		
Magnetic Resonance Imaging	brain (70551-70553), cervical spine (72141- 72156), and lumbar spine (72148-72158) thoracic (72146-72157) Abdomen (74181- 74183) Pelvis (72195-72197) Knee hip ankle (73721-73723) Shoulder Wrist (73221-73223)		
MOHS surgery	1711-17315		
Musculoskeletal Surgeries	22100 22101 22102 22110 22112 22114 22206		
Percutaneous Vertebral Augmentation (PVA) for Vertebral Fracture	22207 22210 22212 22214 22220 22222 22224 22532 22533 22548 22551 22554 22556 22558		
Cervical Fusion	22590 22595 22600 22610 22612 22630 22633		
Lumbar artificial Disc Replacement (LADR)	22800 22802 22804 22808 22810 22812 22818		
Hip and knee replacement	22819 22830 22849 22850 22852 22855 22856		
Lumbar Fusion	22861 22867 22869 22899 23470 23472 24360 24361 24362 24363 24365 25441 25442 25444 25446 25449 27120 27122 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29834 29837 29838 29840 29844 29845 29846 29847 29866 29867 29868 29891 29892 29894 29895 29897 29898 29899 29914 29915 29916 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63051 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63185 63190 0200T 0201T J7330		

Neurostimulators	61850 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64590 L8682 L8683		
Non-emergency air transportation	A0430 A0431 A0435 A0436		
Out of area or Out of network services	HTMG is not delegated for out of area and out of		
Outpatient PT/OT/ST	97110 97112 97530 97140 92507 Physical Therapy Evaluations: Low complexity (97161), moderate complexity (97162), high complexity (97163). Re-evaluation: 97164 Occupational Therapy Evaluations: Low complexity (97165), moderate complexity (97166), high complexity (97167). Re-evaluation: 97168 Speech Therapy Evaluations: 92521 (Speech fluency), 92522 (Sound production), 92523 (Speech sound production with evaluation of language), 92524 (Behavioral and qualitative analysis of voice/resonance) 97032 97035 G0283		
Outpatient Wound Care (Non Surgical)	97602 97597-97598		
Outpatient Wound Care (Surgical Debridement)	97597 97598 97602		
Outpatient Wound Care Negative Pressure Wound Therapy	11042-11047		
Enteral Nutrition	97605-97608 A6550 A7000		
Percutaneous Coronary Interventions	92920 92924 92928 92930 92933 92937 92941 92943/92945 B9004 B9006		
PET Scans	78811 78812 78813 78608 A9552 A9526		
Platelet Rich Plasma	0232T		
Prostate Procedures/Urologic Procedures including the Uro Lift	52441 52442		
Prosthetic and supplies including Myoelectric Pros	97761 97763 21076 - 21084 21085 L5973		

Radiation Therapy	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 IMRT 77301 77338 77385 77386 77014		
Rhinoplasty for nasal functional impairment and se	30400 30410 30420 30430 30435 30450 30460 30462 30465		
Skilled Nursing Facility	All Diagnoses		
Sleep Study outpatient	95810 95811 95806		
Sleep Apnea Surgery	41512 41531 41599 42145 64582 64583		
Therapeutic Radiopharmaceuticals	A9513 A9590 A9606 A9607 A9615 A9699		
Transcatheter Aortic Valve Replacement (TAVR)	33361- 33366		
Trigger Point Injections	20552 20553		
Venous Procedures	37243 37799		
Ventricular Assist Devices (VAD)	33927 33928 33929 33975 33976 33979 33981 33982 33983		

Service Name	CPT/Hcpcs Codes included in Prior Auth Required Process
Allergy Immunotherapy	J30.0 - J30.9, H10.45, J45.20 - J45.909
Anti-emetic for Chemo-Induced Emesis	J8501, J0185, J8670, Q0155, Q0161, Q0162, Q0163, Q0164, Q0166, Q0167, Q0169, Q0173, Q0175, Q0177, Q0180, Q0181

Autoimmune Disorder Medications:	J0129, J0139, J3590/3591, J0491, J0490, J3490/3590, J3590, J0717, J1438, J1602, J1628, J1745, J2267, J2327, J3247, J2182, J3245, J3262, J3357/3358, J3380
Abatacept	
Adalimumab	
Anakinra	
Anifrolumab-fnia	
Belimumab	
Bimekizumab-bkzx	
Brodalumab	
Certolizumab	
Dupilumab	
Etanercept	
Golimumab	
Guselkumab	
Infliximab	
Lebrikizumab	
Mirikizumab	
Risankizumab	
Sarilumab	
Secukinumab	
Tildrakizumab	
Tocilizumab	
Ustekinumab	
Vedolizumab	
Botulinum A&B, Xeomin	J-0587 J-0588
Endocrine Medications:	J9217 J9218 J9150 J1930 J1932 J2353 J2354 J2941 J3241
Gonadotropin-Releasing Hormone (GnRH)	
Agonists Lanreotide	
Octreotide	
Somatropin	
Teprotumumab	

Erythropoeisis Stimulating Agents	J0855 Q5106 Q4081 Q5105 J881 J0822 J0887 J0888
Eye Injections/Eye Care Aflibercept Bevacizumab Brolucizumab Faricimab-svoa Ranibizumab	J0178 J0177 J9035 J0179 J2777 J2778 J2779
Hematologic Medications: Antihemophilic Factor Coagulation Factor IX Coagulation Factor VIIa Crizanlizumab Eculizumab Emicizumab-kxwh Epoetin and Darbepoetin (NCD Guidelines) Pegcetacoplan Ravulizumab Romiplostim	J1299 J1303 J7815 J7182 J7211 J7210 J7190 J7199 J7213 J7819 J7212 J0791 J7170 J2781 J1303 J2802 J2796
Hormone Analogs for Oncology Gonadotropin-Releasing Hormone (GnRH) Agonists	J1950 J9217 J9202 J9226 J3315
Hyaluronic Acid Polymers/Knee Injections	J7318 J7820 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328 J7329 J7331 J7322
Pharmacogenetics/Immunomodulator therapy-gMG : Azathioprine and 6-Mercaptopurine Cytochrome P450 Pharmacogenetics	0034U 81335 71306 81225 81226 81227 81230 81231 J1303 J1459 J1551 J1552 J1555 J1556 J1557 J1558 J1559 J1575 J1576
Immunosuppressive Drugs: Immune Globulin (IVIG and SCIG)	J1459 J1551 J1552 J1555 J1556 J1557 J1558 J1559 J1575 J1576

Iron Replacement Therapy	J1756 J1439 J1437 J1750 J2916 Q0138
Kidney Medications: Belatacept	J0485
Metabolic Medications: Agalsidase Beta Alglucosidase Alfa Elosulfase Alfa Galsulfase Idursulfase Imiglucerase Laronidase Sebelipase Alfa Taliglucerase Alfa Velaglucerase Alfa	J0180 J0211 J0220 J1322 J1458 J1743 J1786 J1931 J2840 J3060 J3385
Musculoskeletal Medications: Abaloparatide Bisphosphonates Collagenase Denosumab Pegloticase Romosozumab Teriparatide	J3590 J3489 J2430 J1740 J0775 J0897 J2507 J3111 J3110

Neurologic Medications: Botulinum Toxins Donanemab-azbt Eptinezumab Glatiramer Acetate Inebilizumab-cdon Lecanemab Natalizumab Ocrelizumab Ublituximab-xiiy	J0174 J0175 J0586 J0175 J3032 J1595 J0588 J1823 J0174 J2323 Q5134 J2326 J2350 J2351 J0585 J0587 J2329
Oncology Medications: Aprepitant and Fosaprepitant Atezolizumab Carboplatin Cetuximab Cyclophosphamide Docetaxel Fulvestrant Ipilimumab Levoleucovorin Nivolumab Oxaliplatin Paclitaxel Paclitaxel Protein-Bound Palonosetron Panitumumab Pembrolizumab Rituximab	J1434 J1456 J2468 J9024 J9022 J9045 J9278 J9055 J9071 J9070 J9171 J9172 J9174 J9395 J9228 J0342 J0641 J3490 J9299 J9298 J9289 96413 96415 J9263 J9267 J2469 J9303 J9271 J9312

Pulmonary Medications: Alpha-1 Proteinase Inhibitor Benralizumab Mepolizumab Omalizumab Reslizumab Tezepelumab-ekko	J0256 J0257 J0517 J2182 J2357 J2786 J2356
Skin Condition Medications: Becaplermin	S0157

*HTMG also refers to the 2026 UHC Part B
Medication Step therapy manual for
authorization guidance
